

大新e-Banking網上理財/電話理財服務 補領用戶號碼/密碼申請表格

Dah Sing e-Banking Service/Phone Banking Service Re-issue User ID / Password Request Form

注意:	(1)	請用正楷填寫此表格。	
	(2)	客戶於交回表格時須出示身份證及/或有關	
	(3)	請填妥此表格,並親身交回任何一間大新	
NT - 4	(4)	e-Banking網上理財服務 只適用於個人客戶	<u>.</u>
Notes:	(a) (b)	Please complete the form in block letters. Upon submitting this Form, please present yo	ur HKID and/or relative Credit Card.
	(c)	Please complete this form and return it to a	ny Dah Sing branch <u>In Person</u> for processing.
	(d)	e-Banking Service is ONLY applicable for I	<u>Personal Customer</u>
		岁 戶 姿 料 (CUSTOMER DETAILS
/10001 I	/ / T		
個人	公司	客戶名稱Customer Name of Personal/C	ompany Account:
香港	1. 公学	学龄征/雏阳龄征/充举及沪龄征/甘州 I	IKID No./Passport No./Business Registration No./Others:
日在	才以贴	过机嗬/皮肤机嗬/肉来立己犹嗬/夹他 1	TKID 100/1 assport 100/Dusiness Registration 100/Others.
		申請補發密碼 PIN]	RE-GENERATION REQUEST
請补	甫發e-I	Banking網上理財 / 大新電話理財服務用戶號	虎碼 / 私人密碼予本人。
Ple	ase re-	-generate e-Banking /Phone Banking User 1	D / PIN to me.
本	人的網	上理財 / 電話理財服務用戶號碼 My e-B	anking / Phone Banking User ID :
	C 3143	J - 1	
i	請填寫14個	位 / 16位數字 Please fill in 14-digit / 16-digit number	
(如沒	您已忘記	已您的用戶號碼,可向本行客戶服務主任查詢。If you	forgot your User ID, please contact our Customer Service Representatives)
個人	人客戶	Personal Account	公司客戶 Company Account
		(S.V.)	S.V.
*客戶資			* 授權簽署及公司蓋章
Custon 日期	ner Sigr	nature	Authorized Signature(s) & Company Chop
口期 Date			日期 Date
* 如閣	下於本	太行持有存款戶口,請註明任何一個用以上簽	響的存款戶口號碼。
If you	have a	any deposit account in Dah Sing Bank, please spec	ify any one deposit account number to which the above signature can apply.
	_ _ -	-	
た[左至	l o Ron	iking 網上理財 / 大新電話理財私人密碼。	
		nowledge receipt of my e-Banking / Phone	Ranking DIN _
1 Herec	y acki	nowledge receipt of my e-Banking / I none	Banking I IIV.
*個人	交 白//	公司用戶簽署	(s.v.) 日期
		ム 可用 厂 競 省 ustomer / Company User Signature	Date
		. ,	
註:如 Note: Fo	蜀公司用 or Comp	用戶簽署,必須出示香港身份證 / 有效護照以兹核 pany User, please present HKID / Passport for identity	貫身份。 verification.
	comp	see, preuse present Tixto / I assport for Identity	

Security Device no. (if any):					
Receiving Br:		Date Received:	Br Remarks		
ID verified by *:		Reviewed and approved by authorized signer			
Mail – in / 3 rd party & Call-back handled by *:			To be completed by AMSD Only Date:		
Call-back date, time & extension:			Input by	Checked by	
* Fill in full name & initial	☐ Urgent	Full name & Signature no.	Name & Initial	Name & Initial	