



Reactivate the Suppressed Interactive Voice Responses System (IVRS) Service or Professional Trading Platform

重開被凍結之音頻電話服務或專業交易系統

To: Celestial Securities Limited / Celestial Commodities Limited
致：時富證券有限公司／時富商品有限公司

Please post your completed form to **Client Services Department, 9/F, Low Block, Grand Millennium Plaza, 181 Queen's Road Central, Hong Kong**, by fax to **(852) 2820 0900**, or by visiting the Services Centres of CASH Financial Services Group. Your request will be processed within 2 working days upon receipt of the duly completed form. For inquiries, please do not hesitate to contact us at **(852) 2663 8888**. 請將已填妥的表格郵寄至**香港中環皇后大道中 181 號新紀元廣場低座九樓客戶服務部**、傳真至**(852) 2820 0900** 或交回時富金融服務集團各服務中心。本公司將在收到填妥的表格後兩個工作天內處理您的申請。如欲查詢，請致電**(852) 2663 8888** 與客戶服務部聯絡。

I/We hereby write to request for reactivating:

本人／吾等現向貴公司要求重開：

- IVRS service
時富音頻電話服務
- Professional Trading Platform
專業版交易系統

Your IVRS service and Professional Trading Platform will be reactivated after 1 working day from the date we received this form.
閣下之時富音頻電話服務及專業版交易系統將於我們收到此表格後一個工作天重開。

Please use the initial password post to you at first to log in the Professional Trading Platform after reactivation.
重開專業版交易系統後，請使用首次郵寄給閣下之密碼登入。

- Please tick the box if you wish to reissue the IVRS password.
如閣下希望補發時富音頻電話服務密碼，請在方格內加上✓號。

The reissued IVRS password will be sent by post to your corresponding address registered in CASH.
我們將把補發的時富音頻電話服務密碼以郵遞方式寄往你於時富所登記的通訊地址。

- Please tick the box if you wish to reissue the Professional Trading Platform password.
如閣下希望補發專業版交易系統密碼，請在方格內加上✓號。

Please select the method of receiving password:
請選擇收取密碼方法：

- Email
電郵
- Mail
郵遞

- Please tick the box if you are going to pick up the above password(s) by yourself.
如閣下親身領取以上之密碼，請在方格內加上✓號。

Address: 9/F, Lower Block, Grand Millennium Plaza, 181 Queen's Road Central, Hong Kong
地址：香港中環皇后大道中 181 號新紀元廣場低座 9 樓

Business Hours: Monday to Friday 09:00am to 05:00pm (Closed on Saturday, Sunday & Public Holidays)
營業時間：星期一至五上午九時至下午五時（星期六、星期日及公眾假期休息）

Client Signature(s) 客戶簽署	✕ Please use the signature(s) field with our company 請用留存本公司之印鑑式樣	Account No. 戶口號碼	
Client Name 客戶名稱		Date 日期	day 日 / month 月 / year 年

Acknowledge received by 確認收妥

Representative Signature 領取者簽署	
Representative Name 領取者名稱	
Date 日期	day 日 / month 月 / year 年

For official use only 僅供職員填寫

<input type="checkbox"/> Original <input type="checkbox"/> Face to face	Handled by	Verified by	Approved by	By hand
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