



Monthly Statement / Remittance Advice / Balance Certificate / Account Document Request Form
月結單 / 匯款通知書 / 戶口結餘證明書 / 戶口文件申請表

Administrative Fees will be charged. For payment details, please refer to Schedule of Charges for Hong Kong All-In-One (HKAIO) Account.
申請須付行政費，收費詳見“香港一卡通”業務費率表。

Please complete in BLOCK LETTERS and where applicable. Fields with * must be completed. 請以正楷填寫並在適當處加 記號；帶*號內容必填。

Account Holder Details 客戶資料

Hong Kong All-In-One Card Account No. 香港一卡通賬號：621299860 _____

Name 姓名：_____ Identification No. 證件號碼：_____

Document(s) Requested 申請文件 (Please more than one item if applicable 可 多於一項)

Monthly Statement 月結單

Month 月份 (DD/MM/YYYY 日/月/年)

Single Month 單月

Continuous Period 連續時段

From 由：

To 至：

Remittance Advice 匯款通知書

Transaction Date 交易日期 (DD/MM/YYYY 日/月/年)

Transaction Amount 交易金額

Inward 匯入 Outward 匯出

(1)

(1)

Inward 匯入 Outward 匯出

(2)

(2)

Inward 匯入 Outward 匯出

(3)

(3)

Other 其他

Balance Certificate 戶口結餘證明書

Date 日期 (DD/MM/YYYY 日/月/年)：

Account Document 戶口文件

Please specify 請註明：

Charge 收費 (Please one item only 只可 一項)

For payment details, please refer to Schedule of Charges for Hong Kong All-In-One (HKAIO) Account. 收費詳見“香港一卡通”業務費率表

Debit from HKAIO Account 於香港一卡通賬戶內扣除

Settle in Cash at HK Branch 於香港分行櫃台支付現金

Collection 領取

Express Mail (Charge) 快遞 (收費) - Document(s) will be delivered to your corresponding address 文件將寄送至您的通訊地址

Ordinary Mail (Free) 平郵 (免費) - Document(s) will be delivered to your corresponding address 文件將寄送至您的通訊地址

Collected at Hong Kong Branch in person 本人到香港分行櫃台領取

Account Holder Acknowledgement 賬戶持有人聲明

- I agree that the above request(s) is/are subject to your approval. 本人同意上述要求需經貴行審批為準。
- I agree that the Bank shall not be held responsible for any delay or failure in effecting my above instruction(s) where such delay or failure is attributable (whether directly or indirectly) to any cause beyond the Bank's control and under no circumstances shall the Bank be responsible to me for any consequential or indirect losses arising out of or in connection with its carrying out or otherwise of my above instructions. 本人明白當貴行執行本人以上的指示時，若遇到任何非貴行所能控制的情況而(直接或間接)無法執行該指示，貴行毋須負責；另外，因執行或不能執行本人上述的指示而引致的任何相應或間接的損失，貴行毋須對本人負責。

Signature of Account Holder
賬戶持有人簽署：

(S.V.)

Date 日期：

Please send this original form to 21/F Bank of America Tower, 12 Harcourt Rd, Central, Hong Kong

請將本表格正本送往香港中環夏愨道12號美國銀行中心21樓

We will process within 7 business days upon receipt of this form. 本行將在收到表格後7個工作日內作出處理。

For Bank Use Only (Hong Kong Branch) 銀行專用 (香港分行)

處理情況	同意： <input type="checkbox"/> 收費 <input type="checkbox"/> 不收費	核對簽名： (S.V.)
	不同意： <input type="checkbox"/> 簽名不符 <input type="checkbox"/> 其他：	