大新銀行
DAH SING BANK

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/或有關之信用卡。
(3) **請填妥此表格，並親身交回任何一間大新銀行分行，以便處理。**
(4) e-Banking網上理財服務只適用於個人客戶。

Notes: (a) Please complete the form in block letters.
(b) Upon submitting this Form, please present your HKID and/or relative Credit Card.
(c) **Please complete this form and return it to any Dah Sing branch In Person for processing.**
(d) e-Banking Service is **ONLY applicable for Personal Customer**

客戶資料CUSTOMER DETAILS

個人/公司客戶名稱Customer Name of Personal/Company Account:

香港身份證號碼/護照號碼/商業登記號碼/其他 HKID No./Passport No./Business Registration No./Others :

申請補發密碼 PIN RE-GENERATION REQUEST

☑ 請補發e-Banking網上理財 / 大新電話理財服務用戶號碼 / 私人密碼予本人。
Please re-generate e-Banking /Phone Banking User ID / PIN to me.

本人的網上理財 / 電話理財服務用戶號碼 My e-Banking / Phone Banking User ID :

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
請填寫14 位 / 16位數字 Please fill in 14-digit / 16-digit number

（如您已忘記您的用戶號碼，可向本行客戶服務主任查詢。If you forgot your User ID, please contact our Customer Service Representatives）

☐ 個人客戶 Personal Account

* 客戶簽署 S.V.
Customer Signature _____
日期
Date _____

☐ 公司客戶 Company Account

* 授權簽署及公司蓋章 S.V.
Authorized Signature(s) & Company Chop _____
日期
Date _____

***** *如閣下於本行持有存款戶口，請註明任何一個用以上簽署的存款戶口號碼。*
If you have any deposit account in Dah Sing Bank, please specify any one deposit account number to which the above signature can apply.
|__|__|__| - |__|__|__| - |__|__|__|__|__|__|__|__|__|__|

茲收到 e-Banking 網上理財 / 大新電話理財私人密碼。
I hereby acknowledge receipt of my e-Banking / Phone Banking PIN.

*個人客戶/ 公司用戶簽署 S.V. 日期
Personal Customer / Company User Signature _____ Date _____

註：如屬公司用戶簽署，必須出示香港身份證 / 有效護照以茲核實身份。
Note: For Company User, please present HKID / Passport for identity verification.

銀行專用For Bank Use Only

Security Device no. (if any):

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