

Processed By

Request for Copy of Document

致:中 國民生銀行香港分行 (以下簡稱"銀行")						
To : C	hina Minsheng Banking Corp., Ltd. F	Iong Kong Branch	(the "Bank")			
Date:						
Pleas	se supply me/us with a copy of docu	ment(s) as specified	d below:			
A/C No.:						
State	ement:					
	Command A / C N I a					
	Sovings A/C No					
				0	(DD/MM/YYYY)	
Сору	of Document:					
	Paid Cheque No.	Date Paid		Amount	 	
	Deposit Slip	Date		Amount		
Othe	rs (Please specify):					
	ument Collection Method:					
	Collect at counter					
Ц	Send to Mailing Address					
Payn	nent of Service Charges:					
	e debit my/our Account No.		 			
Custo	mer's Signature(s)					
		For Bank	Use Only			
Total A	mount collect from customer		Signature Verified by			

Checked by