

PLEASE FORWARD ORIGINAL FORM. FAXED COPIES NOT PERMITTED.

請提交表格正本 傳真副本恕不接納

## DIRECT DEBIT AUTHORISATION 直接付款授權書

Name of Party to be Credited (The Beneficiary) 收款之一方 (受益人)	Bank NO. 銀行編號	Branch NO. 分行編號	Account NO. 賬戶號碼
JPMorgan Funds (Asia) Limited - Client Monies	0   0   4	5   0   0	4   2   2   1   2   6   2   0   9

My/Our Bank Name and Branch 本人／吾等之銀行及分行名稱	Bank NO. 銀行編號	Branch NO. 分行編號	My/Our Account NO. 本人／吾等之賬戶號碼
HSBC	004		(RMB)

Name/s of Bank Account Holder/s  
銀行賬戶持有人之姓名Limit for Each Payment (CNY)  
每次付款之限額 (人民幣)Expiry Date (day/month/year)  
到期日 (日/月/年)Name of Debtor  
債務人姓名Debtor's Reference (Your 12-digit MasterAccount No.)  
債務人參考 (你的12位數字綜合理財賬戶號碼)

I/We hereby authorise my/our above named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker's correspondent from time to time provided always that the amount of any such transfer shall not exceed the limit indicated above.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice.

This direct debit authorisation shall have effect until further notice or until the expiry date written above (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorisation for a continuous period of 30 months, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorisation has not expired or there is no expiry date for the authorisation.

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

本人／吾等現授權本人／吾等之上述銀行，根據受益人及／或代理行不時給予本人／吾等銀行之指示，自本人／吾等之賬戶內轉賬予上述受益人。惟每次轉賬金額不得超過以上指定之限額。

本人／吾等同意本人／吾等之銀行毋須證實該等轉賬通知是否已交予本人／吾等。

如因該等轉賬而令本人／吾等之賬戶出現透支（或令現時之透支增加），本人／吾等願共同及各別承擔全部責任。

本人／吾等同意如本人／吾等之賬戶並無足夠款項支付該等授權轉賬，本人／吾等之銀行有權不予以轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。本直接付款授權書將繼續生效直至另行通知為止或直至上列到期日為止（以兩者中最早期為準）。本人／吾等同意如本人／吾等已設立之直接付款授權戶口連續三十個月內未有根據本授權而作出過帳紀錄，本人／吾等的銀行保留權利取消本直接付款安排而毋須另行通知本人／吾等，即使本授權書並未到期或未有註明授權到期日。

本人／吾等同意，本人／吾等取消或更改本授權書之任何通知，須於取消／更改生效日最少兩個工作天之前交予本人／吾等之銀行。

Signature(s)  
簽名Date  
日期

For Bank Use Only 此欄由銀行填寫	Remarks 注意事項	Signature Verified 簽名核實
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Notes 注意事項：

1. The bank account must be held in the name of the unitholder or in the name of one of the joint unitholders. 銀行賬戶持有人之姓名必須與基金單位持有人之姓名或聯名賬戶之其中一名單位持有人之姓名相符。
2. In the 'Limit for Each Payment' section, enter the amount that you wish to invest each month in eScheduler. 在「每次付款之限額」一欄內，請填上閣下欲投資在eScheduler的每月金額。
3. If 'Limited for Each Payment/Month' is not specified, the debtor's bank will set the limit as 'unlimited'. 如「每次／月付款的限額」一欄未有填上，債務銀行會將轉賬限額設定為「不設上限」。
4. This Direct Debit Authorisation will be cancelled automatically on the date included in the section marked "Expiry Date". If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you) please leave box blank. 本直接付款授權書將於「到期日」一欄中所填寫的日期自動撤銷。如閣下意欲本直接付款授權書無限期有效(或直至閣下予以撤銷為止)，則請將該欄留空。

Any amendments and corrections must be signed by the account holder(s).

表格上之資料如有任何更改，賬戶持有人必須在旁邊簽署作實。