

# MIS-TRANSFERRED FUND RECALL REQUEST FORM

## 索回轉款表格



### Notes

#### 注意

- Complete all sections in **BLOCK LETTERS** and tick (✓) the appropriate box. 請用正楷填寫本申請表上各欄，並在適當的方格內加上 "✓" 號。
- Completion of the sections marked with "@" is not mandatory for PayFast (Faster Payment System, "FPS"). 就轉數快而言，標記着「@」的部分為非必須要填寫的資料。

Reference 備考: \_\_\_\_\_  
(BBByymmddNN, e.g. 45119032501)

Please recall my/our below mis-transferred fund to third party by mistake and if the third party authorizes the returning of the mis-transferred fund, credit the fund back to my/our transaction account as listed below:

請索回本人/我們下述之錯誤轉賬至第三者的款項，並將收款人授權之退還款項存入下述交易賬戶：

Claimant Information 索求人資料				
Customer Name 客戶名稱	Contact Name & Telephone 聯絡姓名&電話			
Transaction Details 交易內容				
Channel: 途徑	<input type="checkbox"/> Branch Counter 分行櫃枱	<input type="checkbox"/> Mobile/Internet Banking 網上理財	<input type="checkbox"/> Phone Banking 電話理財	<input type="checkbox"/> Others (Please list out) 其它 (請列明)
Transaction Type: 交易種類:	<input type="checkbox"/> Cash / Cheque deposit 現金/支票存款	<input type="checkbox"/> Transfer to DBS account 至星展銀行戶口	<input type="checkbox"/> Interbank transfer - Autopay/CHATS 跨行轉賬 - 自動轉帳/匯款	<input type="checkbox"/> PayFast (FPS) 轉數快
Transaction Date and Time: 交易日期及時間	Transfer Reference Number: 交易參考號碼		Cheque Number: 支票號碼	
Transaction Account Number: 交易賬戶號碼	From 由	^To 至		
^ Relevant identifier of the beneficiary's account, e.g. bank account, proxy ID, phone number or email address. 收款人戶口相關驗證方式, 例如銀行戶口、轉數快識別碼、電話號碼、電郵地址。				
Transaction Amount (currency): 交易金額 (貨幣)	^Beneficiary Name (if available) 收款人姓名 (如有)			
^Beneficiary Bank: 收款銀行				
Customer Slip attached: 附有客戶收據	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 無		

I/We understand and agree that I/we may incur charges (as set out in the Bank Charges Schedule) for this request. Please debit any charges from my/our account No. \_\_\_\_\_

本人/我們瞭解本索求有機會就銀行服務收費表收取費用，請在本人/我們賬戶內扣除，賬戶號碼：\_\_\_\_\_

I/We understand and agree that the information herein will be disclosed to the Beneficiary, the Beneficiary Bank and/or the Hong Kong Police Force as appropriate for handling this request. I/We understand that the returning of the mis-transferred fund is subject to various factors, for instance, no fund may be returned without the Beneficiary's authorization.

本人/我們瞭解及同意上述資料會披露予收款人、收款銀行和香港警務處 (如適當) 處理本申請。本人/我們明白退款將受各種因素的影響，例如，未經收款人授權，款項不得退還。

I/We confirm that the information given in this form is provided voluntarily and is true, correct and complete. I/We confirm that my/our instruction has been clearly, accurately and completely set out in this form before signing it.

本人/我們證實本申請內的資料乃本人/我們自願提供及在各方面均屬真實，正確和完備。本人/我們確認本人/我們的指示已清楚，準確及完整地填妥於本表格內才簽署作實。

### Sign:

#### 簽署

S.V.

只供銀行使用 For Bank Use Only			
Branch:		Date & Time of receipt: _____	
Customer Segment: <input type="checkbox"/> CBG <input type="checkbox"/> TPC <input type="checkbox"/> PB <input type="checkbox"/> IBG	Attended by  (Signature, Name & Date)	Approved by  (Signature with no., Name & Date)	Acknowledgement:  (Signature with no. & stamp)

(文義如有歧異，應以英文本為準。 The English version shall prevail if there is a discrepancy between the English and Chinese versions)