

BANK INFORMATION FORM

银行信息表

(Information should be provided by the Payee/信息应由收款人提供)

| E | BANK ACCOU | NT INFORMATI | ON/银行账户信息 | 3 (59) | |
|--|--|---|--------------------------|---------------------|-----------------------------|
| Account No/账号: | | | | | |
| Account Name/账户名称: (Exactly as declared in your Bank) 必须和您的银行申明一致 | Corporate Account/公司或企业账户: | | | | |
| | | | | | |
| | Individual Account/个人账户 | | | | |
| | Last Name/姓氏 | | First Name/名字 | | Middle Name/中间名 |
| | | | | | |
| | Joint Account/共同账户 | | AND/和 OR/或 | | AND/OR 和/或 |
| | Last Name/姓氏 | | First Nam | ie/名字 | Middle Name/中间名 |
| | 1. | | | | |
| | 2. | | | | |
| | 3. | | | | |
| Payee Address/收款人地址: | | | | | |
| Currency/货币: (32A) | | | | | |
| - | AYEE BANK IN | IFORMATION/ | s 收款人银行信 | 息 (57) | |
| | International Bank Account | | Other Local Bank Account | | For BDO Account |
| | 国际银行账户 | | 其他本地银 | 行帐户 | BDO 银行账户 |
| Swift Code/BIC/银行国际汇款代码: | | | | | |
| IBAN No./国际银行账户代码: | | | | | |
| (Applicable ONLY for wire transfers to European countries and Middle East// 仅 适用于电汇到欧洲国家和中东) | | | | | |
| ABA Routing No./金融机构识别码: | | | NOT | Г | |
| (Applicable ONLY for wire transfer to USA/ 仅 适用于电汇 | | | APPLICA | | NOT |
| 到美国) | | | 此项不证 | 适用 | APPLICABLE |
| BSB No. /电汇清算网络编码: (Applicable ONLY for wire transfer to Australia/仅适用于 | | | | | 此项不适用 |
| 电汇到澳大利亚) | Institution No. | Transit No | | | |
| Institution and Transit No./ 银行机构 | 机构号码 | 中转号码 | | | |
| 和中转号码: (Applicable ONLY for wire transfer to Canada) | | | | | |
| 仅限于电汇至 加拿大) | | | | | |
| Bank Name/银行名称: | | | | | |
| Bank Address/银行地址: | | | | | |
| Country of Destination/收款国家: | | | | | |
| Bank Charges/银行收费: | for Beneficiary's Account/收款人账户 | | | | NOT APPLICABLE 此项不适用 |
| | ails and hereby hold SMDC free and harmless from any misrepresentation / misdeclaration in the information given in this | | | | |
| form. 本人保证上述信息的准确性,并特此保障 SMD(| C 免于承担任何因为 | 该表中提供的虚假信息 | !或错误声明而产生的损失 | ŧ. | |
| I/We further acknowledge that SMDC is authori: | • | | | • | have originated from me/us, |
| provided that the email address that I/We used 本人特此申明,SMDC 将授权接受通过扫描文件 | | • | • | | 动与本人在资格鉴定表/个人信息 |
| 表上提供的电子邮件地址一致。 | | 1333,626,000,735,000 | | MUDICAL CO. APT 110 | |
| By filling-out this form, the Applicant authorizes shall not be liable for any loss or damage that th | | | • | | |
| 通过填写此表格, 申请人将授权银行披露所需信息并执行其交易, 申请人须同意, 对于申请人可能因任何此类信息的披露而遭受或招致的损失或损害, 银行概不负责。 | | | | | |
| Any charges due to erroneous information will b 因信息错误而产生的任何费用都将在收款人的帕 | | account of the Payee. | | | |
| | | | | | |
| | | | | | |
| For SMDC use only: (Requesting Department / Division) | | | | | |

Division Head/Department Head Signature over Printed Name

Noted by:

Date:

/PIF 2022.09v3

Endorsed by:

Date: