

Statement / Chit Copy Request Form

Re: Discovery Bay Unit:		()
Membership No.:		
Name of Principal Cardholder:		
Title: Surname:Giver	Name:	
Contact No: E-mail:		
Correspondence Address:		
Details of Request:		
Please arrange to provide me / us with a copy of the	e following document(s): (Tick as a	appropriate)
Statement (\$10 per copy) Period from	<u>mm)</u> (yyyy) to	<u>(mm)</u> - <u>(yyyy)</u>
Chit Requisition (\$10 per copy)		
Transaction Date	Chit Number	Amount (HK\$)
(dd)(mm)(yyyy)		
(dd)(mm)(yyyy)		
<u>(dd)</u> - <u>(mm)</u> - <u>(yyyy)</u>		
Preferred Method of Receiving Document: (Tick	as appropriate)	
By Post		(if different from the above)
By E-mail		
□ By Fax		
Payment of Administration Fees:		_ (
Administration fees will be charged according to the	e above request(s) for duplicate	ed copy of statement that consists of
transactions over one month. The total amount will h	be debited to your membership a	account directly.
Types of administration fees:		
1. \$10 per copy of monthly statement of account.		
2. \$10 per copy of a signed chit		
*Signature of Principal Cardholder		Date

FOR OFFICE USE ONLY A/C No .:	Processed on:	By:
Types of Request Form: Statement / Chits	Total Copy of Statement(s):	
Total Copy of Chit(s):	Receipt No.:	

Sep 2024 Edition



