

**Designated Bank Account Form**

1. Name of Project: \_\_\_\_\_
2. Project No.: \_\_\_\_\_
3. Name of Designated Account: \_\_\_\_\_  
(Please refer to the bank statement/passbook)  
Chinese(if any) : \_\_\_\_\_  
English : \_\_\_\_\_
4. Name of Bank: \_\_\_\_\_
5. Account No.: \_\_\_\_\_  
(Including Bank Code and Branch Code) \_\_\_\_\_
6. Authorized person(s) to certify expenditure and operate the Designated Bank Account.  
If different from the Conditions of Grant: Schedule I, please fill in the table below:

<u>Name of authorized person</u>	<u>Position</u>

7. Attached with **certified true photocopy** of \* (first bank statement / first page of the bank passbook with first page of transaction record) (Total     page(s).) (\* Delete whichever is inapplicable)

On behalf of the grantee(s), I confirm the information provided above is true and correct.

\_\_\_\_\_  
Company Chop of Grantee

\_\_\_\_\_  
Signature of authorized person<sup>Note</sup>

\_\_\_\_\_  
Name of authorized person

\_\_\_\_\_  
Position of authorized person

Date: \_\_\_\_\_

**Note: The authorized person is one of the people in the table of Conditions of Grant: Schedule I.**