To:			ted	
		REPORT LOS	SS OF SMARTCARE	<u>)</u>
We co	onfirm that the Smar	tcard issued to the follow	wing Delegated Admir	nistrator / Authorised User has been
lost ar	nd thereby request y	ou to disable the user p	rofile associated with	it. We undertake to inform you in
writing	g when the lost smar	tcard is found.		
User l	D : _			
User I	Name : _			
In addition, we request you to take the following action: Delete the User ID; OR Replace the smartcard a smartcard(s) is / are attached for reuse. b. Order new smartcard(s), total for HKD (@HKD250.00). 1. For CCASS Participants,				
		vith Company Chop)		
	S / HKCC / SEOCH pant or Designated	I Bank ID:		
	S / HKCC / SEOCH pant or Designated			
Contact Person: Contact Number:				umber:
		For O	ffice Use Only	
Signatur	e verified by:	Prepared / Checked by:	Reviewed by:	Updated by:
Date:		Date:	Date:	Date:

Date: _____