

備註 NOTE :

1. 投保人請以英文正楷填寫及在適當方格內加「✓」號。任何答案如有更改，敬請在旁簽署。The Proposed Insured has to complete the form in English BLOCK LETTERS and please put a "✓" in the box as appropriate. Any changes to be made should be signed by the Proposed Insured.
2. 若不清楚此投保書需要透露的資料內容，請致電中銀集團保險有限公司（下稱“中銀集團保險”）熱線 (852) 3187 5100 查詢。讓保險公司了解實況，有助保障投保人及/或受保人的利益，若未能充份透露實情，將會使投保人及/或受保人得不到所需求的保障，甚至使保單失效。If you have any doubt on what should be disclosed in this proposal form, please call Bank of China Group Insurance Company Limited (named below as "BOCG Insurance") Hotline (852) 3187 5100. Making sure the insurance company is informed will be beneficial to the Proposed Insured and/or Insured Person. Failure to disclose may mean that the policy will not provide the Proposed Insured and/or Insured Person with the coverage required, or may invalidate the policy altogether.
3. 此投保書申請一經被接納後，您的保單將會每年自動續保。Once the application for this proposal form is accepted, your policy will be automatically renewable each year.
4. 若此投保書所含的內容與保單條款有任何歧異，概以保單為準。In the event that the information contained in this proposal form does not conform to the terms in any policy issued, the policy terms shall prevail.
5. 「康健住院現金保險計劃」（下稱“本計劃”）由中銀集團保險承保。Healthy Hospital Cash Insurance Plan (named below as "this Plan") is underwritten by BOCG Insurance.
6. 中國銀行（香港）有限公司、南洋商業銀行有限公司、集友銀行有限公司、中銀信用卡（國際）有限公司及其他代理銀行（各稱為“代理銀行/代理”）以中銀集團保險的委任保險代理身份分銷本計劃，本計劃為中銀集團保險的產品，而非代理銀行/代理的產品。Bank of China (Hong Kong) Limited, Nanyang Commercial Bank, Limited, Chiyu Banking Corporation Limited, BOC Credit Card (International) Limited and other agent banks (each an "agent Bank/agent") are the appointed insurance agents of BOCG Insurance for distribution of this Plan. This Plan is a product of BOCG Insurance but not the agent Bank/agent.
7. 對於代理銀行/代理與客戶之間因銷售過程或處理有關交易而產生的合資格爭議（定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍），代理銀行/代理須與客戶進行金融糾紛調解計劃程序；而有關本計劃的合約條款的任何爭議，應由中銀集團保險與客戶直接解決。In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between the agent Bank/agent and the customer out of the selling process or processing of the related transaction, the agent Bank/agent is required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of this Plan should be resolved between directly BOCG Insurance and the customer.

投保人個人資料 Personal Details of Proposed Insured

英文姓名（請先填寫姓氏） English Name (Surname first): _____	中文姓名 Chinese Name: _____	香港身份證/護照號碼 HKID Card/Passport No.: _____
出生日期 日 月 年 Date of Birth: ____/D ____/M ____/Y	聯絡電話 Contact Phone No.: _____	住宅 手提 Home _____ Mobile _____
通訊地址 Correspondence Address: _____	電子郵箱 E-mail: _____	全家投保 是 YES 否 NO Family insured: <input type="checkbox"/> <input type="checkbox"/>
賠償入賬戶口 Bank Account for Claim Reimbursement* 本人之銀行及分行名稱 My Bank Name and Branch: _____	自動轉賬戶口號碼 Autopay A/C No. : _____	

* 所有受保人必須以同一銀行轉賬戶口作為賠償過數之用。如未能提供銀行戶口，賠償將以支票支付予投保人。For the purpose of claim payment. The Autopay A/C No. for claim payment shall apply to all Insured Person(s). If no bank account is provided, the claim payment will be settled to the Proposed Insured by cheque.

受保人資料 Details of Insured Person(s)

受保人姓名（請先填寫姓氏） (以銀行戶口姓名為準：處理賠償之用) Name of Insured Person (s) (Surname first) (same as Bank Account for claim purpose)	性別 Sex	出生日期 (日/月/年) Date of Birth (D/M/Y)	香港身份證/護照號碼/出生證件號碼 (11 歲以下) HKID Card No./ Passport No./ Birth Cert. No. (for aged below 11)	保障 計劃** Insured Plan**	職業 Occupation	與投保人關係 Relationship with Proposed Insured	每年保費 (港幣) Annual Premium (HK\$)
投保人 Proposed Insured		As above 同上				N/A 不適用	
** 所有受保人與投保人必須選擇相同的保障計劃。All Insured Person(s) and the Proposed Insured should apply for same Insured Plan.							每年總保費（港幣） Total Annual Premium (HK\$)

是 YES 否 NO

1. 在過去 5 年閣下/受保人曾否住院或因嚴重疾病/創傷需要向專科醫生尋求醫療諮詢、斷症性之檢查、治療或做手術？In the past 5 years, have you/Insured Person(s) been hospitalized or have consulted a specialist for medical advice, diagnostic tests, treatment or operation for a serious illness or injury?
2. 閣下/受保人曾否因任何病徵、疾病、缺陷或身體狀況例如但不限於肝炎帶菌者、糖尿病、腎病、高血壓、關節炎、心臟血管疾病、各類型癌症或腫瘤導致現在或將來急需做手術或接受長期治療？Do you/Insured Person(s) have any symptoms, illness, defects or conditions such as, but not limited to hepatitis carrier status, diabetes, kidney disease, high blood pressure, arthritis, cardio vascular diseases, any type of cancer or tumor, that may require impending operation, continuous treatment now or in the future?
3. 在過去 5 年閣下/受保人是否曾在醫院或療養院內接受手術、診察或治療或現正接受診察、治療或服用藥物？In the past 5 years, have you/Insured Person(s) ever been in a hospital or sanatorium for surgery, observation or treatment, or currently under observation or taking any treatment or medication?

4. 在過去 5 年閣下/受保人曾否因住院向保險公司索償？ In the past 5 years, have you/Insured Person(s) ever filed a claim for hospitalization with an insurance company?
5. 閣下/受保人曾否在投保醫療、住院、意外或人壽保險時被拒絕、或有關保單被取消、增加保費或附加限制？ Have you/Insured Person(s) ever had any medical, hospitalization, accident or life insurance application rejected or policy cancelled, rated or restricted?

備註 Notes :

如在上述問題答案選擇「是」，請另紙詳述該受保人姓名及健康狀況如疾病性質，症狀，所接受之護理及治療，上一次求診日期以及有關醫療報告，由有關受保人簽署後，連同投保書一併交回中銀集團保險核辦。 If any answer to the above question is "YES", please provide full details in separate sheet which should be duly signed describing Insured Person's name and health condition such as nature or symptoms of disease, diagnosis, care and treatment received, date of last consultation and related medical report and return together with the Proposal Form to BOCG Insurance attention.

付款方法及授權書 Payment Method and Authorization Form

- A. 以現金/支票支付保費(劃線支票抬頭寫:中銀集團保險有限公司) Pay in Cash/Cheque (Please make your cheque payable : Bank of China Group Insurance Company Limited).
- B. 以銀行戶口/信用卡支付保費, 填妥下列直接付款授權書 For Bank Account/Credit Card payment, complete the following Direct Debit Authorization form:

1. 中銀/南商/集友銀行戶口號碼 BOC/Nanyang Comm'l Bank/Chiyu Bank Account No.:

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- 本人授權「中銀集團保險有限公司」從本人上述銀行戶口號碼扣取「康健住院現金保險計劃」應繳付的保費，包括每個新保單年度續保保費 (除非本人有進一步的書面通知)。 I hereby authorize the "Bank of China Group Insurance Company Limited" to debit my Bank Account No. specified above for payment of premium under the "Healthy Hospital Cash Insurance Plan", including all renewal premiums for each new policy year. (unless further written notice from me).
- 倘由於銀行戶口扣賬而引致本人之上述賬戶出現透支(或令現時之透支增加)，本人願個別承擔全部責任。另若上述銀行戶口並無足夠款項支付該等授權扣付保費時，本人之銀行亦有權不予扣賬，且銀行可向本人收取慣常之收費。 I accept full responsibility for any overdraft (or increase in existing overdraft) on my above Bank Account which may arise as a result of the account debit. I further agree that should there be insufficient funds in my Bank Account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me.
- 本人同意，本人取消或更改本授權書之任何通知，須於取消或更改生效日最少兩個工作日之前交予本人之銀行，並須同一時間將該通知交予「中銀集團保險有限公司」。 I agree that any notice of cancellation or variation of this authorization which I may give to my Bank shall be given at least two working days prior to the date on which such cancellation or variation is to take effect and at the same time such notice shall be given to "Bank of China Group Insurance Company Limited".

2. 信用卡號碼 Credit Card No.:

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- Visa Master 中銀銀聯雙幣信用卡(必需由香港發出) BOC CUP Dual Currency Credit Card (Must be issued in Hong Kong)
有效期至 Valid Through: 年 Year 月 Month

- 本人授權「中銀集團保險有限公司」從本人上述信用卡戶口號碼扣取「康健住院現金保險計劃」應繳付的保費。 I hereby authorize the "Bank of China Group Insurance Company Limited" to debit my Credit Card No. specified above for payment of premium under the "Healthy Hospital Cash Insurance Plan".

銀行戶口/持卡人姓名
Name of Bank Account/Credit Card Holder

銀行戶口/持卡人簽署
Signature of Bank Account/Credit Card Holder

S.V. 日期
Date

* 簽署須與上述扣賬銀行戶口/信用卡簽署式樣相同。如付款戶口為聯名戶口，各戶口持有人均需在此簽署。(Signature should be same as specimen signature on Bank Account/Credit Card specified above. If the Account to be debited is a joint Account, all Account holders shall sign here.)

聲明 Declaration

- 本人謹此聲明於申請這份保險時受保人是居於香港特別行政區的合法居民。 I declare that when applying for this insurance, the Insured Person(s) are ordinarily residing and as legal of HKSAR.
- 本人謹此聲明，於本投保書之陳述乃真確無訛，可作為簽發保單之根據。本人亦明白如資料錯誤或不詳盡，受保人之保障有失效之虞。 I declare that the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I also understand that if any information stated is untrue or incomplete, the cover for the Insured Person(s) may be invalidated.
- 本人謹此聲明，本投保書是在香港特別行政區內簽署，如有任何訛騙或資料失實，受保人之保障有失效之虞。 I declare that this Proposal Form is applied and signed at HKSAR, in case of fraud or factual misrepresentation, the cover for the Insured Person(s) may be invalidated.
- 本人同意中銀集團保險保留一切有關投保書接納與否之權利。 I agree BOCG Insurance reserves the right to accept or decline my application.
- 本人明白必須繳付保費後，中銀集團保險對受保人之保險責任始行生效。 I understand that BOCG Insurance insurance liability for the Insured Person(s) will only take effect provided that premium has been paid.
- 本人明白此投保申請一經批核，在每個保單年度期滿前，若未有接獲中銀集團保險有關修改任何條款的續保通知，本人只須繳交下個保單年度所須的保費，此保單便會每年自動續保。 I agree that once this application for insurance is accepted, if no notice of amendment of renewal terms is sent to me from BOCG Insurance prior to the expiration of each policy year, the policy will be automatically renewed simply by my/our settling the required premium for the upcoming policy year.

收集個人資料聲明 Personal Information Collection Statement

本人明白本人提供的資料為中銀集團保險提供保險業務所需，並可能使用於下列目的 I understand that the information provided by me to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:

- 處理及審批本人的保險申請或本人將來提交的保險申請 processing and evaluating my insurance application and any future insurance application I may make;
- 執行本人保單的行政工作及提供與本人保單相關的服務 administering my insurance policy and providing services in relation to my insurance policy;
- 分析或調查、處理及支付本人保單有關的索償 analysis or investigating, processing and paying claims made under my insurance policy;
- 發出繳交保費通知及向本人收取保費及欠款 invoicing and collecting premiums and outstanding amounts from me;
- 任何與保險有關的產品或服務的任何更改、變更、取消或續期 any alterations, variations, cancellation or renewal of any insurance related product or service;
- 就以上用途聯絡本人 contacting me for any of the above purposes;
- 中銀集團保險行使任何代位權 exercising any right of subrogation by BOCG Insurance;
- 其它與上述用途有直接關係的附帶用途 other ancillary purposes which are directly related to the above purposes;及 and
- 遵循適用法律，條例及業內守則及指引 complying with applicable laws, regulations or any industry codes or guidelines.

中銀集團保險亦可因應上述用途將本人及/或受保人的個人資料移轉予下列各方 BOCG Insurance may disclose my and/or the Insured Person(s)'s personal data for the above purposes to the following classes of transferees:

- 就上述用途，向中銀集團保險提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問 (包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist BOCG Insurance to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- 處理索賠個案的理賠師、理賠調查員及醫療顧問 in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- 追討欠款的收數公司或索償代理 in the event of default, debt collectors and recovery agents;
- 保險資料服務公司及信貸資料服務公司 insurance reference bureaux or credit reference bureaux;
- 再保公司及再保經紀 reinsurers and reinsurance brokers;
- 本人的保險經紀 (若有) my insurance broker (if I have one);
- 中銀集團保險的法律及專業業務顧問 BOCG Insurance's legal and professional advisors;
- 中銀集團保險的關連公司(以《公司條例》內的定義為準) BOCG Insurance's related companies (as that term is defined in the Companies Ordinance);
- 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能 any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的 any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
- 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的 any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- 保險索償投訴局及同類的保險業機構 the Insurance Claims Complaints Bureau and similar industry bodies;及 and
- 法例要求或許可的政府機關 government agencies and authorities as required or permitted by law.

本人在此授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及/或核對本人及/或受保人任何資料 BOCG Insurance is hereby authorized to obtain access to and/or to verify any of my and/or the Insured Person(s)'s data with the information collected by the Federation from the insurance industry.

此外，經本人同意，中銀集團保險可能會以其它方式使用及披露本人及/或受保人的個人資料 Moreover, BOCG Insurance may also use and disclose my and/or the Insured Person(s)'s personal data otherwise with my consent.

本人有權查閱及要求更正由中銀集團保險持有有關本人及/或受保人的個人資料。如有需要，可向中銀集團保險法律與合規部提出 (電話：2867 0888，傳真：3906 9939) I have the right to obtain access to and to request correction of any personal information concerning myself and/or the Insured Person(s) held by BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

接收推廣訊息指示 Receive Direct Marketing Materials Instruction

本人不欲中銀集團保險使用本人的個人資料經以下渠道作直銷推廣 (請以“√”選擇渠道) I do not wish BOCG Insurance to use my personal data in direct marketing via the following channel(s) (please use“√”to select the channel(s)):

- 電子推廣郵件 Promotion Email 電話短訊 SMS 直銷郵件 Direct Mailing 電話直銷 Telephone Call

如您遞交此投保書而沒有在以上任何方格內以“√”號顯示您的選擇，即代表您並不拒絕中銀集團保險任何形式的直銷推廣。If you return this Proposal Form without ticking any of the above boxes, it means that you do not wish to opt-out from any form of direct marketing of BOCG Insurance.

以上代表您現在對是否接收直銷推廣資料的選擇，亦取代任何您之前已告知中銀集團保險的選擇。請注意，您以上的選擇適用於根據中銀集團保險的「資料政策通告」上所載的產品、服務及/或標的。請您參考該通告上有關中銀集團保險擬用於直銷推廣的個人資料種類。The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to BOCG Insurance prior to this application. Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Data Policy Notice of BOCG Insurance. Please also refer to the said Notice on the kinds of personal data which may be used in direct marketing.

將個人資料披露給本集團公司作直接促銷指示 Instruction to disclose personal data to the Group companies for direct marketing

為改善及提供更全面的服務予中銀集團保險的客戶，中銀集團保險可能會將您的個人資料提供予「本集團」*其他成員及其他人作其包括財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品及授信的直銷推廣 (請您參考中銀集團保險的「資料政策通告」上有關中銀集團保險擬提供之直銷推廣的個人資料種類，該資料擬提供予甚麼類別的人士，以及該資料擬就甚麼類別的產品、服務及/或標的而使用。) 若您不欲中銀集團保險提供您的個人資料予以上人士作以上用途，請您在這方格上以“√”號表示。To improve and provide more comprehensive services to our customers, BOCG Insurance may provide your personal data to other members of the Group* and any other persons for their use in direct marketing of financial, insurance, credit card, securities, commodities, investment, banking and related services and products and facilities and so forth. (Please refer to the Data Policy Notice of BOCG Insurance on the kinds of personal data which may be transferred to in direct marketing, the classes of persons to which your personal data may be provided to, and the classes of products, services and/or subjects in relation to which the data is to be used.) Please tick “√” this box if you do not wish BOCG Insurance to provide your personal data to the above persons for the above purposes.

*「本集團」指中銀集團保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。附屬成員包括中銀集團保險的控股公司之分行、附屬公司、代表辦事處及附屬成員，不論其所在地。The “Group” means BOCG Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated. Affiliates include branches, subsidiaries, representative offices and affiliates of BOCG Insurance holding's companies, wherever situated.

本人確認同意本投保書內之所有部份，包括但不限於上列之聲明及收集個人資料聲明。 I confirm my agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.

投保人 Signature of Proposed Insured

香港 H.K./

簽署地及日期 Signed Place and Date

本投保書在未被同意接受前，中銀集團保險不負任何責任。

The BOCG Insurance has no liability whatsoever before this Proposal Form is accepted.

代理專用 For Agent use only		保險公司專用 For Office use only	
代理編號 Agent No.	轉介單位編號 Transfer Unit No.	保單編號 Policy No.	
經辦編號 Staff No.	轉介人員編號 Transfer Staff No.	經辦人 Handled By	
客戶編號 (銀行) Cust. Code (Bank)	CIN 號碼 CIN No.	覆核人 Checked By	
經辦聯絡電話 Staff Contact No.			

直接付款授權書 Direct Debit Authorization Form

請依次填寫並將此授權書交給 貴戶之往來銀行 Please complete and return this form to your banker

收款之一方 (受益人) Name of Party to be Credited ("The Beneficiary")	銀行編號 Bank No.	分行編號 Branch No.	收款賬戶號碼 Account No. to be Credited
Bank of China Group Insurance Company Limited	0 3 0	5 5 0	1 0 2 8 2 1 0 8

- 本人/吾等現授權本人/吾等之下述銀行，(根據受益人及/或代理行不時給予本人/吾等銀行之指示)自本人/吾等之賬戶內轉賬至上述賬戶。惟每次轉賬金額不得超過以下指定之限額。I/We hereby authorize my/our below named Bank to effect transfers from my/our account to the above account in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.
- 本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
- 如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願共同及各別承擔全部責任。I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as result of any such transfer(s).
- 本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。I/We agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual service charge and that it may cancel this authorization at any time on one week's written notice.
- 本授權書將繼續生效直至另行通知為止或直至下列到期日為止 (以兩者中最早之日期為準)。This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur).
- 本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天(但不包括星期六)之前交予本人/吾等之銀行。I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given at least two working days (except Saturdays) prior to the date on which such cancellation/variation is to take effect.

本人/吾等之銀行及分行之名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No.	本人/吾等之賬戶號碼 My/Our Account No.
本人/吾等在結單/存摺上所紀錄之名稱 My/Our Name(s) as record on Statement/Passbook	*每次/月付款之限額 *Limit for Each Payment/Month		到期日 (參閱下列附註各點) Expiry Date (See Notes Below) Day 日 Month 月 Year 年
債務人之姓名 (若非賬戶持有人) Name of Debtor (if other than Account Holder)	債務人參考 (必填之欄 - 請參閱下列附註各點) Debtors' Reference (Compulsory Field-See Notes Below)		
本人/吾等在結單/存摺上所紀錄之地址 My/Our Address as record on Statement / Passbook	聯絡電話 Telephone No.	本人/吾等之簽名 My/Our Signature(s) 日期 Date	
以下由銀行填寫 For Bank Use Only	核對印鑑 Signature(s) Verified		

* 請刪去不適用者。Please delete whichever is not appropriate.

請以英文正楷填寫。Please write in block letters.

附註 NOTES :

1. 如 台端付款之數額每次可能不相同，則請將最高者定為每次付款之最高限額。If the amount of your payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.
2. 本直接付款授權書將於「到期日」一欄中所填寫之日期自動撤銷。如 貴戶意欲直接付款授權書無限期有效 (或直至 貴戶予以撤銷為止)，則請將該欄留空。The Direct Debit Authorization will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorization to have effect indefinitely (or until cancelled by you) please leave box blank.
3. 請保證 貴戶在此授權書內之簽名，與銀行賬戶所簽者完全相同。Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
4. 在債務人之參考欄內，請將 貴戶與受款人一方之關係，略予說明，例如學生編號、抵押合約號碼等。In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc.
5. 當 "每次/月付款之限額"一欄未有填上時，債務銀行可酌權就轉賬金額設下一個限額。The debtors' bank may set an internal limit when the "Limit for Each Payment/Month" is not specified.
6. 如果轉賬金額超過債務銀行所定限額，除預先安排外，債務銀行會保留利不予以轉賬。The debtor's bank reserves the right to reject the payment exceeding the maximum limit specified by the debtor's bank unless prior arrangements have been made.