



Blue Cross 藍十字

An AIA Company 友邦保險成員公司



收集個人資料聲明
Personal Information Collection Statement



聯絡我們
Contact Us

信用卡付款授權書 Cardholder Payment Authorisation

保單號碼 : _____
Policy Number

保單持有人 : _____
Policyholder

致： 藍十字（亞太）保險有限公司

To: Blue Cross (Asia-Pacific) Insurance Limited

本人現授權貴公司從下列之信用卡戶口內扣除上述保單之保費[#]、保險業監管局徵費及賠償差額（如適用），直至本人另行發出書面通知為止*。

I hereby authorise the Company to effect debit of premium[#], levy to the Insurance Authority and claims charge back (if applicable) from the Credit Card Account specified below for the above policy, until further written notice is given by me*.

本人確認已閱讀及明白隨本表格附上有關藍十字（亞太）保險有限公司的收集個人資料聲明。

I confirm having read and understood Blue Cross (Asia-Pacific) Insurance Limited's Personal Information Collection Statement as accompanied with this form.

Visa/Mastercard Account

Visa 卡／萬事達卡戶口

□□□□—□□□□—□□□□—□□□□

信用卡有效至 Card Expiry Date	月 Month	年 Year
持卡人姓名（姓／名）** Name of Cardholder (Surname/First name)**		
電話（住宅） Telephone (Home)	（辦公室） (Office)	（手提） (Mobile)
持卡人與保單持有人之關係 ^o （如持卡人並非保單持有人） Relationship with Policyholder (if cardholder is not the policyholder) ^o		
持卡人簽署 [△] Signature of Cardholder [△]		
日期 Date		

* 如欲終止或更改服務，須於一個月前書面通知信用卡中心及／或藍十字（亞太）保險有限公司。

One month's written notice in advance to Credit Card Centre and/or Blue Cross (Asia-Pacific) Insurance Limited is required for termination or variation of this payment instruction.

** 請使用保單持有人之信用卡。

Policyholder's credit card is recommended.

一切款項以港幣為單位。若需要貨幣轉換，匯率以在入數或不能承兌之日（如適用）東亞銀行所釐訂之匯率為準。

All debits will be made in Hong Kong currency. If currency conversion is necessary, the exchange rate to be used will be determined by The Bank of East Asia, Limited applying at the date of lodgement and, if applicable, dishonour.

^o 必須為直屬家庭成員（即父母、配偶或子女）。

Must be immediate family member (parent, spouse or child).

[△] 此授權書之簽名必須與閣下信用卡之簽名式樣完全相同。

Please ensure that your signature on this authorisation is the same as the specimen signature on your credit card.