

# Bupa Critical Essential Care 保柏智安保危疾保障計劃

## Direct Debit Authorisation Form 直接付款授權書

If autopay is chosen as the payment method, please complete this form, sign where marked 'X' and return the original copy to Bupa with a cheque for the Subscription.  
若選擇以自動轉賬付款，請填妥此授權書及簽署於「X」位置並連同支票交回保柏。

Name of party to be credited (The Beneficiary) 收款之一方 (受益人)		Bank No. 銀行編號	Branch No. 分行編號	Account No. 收款戶口號碼
BUPA (ASIA) LIMITED		0 0 4	4 9 9	2 1 5 0 0 2 0 0 1
I / We hereby authorise my / our below named Bank to effect transfers from my / our account to that of the above named beneficiary in accordance with such instructions as my / our Bank may receive from the beneficiary from time to time. 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. I / We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my / our account which may arise as a result of any such transfer(s). I / We agree that should there be insufficient funds in my / our account to meet any transfer hereby authorised, my / our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice. This authorisation shall have effect until further notice. I / We agree that any notice of cancellation or variation of this authorisation which I / we may give to my / our Bank shall be given at least two working days prior to the date on which such cancellation / variation is to take effect.		本人 / 吾等現授權本人 / 吾等之下述銀行，(根據受益人不時給予本人 / 吾等銀行之指示) 自本人 / 吾等之戶口內轉賬予上述受益人。 本人 / 吾等同意本人 / 吾等之銀行無須證實該等轉賬通知是否已交予本人 / 吾等。 如因該等轉賬而令本人 / 吾等之戶口出現透支 (或令現時之透支增加)，本人 / 吾等願共同及各自承擔全部責任。 本人 / 吾等現同意本人 / 吾等之戶口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。 本授權書將繼續生效直至另行通知為止。 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前交予本人 / 吾等之銀行。		
My / Our Bank and Branch Names 本人 / 吾等之銀行及分行名稱		Bank No. 銀行編號	Branch No. 分行編號	My / Our Account No. 本人 / 吾等之戶口號碼
My / Our name as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上之姓名		My / Our Signature(s) 本人 / 吾等之簽署		HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼
My / Our address as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上之地址		X		Date 日期
Debtor's Name (If other than account holder) 債務人之姓名 (若非戶口持有人)		Membership No. (Debtor's Reference) 會員編號 (債務人備註)		
If the account holder is not the applicant/Subscriber, please fill in the following information. 若戶口持有人並非申請人/投保人，請填寫以下資料。 Relationship with the applicant/Subscriber 與申請人/投保人關係		Reason for paying Subscription on behalf of the applicant / Subscriber 代申請人/投保人支付保費的原因		
For bank use only 銀行專用		Signature Verified 核實簽署		

Notes: 1. The box marked 'Membership No.' to be completed by Bupa.  
2. The signature on this authorisation form must be the same as the signature of your Bank Account.

附註：1. 會員編號一欄由保柏填寫。  
2. 在此授權書內之簽署模式必須與閣下之銀行戶口內之簽署相符。

# Bupa Critical Essential Care 保柏智安保危疾保障計劃

## Credit Card Authorisation Form 信用卡付款授權書

If credit card payment is chosen as the payment method, please complete this form, sign where marked 'X' and return this form to Bupa by mail or by fax.  
Note: If you have faxed this form to Bupa, please do not return it to us by mail again. 若選擇以信用卡付款，請填妥此授權書及簽署於「X」位置並交回保柏。若您傳真此表格給我們，請無須寄回此表格。

<input type="radio"/> Visa	<input type="radio"/> MasterCard	<input type="radio"/> Diners Club	<input type="radio"/> American Express
Cardholder's Name 持卡人姓名	HKID Card No. 香港身份證號碼	Credit Card Account No. 信用卡戶口號碼	Credit Card Expiry Date 信用卡到期日 (MM / YY 月 / 年)
I hereby authorise and direct Bupa (Asia) Limited to debit the Subscription due from my credit card account on a yearly basis until further notice. 本人茲授權保柏(亞洲)有限公司從本人的信用卡戶口每年支付應繳保費金額，直至另行通知。		Total Annual Subscription 年費總額 (HK\$ 港幣)	
If Cardholder is not the applicant/Subscriber, please fill in the following information. 若信用卡持有人並非申請人/投保人，請填寫以下資料。			
Relationship with the applicant/Subscriber 與申請人/投保人關係		Reason for paying Subscription on behalf of the applicant / Subscriber 代申請人/投保人支付保費的原因	
<input type="radio"/> I hereby confirm to pay the Subscription due of Bupa Critical Essential Care for the applicant/Subscriber. (Mr / Mrs / Ms) 本人同意及承擔以下人士之全數應繳之保柏智安保危疾保障計劃保費金額 (先生 / 太太 / 女士)		with HKID Card No. 香港身份證號碼	
Cardholder's Signature 持卡人簽署	Contact Phone No. 聯絡電話號碼	Date 日期 (DD / MM / YY 日 / 月 / 年)	
<b>X</b>			
For Bupa use only 保柏專用 Bupa Critical Essential Care Membership No. 保柏智安會員編號: Subscription 保費 (HK\$ 港幣):		Authorised Code 授權代碼: Date 日期:	

**Bupa (Asia) Limited 保柏(亞洲)有限公司**  
Address 地址: 18/F, DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong  
香港鰂魚涌華蘭路25號大昌行商業中心18樓  
Telephone 電話: (852) 2517 5333 Facsimile 傳真: (852) 2548 1848  
Website 網址: www.bupa.com.hk



# Bupa Critical Essential Care 12-month Interest-free Monthly Instalment Plan Agreement 保柏智安保危疾保障計劃十二個月免息分期付款計劃同意書

For Citibank Credit Cardholder / Diners Club Cardmember use only 只供花旗銀行信用卡客戶及大來信用證會員專用  
To: Citibank (Hong Kong) Limited / Diners Club International (H.K.) Ltd. 致: 花旗銀行(香港)有限公司 / 大來信用證國際(香港)有限公司

Cardholder's Name 持卡人姓名 (Cardholder must be the applicant / Subscriber 持卡人必須為申請人 / 投保人)	Contact Phone No. 聯絡電話號碼	
Please charge the total amount of the following instalment plan to my Credit Card account as follows: 請於本人以下戶口支取所需款項，以繳付下列免息分期： (Please tick as appropriate 請選擇並加「✓」號) <input type="radio"/> Citibank Visa 花旗銀行Visa卡 <input type="radio"/> Citibank MasterCard 花旗銀行萬事達卡 <input type="radio"/> Diners Club Card 大來信用證		
Account No. 戶口號碼	Credit Card Expiry Date 信用卡到期日 (MM / YY 月 / 年)	Total Annual Subscription 年費總額 (HK\$ 港幣)

### Terms and Conditions 條款及細則

To: Citibank (Hong Kong) Limited / Diners Club International (H.K.) Ltd. 致: 花旗銀行(香港)有限公司 / 大來信用證國際(香港)有限公司

- I hereby agree that the 12-month interest-free monthly instalment plan is only applicable to Citibank Credit Card issued by Citibank (Hong Kong) Limited and Diners Club Card issued by Diners Club International (H.K.) Ltd. and subject to account status checking. Full payment is needed for holder of non-Hong Kong issued Citibank Credit Card and Diners Club Card.  
本人同意12個月免息月供分期付款計劃只適用於由花旗銀行(香港)有限公司發行之花旗銀行信用卡及大來信用證國際(香港)有限公司發行之大來信用證，但須視乎其戶口狀況而定，持有其他國家發行之花旗銀行信用卡及大來信用證需以全數付款。
- I hereby agree that the 12-month interest-free monthly instalment plan is subject to account status checking, and final acceptance by Citibank (Hong Kong) Limited and Diners Club International (H.K.) Ltd. 本人同意12個月免息月供分期付款計劃之批核，須視乎其戶口狀況而定，及同意花旗銀行(香港)有限公司 / 大來信用證國際(香港)有限公司有權決定接納本申請與否。
- I hereby agree that all my monthly instalment payments are irrevocable and the details thereof cannot be altered by me.  
本人同意每月之供款不可撤銷及其內容不得由本人更改。
- I hereby agree that the total outstanding amount will become immediately due upon cancellation of my above mentioned card account.  
本人同意若上述之戶口一經取消，本人須立即全數繳付未償還之款項。
- I hereby agree that the total Subscription will be held from available credit limit of my above mentioned Citibank Credit Card / Diners Club Card. I also agree that instalment amount will be debited monthly from the above mentioned Citibank Credit Card / Diners Club Card account.  
本人同意所須繳付之全數保費，將於本人之上述花旗銀行信用卡 / 大來信用證中可用信用額內扣除。本人亦明白供款均每月由上述花旗銀行信用卡 / 大來信用證戶口中扣除。
- This offer is subject to change without prior notice.  
此優惠如有任何修改，恕不另行預先通知。
- In the event of any discrepancy in respect of meaning between the Chinese version and the English version of these Terms and Conditions, the English version shall prevail.  
本條款及細則之中，英文版本如有任何差別，概以英文為準。
- I hereby agree that Bupa Critical Essential Care is provided and underwritten by Bupa (Asia) Limited. Bupa (Asia) Limited is solely responsible for all obligations and liabilities relating to the Scheme. For any further disputes on the Bupa Critical Essential Care, I will contact Bupa (Asia) Limited directly.  
本人同意保柏智安保危疾保障計劃由保柏(亞洲)有限公司提供及承保，任何有關計劃承保之責任，一概由保柏負責。有關保柏智安保危疾保障計劃的任何爭議，本人將與保柏(亞洲)有限公司直接聯絡。

To: Bupa (Asia) Limited 致: 保柏(亞洲)有限公司

I hereby agree that no refund will be permitted if termination from Member(s) occur(s) during the Contract Year.  
本人同意如會員在合約年度內終止計劃，所有保費將不獲退還。

Citibank Credit Cardholder's / Diners Club Cardmember's Signature 花旗銀行信用卡客戶 / 大來信用證會員簽署

(Signature must be the same as the signature on your Citibank Credit Card / Diners Club Card  
簽名模式必須與閣下之花旗銀行信用卡 / 大來信用證上簽署相符) **X** Date: \_\_\_\_\_

Citibank Credit Card is issued by Citibank (Hong Kong) Limited  
花旗銀行信用卡由花旗銀行(香港)有限公司所發行

### For Bupa use only 保柏專用

Bupa Critical Essential Care Membership No. 保柏智安會員編號 \_\_\_\_\_ Authorised Code: 授權代碼 \_\_\_\_\_ Date: 日期 \_\_\_\_\_

**Bupa (Asia) Limited 保柏(亞洲)有限公司**  
Address 地址: 18/F, DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong  
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Website 網址: www.bupa.com.hk

