

Bupa Crystal Health Insurance Scheme

保柏晶彩寶醫療保障計劃

12-month Interest-free Monthly Instalment Plan Agreement

十二個月免息月供分期付款計劃同意書

If 12-month Interest-free Monthly Instalment Payment is chosen as the payment method, please complete this form, sign where marked 'X' and return the original copy to Bupa.

若選擇以十二個月免息月供分期付款，請填妥此表格及簽署於“X”位置，並將正本交回保柏。

For Diners Club Cardmember use only. 只供大來信用証會員專用

To: Diners Club International (H.K.) Ltd. 致：大來信用証國際(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： <input checked="" type="checkbox"/> Diners Club Card 大來信用証		
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 (HKS 港幣)

Terms and Conditions 條款及細則

To: Diners Club International (H.K.) Ltd. 致：大來信用証國際(香港)有限公司

- I hereby agree that the 12-month interest-free monthly instalment plan is only applicable to 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 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大來信用証國際(香港)有限公司發行之大來信用証，但須視乎其戶口狀況而定，持有其他國家發行之大來信用証需以全數付款。
- I hereby agree that the 12-month interest-free monthly instalment plan is subject to account status checking, and final acceptance by 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，及同意大來信用証國際(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 Diners Club Card. I also agree that instalment amount will be debited monthly from the above mentioned Diners Club Card account.
本人同意所須繳付之全數保費，將於本人之上述大來信用証中可用信用額內扣除。本人亦明白供款均每月由上述大來信用証戶口中扣除。
- 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 the 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 Crystal Health Insurance Scheme 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 Bupa Crystal Health Insurance Scheme, I will contact Bupa (Asia) Limited directly.
本人同意保柏晶彩寶醫療保障計劃由保柏(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。有關保柏晶彩寶醫療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。

Diners Club Cardmember's Signature 大來信用証會員簽署

(Signature must be the same as the signature on your Diners Club Card
簽署模式必須與閣下之大來信用証上簽署相符)

X

Date:

日期

(DD/MM/YY 日/月/年)

Diners Club Card is issued by Diners Club International (H.K.) Ltd.

大來信用証由大來信用証國際(香港)有限公司所發行

For Bupa use only 保柏專用

Bupa Crystal Membership No.:

保柏晶彩寶會員編號

Authorised Code:

授權代碼

Date:

日期