

Bupa Health Insurance Scheme Credit Card Authorisation Form

保柏醫療保障計劃信用卡付款授權書



Membership No. (16 digits) 會員號碼 (16位數字)

Subscriber(Policy Holder)'s Name 投保人(保單持有人)姓名
Surname 姓

Given Name 名

Please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. 請以**英文正楷**填寫本表格，並於適用地方加「✓」號。

If you choose to return this form by mail, please photocopy the 'Personal Information Collection Statement' on the bottom of this page for your reference. This information can also be found on our website. 若您選擇郵寄此表格，請複印此頁底部的「個人資料收集聲明」以作將來參考之用。您亦可於我們的網頁隨時瀏覽有關資料。

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. 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，請填妥此表格及簽署於「X」位置，並交回保柏。若您已傳真此表格給我們，請無須寄回此表格。

Visa MasterCard

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 月 YY 年

I acknowledge that the Contract / Policy shall be renewed automatically on a yearly basis unless it is not renewed by giving notice to Bupa or according to the terms of the Contract / Policy. I hereby authorise and direct Bupa (Asia) Limited to automatically debit the subscription / premium and levy due from my credit card account on an annual / monthly* basis until further notice. 本人明白除非收到本人給予保柏的通知不再續保或因根據合約 / 保單條款規定，否則合約 / 保單將會每年自動續保。本人茲授權保柏(亞洲)有限公司自動從本人的信用卡戶口每年 / 每月*支付應繳保費及保費徵費金額，直至另行通知。

If the Cardholder is not the Subscriber(Policy Holder) or Member (Insured Person), please fill in the following information. 若信用卡持有人並非投保人(保單持有人)或會員(受保人)，請填寫以下資料。
Relationship with the Subscriber(Policy Holder) or Member (Insured Person)** 與投保人(保單持有人)或會員(受保人)**關係
(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

I hereby confirm to pay the subscription and levy due of Bupa Health Insurance Scheme for the Subscriber(Policy Holder) as listed in this form. 本人同意及承擔列於此表格上的投保人(保單持有人)之全數應繳之保柏醫療保障計劃保費及保費徵費金額。

* Applicable Hospital Cash Insurance Scheme / Bupa Care Pro / Bupa Care Kid / Bupa Together / Bupa HealthPlus / Bupa Transfer Care / Bupa MyBasic VHIS / Bupa MyFlexi VHIS / Bupa Hero VHIS Plan and Bupa Safe only. 只適用於「保柏住院現金」保障計劃 / 「保柏卓越健康」 / 「保柏童康健康」 / 「保柏互通保額」 / 「保柏悅康健康」 / 「保柏轉安保」 / 「保柏自願醫保」 / 「保柏靈活自願醫保」 / 「保柏非凡自願醫保」 醫療保障計劃 / 「保柏危疾全業保」。

** Please delete if inappropriate 請刪除不適用者

Personal Information Collection Statement 個人資料收集聲明

I understand and agree that all personal information relating to me contained in this form will be used by Bupa (Asia) Limited ("Bupa") for the purpose of (1) processing any applications for insurance products and services; (2) making or receiving any payments in connection with my insurance; (3) communication with me about this form; (4) exercising the right to determine indebtedness, collecting and recovering amounts owing by me or any person who has provided any security or undertaking for my liabilities; and (5) satisfying any applicable legal or regulatory requirements.

I agree that such information may be transferred for the above purposes to any of the following parties (within or outside Hong Kong): Bupa's group companies, any insurance adjusters, agents and brokers, any service providers providing services to Bupa, any association or federation relating to the insurance industry, and any person or organisation as required by law.

Consequences of non-provision of personal information: I understand that Bupa may be unable to process my Application for insurance products and services if I fail to provide any information requested in this form or otherwise by Bupa.

My rights in respect of my personal information: I understand that (1) under the Personal Data (Privacy) Ordinance, I shall have the right to request access to and correction of any personal information concerning me provided to Bupa, by writing to Bupa's Data Protection Officer at 18/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong. (2) I also have the right to request Bupa to cease using my Personal Information for direct marketing purposes by writing to Bupa's Data Protection Officer, by registering online at <http://www.bupa.com.hk/unsubscribe.asp> or by calling the Customer Care helpdesk.

The detailed version of Bupa "Personal Information Collection Statement" may be obtained on Bupa's website at <http://www.bupa.com.hk/eng/Others/legal-notices.aspx>

本人明白及同意保柏(亞洲)有限公司(「保柏」)透過此表格收集之本人之個人資料，可供保柏用作以下用途(1)處理任何申請及提供保險有關服務；(2)就本人的保險繳付及收取賬項；(3)就此表格與本人聯絡；(4)行使向本人提供保險和相關服務及產品而享有的權利，例如釐定欠付本人拖欠的任何款項的金額，及向本人或任何已為本人的債務提供任何擔保或承諾的人士，追收和收回拖欠的任何款項；及(5)遵守任何法例或監管要求。

本人同意該等資料可因上述用途提供予下述任何各方(不論在香港境內或境外)：保柏的集團公司、任何保險評估員、代理人、經紀人、任何向保柏提供服務的供應商機構、與保險業相關的團體及任何法律要求的任何人士及團體。

未能提供個人資料的後果：本人明白若本人不能提供此表格或保柏要求的其他資料，保柏不能處理對保險產品及服務作出的申請。

有關個人資料的權利：本人明白(1)根據個人資料(私隱)條例，本人有權就查閱及修正保柏所持有關於本人的任何個人資料致函保柏之保障資料主任，地址為：香港鰂魚涌華蘭路25號栢克大廈18樓。(2)本人亦可透過網站 <http://www.bupa.com.hk/unsubscribe.asp> 進行登記或致電保柏客戶服務專線，以要求保柏停止將本人的個人資料作直接市場推廣用途。

有關個人資料收集聲明之詳情，請參閱保柏之網站 <http://www.bupa.com.hk/chi/Others/legal-notices.aspx>

Cardholder's Signature 持卡人簽署
X _____
Contact Phone No. 聯絡電話號碼

Date 日期
DD 日 MM 月 YYYY 年

For Bupa use only 保柏專用
Membership No. 會員編號： _____
Date 日期 DD 日 MM 月 YYYY 年
Authorised Code : 授權代碼 _____