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		
Given in a mine 2		
Please complete this form in ENGLISH AND BLOCK LETTERS . Please ti	ck as appropriate. 請以 英文正楷 填妥本表格,並於適用地方加「C	√ 亅號。
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 VISA ☐ Maste	Card (MasterCard)	
Cardholder's Name 持卡人姓名		
HKID Card No. 香港身份證號碼 Credit Ca	urd Account No. 信用卡戶口號碼	
TRID Card NO. 首だオリ記派時 Credit Ca	ira Account No. 15 州下广口沈崎	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 year	arly basis unless it is not renewed by giving notice to Bupa or accord	,
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。		
本へ回息及承擔列於氏表格上的技体人(体単行有人)之主數感繳之体怕齒原体障引 劃体負及体負負責並被。 * 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 / 「保柏卓康健」 / 「保柏車康健」 / 「保柏互通保額」 / 「保柏原産品 / 「保柏傳存保」 / 「保柏實際保」 / 「保柏電話配自願醫保」 / 「保柏非凡自願醫保」 醫療保障計劃 / 「保柏危疾全禦保」。		
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** Please delete if inappropriate 請刪除不適用者	IL At #Ann	
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Personal Information Collection Statement 個人資料 I understand and agree that all personal information relating to me processing any applications for insurance products and services; (2) m about this form; (4) exercising the right to determine indebtedness, coundertaking for my liabilities; and (5) satisfying any applicable legal of lagree that such information may be transferred for the above purpos insurance adjusters, agents and brokers, any service providers provid person or organisation as required by law. Consequences of non-provision of personal information: I understand fail to provide any information requested in this form or otherwise by My rights in respect of my personal information: I understand that (1 correction of any personal information concerning me provided to Bu Quarry Bay, Hong Kong. (2) I also have the right to request Bupa to a protection Officer, by registering online at http://www.bupa.com.hk/ The detailed version of Bupa "Personal Information Collection Statem 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(3)就此表格與本人聯絡:(4)行使向本人提供除加相關服務及產品而享有的社主,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):之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,本人有權就查閱大度18樓。(2)本人亦可透過網站 http://www.bupa.com.hk/unsubscribe.ed	contained in this form will be used by Bupa (Asia) Limit aking or receiving any payments in connection with my insufficing and recovering amounts owing by me or any person regulatory requirements. The set to any of the following parties (within or outside Hong King services to Bupa, any association or federation relating it that Bupa may be unable to process my Application for it Bupa. The process of Bupa (Privacy) Ordinance, I shall have pa, by writing to Bupa's Data Protection Officer at 18/F, Belease using my Personal Information for direct marketing punsubscribe.asp or by calling the Customer Care helpdesk. The particular of the partical of the particular of the particular of the particular of the	ed ("Bupa") for the purpose of (1) urance; (3) communication with me on who has provided any security or ong): Bupa's group companies, any it to the insurance industry, and any insurance products and services if I ethe right to request access to and erkshire House, 25 Westlands Road, purposes by writing to Bupa's Data 8. (2) 就本人的保險繳付及收取賬項: 2.為本人的債務提供任何擔保或承諾的人的提供服務的供應商機構、與保險業相關 4. 地址為:香港鰂魚涌華蘭路25號栢克
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