

Bupa Health Insurance Scheme Direct Debit Authorisation Form

保柏醫療保障計劃直接付款授權書



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

Subscriber / Policy Holder / Employee Member's Name 投保人/保單持有人/僱員會員姓名

Surname 姓

Given Name 名

Please complete this form in **ENGLISH AND BLOCK LETTERS**. 請以**英文正楷**填寫本表格。

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. 若你選擇郵寄此表格，請複印此頁底部的「個人資料收集聲明」以作將來參考之用。你亦可於我們的網頁隨時瀏覽有關資料。

If autopay is chosen as the payment method, please complete this form, sign where marked "X" as to agree and authorise Bupa (Asia) Limited to collect any subscription / premium, levy and shortfall under this Contract / Policy from the bank account provided below for the purpose. Please return the original copy to Bupa with a cheque for the subscription / premium and levy. 若選擇以自動轉賬付款，請填妥此表格及簽署於「X」位置，以同意及授權保柏(亞洲)有限公司透過以下賬戶收取本合約/保單內的所有保費、徵費及差額。請連同此表格正本及繳付保費及徵費的支票交回保柏。

I DO NOT AGREE and authorise Bupa (Asia) Limited to collect any shortfall under this Contract / Policy from the bank account provided below for the purpose. (Applicable to Global Prestige VHS Plan, Excel, Excel Plus and Global Supreme Health Insurance Schemes) 本人**不同意**及授權保柏(亞洲)有限公司透過以下賬戶收取本合約/保單內的所有差額。(適用於環球優越自願醫保計劃，擊尚，擊悅及擊卓醫療保障計劃)

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 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。

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 2 4	7 8 7	6 2 1 7 8 8 0 0 1

I/We hereby authorise my/our above-named bank(the "Bank") to effect transfer from my/our above-mentioned account to the above-named Beneficiary in accordance with such instructions as the Bank may receive from the Beneficiary from time to time, provided always that the amount of any one such transfer shall not exceed the limit indicated above (if applicable).

本人(等)現授權上述之銀行(「該銀行」)，根據收款人不時給予該銀行之指示，自本人(等)上述戶口轉賬予收款人。但每次轉賬金額不得超過以上指定之限額(如適用)。

I/We agree that should there be insufficient funds in my/our above-mentioned account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

本人(等)同意該銀行毋須證實該等轉賬是否已通知本人(等)。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our above-mentioned account which may arise as a result of any such transfer(s).

如因該等轉賬而令本人(等)之上述戶口出現透支(或令現時之透支增加)，本人(等)會共同及各別承擔全部責任。

I/We confirm that my/our signature(s) on this authorisation is/are the same as filed with the Bank for the operation of my/our above-mentioned account to be debited for the transfer.

本人(等)確證在本授權書內之簽名，與本人(等)上述戶口於該銀行簽署紀錄完全相同。本人(等)同意如上述戶口並無足夠款項支付有關轉賬，該銀行有權不予辦理且可收取有關之手續費用，該等費用一概由本人(等)支付。

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to the Bank shall be given at least two working days prior to the date on which such cancellation or variation is to take effect.

本人(等)同意取銷或更改本授權書之任何通知，須於取銷或更改生效日最少兩個工作天之前交予該銀行。

This authorisation shall have effect until further notice or until the above given expiry date (whichever first occurs).

本授權書將繼續生效直至另行通知為止或直至上列到期日為止(以兩者中最早之日期為準)。

My / Our Bank and Branch Name 本人 / 吾等之銀行及分行名稱	Bank No. 銀行編號	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

HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼	My / Our signature(s) 本人 / 吾等之簽署	Date of signing 簽署日期
	X	

My / Our address as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上之地址

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 Subscriber (Policy Holder) or Member (Insured Person) or Employee Member*, please fill in the following information.

若戶口持有人並非投保人(保單持有人)或會員(受保人)或僱員會員*，請填寫以下資料。
Relationship with the Subscriber (Policy Holder) or Member (Insured Person) or Employee Member* 與投保人(保單持有人)或會員(受保人)或僱員會員*關係
(Applicable to spouse, parents or children only只適用於配偶、父母或子女)

* Please delete if inappropriate 請刪除不適用者

For bank use only 銀行專用	Signature Verified 核實簽署

^ Employee Member is applicable to the HKU Top-up Medical Insurance Scheme only.

^ 僱員會員只適用於香港大學附加醫療保障計劃

Notes: 1. The box marked "Membership No." is to be completed by Bupa.

附註: 1. 會員編號一欄由保柏填寫。

2. The signature on this authorisation form must be the same as the signature of your Bank Account.

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。

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 Privacy Officer/Customer Service Manager at 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong. (2) I also have the right to request Bupa to cease using my personal information for direct marketing purposes by emailing customer-care@bupa.com.hk or calling the Bupa Customer Care helpdesk on 2517 5333. The detailed and updated version of Bupa "Personal Information Collection Statement" may be obtained on Bupa's website at www.bupa.com.hk.

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/客戶服務經理,地址為:香港九龍觀塘海濱道77號海濱匯第2座6樓。(2)本人亦可透過聯絡保柏的客戶服務專線(電郵至 customer-care@bupa.com.hk或致電 2517 5333),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和最新的版本,請參閱保柏之網站 www.bupa.com.hk。