創興銀行有限公司
Chong Hing Bank Limited

致　：信用卡中心
To　：Credit Card Centre

取消信用卡指示 Credit Card Cancellation Instruction

持卡人姓名 Cardholder's Name		日間聯絡電話號碼 Day Time Contact Telephone Number(s)	
信用卡號碼 Credit Card Number	⌊⌊⌊⌊⌋ – ⌊⌊⌊⌊⌋ – ⌊⌊⌊⌊⌋ – ⌊⌊⌊⌊⌋		

本人欲取消上述信用卡賬戶。
I would like to cancel my above credit card account.

原因〔可選擇多於一項〕：
Reason(s) (may choose more than 1 item) :

- ❑ 年費 Annual fee
- ❑ 利息 Interest rate
- ❑ 低信用額 Low credit limit
- ❑ 移民 Emigration
- ❑ 太多信用卡 Too many credit cards
- ❑ 優惠較少 Not competitive
- ❑ 其他〔請註明〕 Others (please specify) _____

附上已剪斷之信用卡： The mutilated credit card is enclosed :
❑ 是 Yes　❑ 否 No

請將已剪斷之信用卡貼於此方格內。

Please attach the mutilated credit card here.

X _____

持卡人簽署 Cardholder's Signature

日期 Date:

注意：如以上信用卡爲主卡賬戶，該戶名下所有附屬卡將於該主卡被取消時同時失效。
Note: If the above credit card is a principal account, all associated supplementary credit card(s) will be terminated when the principal account is cancelled.

銀行專用 For the Bank's Use Only (RCCB)		
F12 / F13 / BLK / AF / IN / PCARD		
SV	**INP**	**VER**
Sign	Sign	Sign