

要求刪除於「信貸資料機構」/「商業信貸資料機構」資料庫內的信貸資料記錄申請表
**Application Form for Deleting Credit Data Record from Database of
 Credit Reference Agency / Commercial Credit Reference Agency**

請用正楷填寫以下資料，並郵寄至香港郵政總局信箱 2535 號予創興銀行「資料保存主任」。

Please complete the following information in BLOCK LETTERS and return it to "The Data Protection Officer" of Chong Hing Bank at G.P.O. Box No. 2535, Hong Kong by post.

客戶資料 Customer's Information	
客戶姓名 (英文) Customer Name in English	:
身份證明文件 / 商業登記證號碼 Identification Document / Business Registration No.	:
聯絡電話號碼 Contact Phone No.	:
日期 Date	:
信用卡賬戶號碼 ^① Credit Card Account No. ^①	:
貸款賬戶號碼 ^① Loan Account No. ^①	:
<p>現通知 貴銀行若本人 / 吾等上述已結束信用卡 / 貸款賬戶之記錄符合《個人資料 (私隱) 條例》及《個人信貸資料實務守則》所有有關之規定，請為本人 / 吾等向信貸資料機構要求將資料庫內所有與該賬戶有關的資料刪除。^②</p> <p>This serves as my / our instruction to the Bank to make a request to credit reference agencies to delete from their database any account data relating to my / our credit card / loan account(s) mentioned above provided that all the relevant requirements stipulated in Personal Data (Privacy) Ordinance and Code of Practice on Consumer Credit Data have been fulfilled. ^②</p> <p>本人 / 吾等以下簽署證明本人 / 吾等已閱讀及明白此項申請之有關要求。 I / we certify that I / we have read and understood the related requirements of this application.</p>	
<p>申請人簽署 Applicant's Signature^③</p>	

註 Note :

① 必須填寫有關申請之已結束信用卡 / 貸款賬戶號碼。

Please indicate the terminated credit card or loan account number(s).

② 只適用於 閣下已全數清還欠款之已結束賬戶，並於緊接結束該賬戶前五年內沒有任何拖欠超過六十天之記錄。

Only applicable to the account(s) terminated by full payment and on condition that there has not been any material default for a period in excess of 60 days.

③ 簽署式樣須與銀行之相關信用卡 / 貸款賬戶記錄相符 (如為信用卡賬戶則必須由主卡持有人簽署)，如賬戶屬聯名賬戶，所有賬戶持有人均須於此申請表上簽署。

Signature(s) must match with the specimen records of credit card / loan accounts maintained with the Bank (for credit card account(s), this application form must be signed by the principal cardholder). All account holders must sign on this application form if the account(s) is / are opened in joint names.

銀行專用 For the Bank Use Only				
ICIS				
Date Received	Handled by	Date Dispatched to <input type="checkbox"/> RCCB / <input type="checkbox"/> CLAD	Received from <input type="checkbox"/> RCCB / <input type="checkbox"/> CLAD / <input type="checkbox"/> CCAD	
			<input type="checkbox"/> Completed	<input type="checkbox"/> Reject
RCCB / CLAD				
Date Received	S.V.	Account Checked	Credit Checked	
		<input type="checkbox"/> Pass / <input type="checkbox"/> Fail	<input type="checkbox"/> Approved	<input type="checkbox"/> Reject
CCAD / RCSD (Optional)				
Date Received	Input by / Date	Action Taken by / Date	Notified by / Date	Date Dispatched to ICIS