

致：信用卡中心
To：Credit Card Centre

信用卡服務更改指示表格 Credit Card Services Change Instruction(s) Form

請將填妥之表格傳真至3768 1818或寄回香港郵政總局信箱11339號收。

Please return the completed form by fax at 3768 1818 or by post to G.P.O. Box 11339, Hong Kong.

持卡人姓名 Cardholder's Name	日間聯絡電話號碼 Day Time Contact Telephone Number(s)
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信用卡號碼 Credit Card Number	□□□□□ - □□□□□ - □□□□□
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請選擇服務 Please select service(s):

以下服務類別必須由主卡持卡人簽署授權方為有效。

THE FOLLOWING TYPES OF SERVICES MUST BE AUTHORIZED BY THE PRINCIPAL CARDHOLDER.

- 更改通訊地址 (請以英文正楷填寫) Change correspondence address (please complete in BLOCK LETTERS):
注意：郵政信箱恕不接納 Note: P.O. Box is not acceptable.

- 更新個人資料 Update personal details :
住宅電話號碼 _____ 手提電話號碼 _____ 辦事處電話號碼 _____
Home telephone number _____ Mobile phone number _____ Office telephone number _____
現職機構名稱 _____ 現職職位 _____
Name of present employer _____ Present job title _____
- 請勿郵寄宣傳單張 Please do not send direct mailing materials.
- 欲 / 不欲收取 (請刪去不適用者) VISA 白金卡全年消費概覽 To receive / Not to receive (please delete as inappropriate) VISA Platinum Card Annual Spending Summary.
- 有關直接付款授權服務 Direct debit authorization services related :
 - 取消服務 (注意：生效日期約為本信用卡中心收到此指示後七個工作天) Cancellation of services (Note: The effective date will be approximately 7 working days after our Credit Card Centre's receipt of such instruction)
 - 更改支付金額為月結單 總結欠 / 最低還款額 (請刪去不適用者) Change the payment amount to Full Statement Balance / Minimum Payment (please delete as inappropriate)
- ①退回信用卡戶款項港幣 _____ 存入至本人之創興銀行賬戶號碼 _____
Refund the credit card balance of HK\$ _____ by crediting to my Chong Hing Bank's account number _____

以下服務類別如選用於附屬卡賬戶，可由附屬卡或其主卡持卡人其中一位簽署授權。

IF THE FOLLOWING TYPE(S) OF SERVICE(S) IS / ARE REQUIRED FOR THE SUPPLEMENTARY CARDHOLDER, THIS FORM CAN BE AUTHORIZED BY EITHER THE SUPPLEMENTARY CARDHOLDER OR HIS / HER PRINCIPAL CARDHOLDER.

- ②補發新卡 (請註明原因及填寫領卡指示) Request for replacement card (please specify Reason and fill in Card Collection Instruction)
原因 Reason: 磁帶失效 Malfunction of magnetic stripe 其他 (請註明) Others (please specify) _____
領卡指示 Card Collection Instruction:
 請將新卡寄往本人之月結單地址 本人將往 _____ 分行領取新卡
Please send the replacement card to my statement address. I shall collect the replacement card from the above Branch.
- 補發私人密碼 Re-issue Personal Identification Number (PIN)
- 取消自動櫃員機服務 (請填寫賬戶號碼) Cancel ATM facilities (please fill in account number(s)):
往來賬戶號碼 _____ 儲蓄賬戶號碼 _____
Current Account Number _____ Savings Account Number _____
- 取消登記網上交易 Delete Registration of Internet Transaction
- 其他 (請註明) Others (please specify) _____

X

持卡人簽署 Cardholder's Signature
(簽署須與信用卡申請表記錄相符 Signature must conform to that on the credit card application form)
日期 Date:

備註 Remarks: ① & ② 本行將從閣下上述信用卡賬戶直接扣除有關費用 The related service charge will be debited from your above credit card account directly.

銀行專用 For the Bank's Use Only		
RCSD	RCCB	
HB Sign	SV Sign	INP Sign
VER Sign	WF Sign	VER Sign