

For the Bank's Use Only	Time Stamp (Date & Time)
Branch Code	
T24 customer ID.	

## 更改通訊資料表格

致: 創興銀行有限公司 (「本行」)

請以**英文正楷**填寫, 並在適當方格內加“✓”號, 填妥表格後交回本行任何一間分行。

除另有註明外, 請必須填寫本表格上所有的要求資料欄目。如資料未能提供, 本行可能無法處理申請人有關申請。

日期: \_\_\_\_\_

### 甲部 客戶資料

姓名/公司名稱 (請刪去不適用者): \_\_\_\_\_

身份證/護照/商業登記證/公司註冊證書號碼/其他號碼 (請刪去不適用者): \_\_\_\_\_

(請預留 5 個工作天 [以收取此表格後計], 以供本行辦理補誌紀錄。) 如需要在其他日期生效, 請在右方註明 (日/月/年): \_\_\_\_\_ / \_\_\_\_\_

### 乙部 更改資料類別 (只需填寫更改之事項) (如客戶需同時更改企業網上銀行之流動電話及/或電郵地址, 請填寫「企業網上銀行服務及企業流動理財服務 - 申請/更改服務表格」)

#### 一、更新聯絡號碼/電郵地址

聯絡號碼/電郵地址:  新增/更新

刪除

類別 #上述電話號碼不能重複填寫	國家編碼 (如屬本地號碼, 請填寫國家編碼為 852)	地區編碼	電話號碼
住宅電話#			
辦事處電話#			
**手提電話#			
其他聯絡號碼#			
傳真號碼			
**電郵地址			
聯絡人資料 (只適用於公司賬戶) - 聯絡人姓名 - 電話/電郵地址			

#### 二、更新地址類別

更改地址資料 (可選擇多於一項):

地址類別:  住宅地址 (只適用於個人/聯名賬戶)  住宅及通訊地址 (只適用於個人/聯名賬戶)  辦公室地址  註冊地址 (只適用於公司賬戶)  
 辦公室及通訊地址  \*通訊地址

地址資料:

室號 \_\_\_\_\_ 層數 \_\_\_\_\_ 座數 \_\_\_\_\_ 期數 \_\_\_\_\_

大廈/屋苑名稱 \_\_\_\_\_

街號及街名 \_\_\_\_\_

地區 \_\_\_\_\_  香港  九龍  新界

只適用於海外地址:

國家及郵區編號 \_\_\_\_\_

\* 如以郵箱號碼作為通訊地址, 必須提供住宅/辦公室地址作本行紀錄, 惟郵箱號碼不適用於信用卡及各類貸款賬戶。

**\*\*如閣下現時已享用本行個人網上銀行服務及/或流動理財服務, 而之前並未於本行登記任何電郵地址及/或流動電話號碼, 本行將於是次新增通訊資料生效日期起為閣下提供個人電子結單服務, 閣下無須另外申請。本行由 2023 年 1 月 1 日起已推行電子結單, 亦已停止以郵寄方式向個人電子結單客戶發出紙張結單, 並以電子結單取代。如個人電子結單客戶需要紙張結單, 可經本行任何分行或透過網上銀行申請, 有關紙張結單收費詳情 (如有), 請瀏覽本行網站內之「銀行服務收費」。如個人電子結單客戶申請取消已登記之電郵地址及/或流動電話號碼, 其個人電子結單服務將可能會被終止。**

銀行專用

美國國籍

是

否

美國住宅電話

是

否

美國辦公室電話

是

否

美國手提電話

是

否

美國住宅/通訊地址

是

否

請將上述之更新資料紀錄於下列賬戶內：

所有（個人 聯名） / （公司） 賬戶，貸款及個人信用卡賬戶（如有）（不包括保管箱、公司信用卡賬戶、強積金賬戶、企業網上銀行服務、及貴行其他附屬公司及聯營機構之賬戶及服務<sup>4</sup>，例如：創興證券有限公司之賬戶、創興保險有限公司及香港人壽保險有限公司之服務）在貴行以上述的身份證明文件號碼／商業登記證／公司註冊證書號碼開立

下列開立於貴行的指定賬戶／個人信用卡賬戶／保管箱／證券保管及代名人賬戶：

賬戶號碼： 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

保管箱： 分行名稱 \_\_\_\_\_ 箱號 \_\_\_\_\_

**丙部 選擇拒絕在直接促銷中使用個人資料（只適用於個人客戶）**

如閣下**不欲**本行使用閣下的個人資料及／或將其資料提供予其他人士作直接促銷用途，閣下可於下列空格填上剔（"✓"）號。

本人**不欲**貴行透過以下方式在直接促銷中使用本人的個人資料（可選擇多個選項）：

電話營銷                       電子途徑（電郵和短訊）                       直接郵件

本人**不欲**貴行就《收集個人資料聲明 - 依據個人資料（私隱）條例致客戶及其他人士通知書》內第 8(c)段中所列類別的機構提供本人的個人資料，以供其在直接促銷中使用。

以上代表閣下目前就是否希望收到直接促銷聯繫或資訊的選擇，並取代閣下於本申請前向本行傳達的任何選擇。

請注意閣下以上的選擇適用於就本表格隨附之本行《收集個人資料聲明 - 依據個人資料（私隱）條例致客戶及其他人士通知書》在直接促銷中的所列出的產品、服務及／或標的類別。閣下亦可參閱該通知書以得知在直接促銷中可使用的個人資料的種類，以及閣下的個人資料可提供予什麼類別的人士以供該等人士在直接促銷中使用。

本人確認已閱讀、明白及同意並接受本申請表格所列之相關條款及細則和附奉之《收集個人資料聲明 - 依據個人資料（私隱）條例致客戶及其他人士通知書》之約束。如本人之個人資料包括但不限於地址及電話號碼有任何更改，本人同意立即以「更改通訊資料表格」通知貴行。

**丁部 客戶簽署**

S.V.

S.V.

客戶簽署

\*賬戶號碼：

聯名賬戶持有人（如需聯名簽署）／聯名借款人簽署（所有借款人必須簽署）

\*賬戶號碼：

\* 如客戶之賬戶採用不同簽署，請註明任何一個使用以上簽署之賬戶號碼。

- 注意
1. 如為公司賬戶，此更改地址只適用於使用上述有效印鑑之賬戶。
  2. 如為信用卡賬戶（不包括公司信用卡），必須由主卡持有人簽署。所有以主卡持有人名義開立之信用卡賬戶之地址將同時更改。
  3. 如為強積金賬戶、創興證券有限公司之賬戶、創興保險有限公司及香港人壽保險有限公司之服務，請個別填寫「銀聯集團」、「創興證券有限公司」、「創興保險有限公司」及「香港人壽保險有限公司」的相關表格。

<b>For the Bank's Use Only</b>			<input type="checkbox"/> In Person, ID Verified <input type="checkbox"/> By Third Party <sup>#</sup> <input type="checkbox"/> Mail In <sup>#</sup>			Checked by: _____		Staff No.: _____	
<b>Call Back #:</b>	Branch/Corporate Team:	Handled by:	Handler's Telephone No:	Date & Time Confirmed:	Customer's Contact Person:	Customer's Contact Tel:			
<b>For MCIS / Handling Branch Use Only</b>					<b>For PCPS / SDB Domicile Branch Use Only</b>				
Inputted by: _____	Authorized by: _____	Date Completed: _____			Inputted by: _____	Checked by: _____	Date Completed: _____		
<b>For Handling Branch Use Only (For Direct Marketing Section)</b>					<input type="checkbox"/> remain unchanged <input type="checkbox"/> change OPT-out <sup>#</sup>				
Inputted by: _____			Authorized by: _____			Date Completed: _____			

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## Change of Contact Information

To : Chong Hing Bank Limited (the "Bank")  
 Please complete in **English BLOCK letters**, "✓" where appropriate and return the completed form to any branch of the Bank.  
 Provision of all the information required in this form is mandatory unless otherwise specified, failing which the Bank may not be able to process the Applicant's application.

Date : \_\_\_\_\_

Part A Customer Information				For the Bank's Use Only	
Full Name / Company name (Please delete where appropriate) : _____					
Identity Card / Passport / Business Registration Certificate / Certificate of Incorporation / Other No. (Please delete where appropriate) : _____					
(Please allow 5 working days for the Bank to effect the change upon receipt of the form.) For other effective date, please specify (DD/MM/YYYY) : _____ / _____ / _____					
Part B Details of Change (Please fill in the changed items only) (If customer would like to change the mobile phone number and/or email address on Corporate Internet Banking simultaneously, please complete Corporate Internet Banking Services and Corporate Mobile Banking Services - Application / Change Request Form)					
I. Change of Contact Number / Email Address					
Contact Number / Email Address: <input type="checkbox"/> Add / Update <input type="checkbox"/> Delete					
Type	Country Code (For Hong Kong number, please specify area code 852)	Area Code	Telephone Number	US Res Tel <input type="checkbox"/> Yes <input type="checkbox"/> No	
#The above phone number cannot be filled in repeatedly					
Residential Telephone#					
Office Telephone#					
**Mobile No.#					US Office Tel <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Contact No.#					
Fax No.					
**Email Address				US Mobile <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person (Only applicable to Company account) - Name of Contact Person - Contact number / Email Address					
II. Change of Address Details					
Change Address Details (More than one item can be selected) :					
Address <input type="checkbox"/> Residential Address <input type="checkbox"/> Residential & Correspondence Address <input type="checkbox"/> Office Address					
Type: (Only applicable to Personal/Joint account) (Only applicable to Personal/Joint account)					
<input type="checkbox"/> Office & Correspondence Address <input type="checkbox"/> *Correspondence Address <input type="checkbox"/> Register Address (Only applicable to Company account)					
Address Details:					
Room / Flat	Floor	Block	Phase	US Res/ Corr Add <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Building					
Street Name & No.					
District <input type="checkbox"/> Hong Kong <input type="checkbox"/> Kowloon <input type="checkbox"/> New Territories					
For Overseas Address Only:					
Country and Postal Code					
*If post office box is used as correspondence address, residential / office address must be provided for the Bank's records. However, post office box address is not accepted for credit card and all types of loan accounts.					
<b>**If you are currently using the Bank's Personal Internet Banking Services and/or Mobile Banking Services and have not registered any mobile phone number and/or email address with the Bank before, from the effective date of the new correspondence information, the Bank will provide Personal e-Statement Services to you and no application is required. Starting from 1 January 2023, the Bank no longer mail paper statements to personal e-Statement customers. If personal e-Statement customer requires paper statements, please visit any branch of the Bank or apply through Internet Banking Services. For the details of paper statement fee (if any), please visit the Bank's website "Service Charges". If personal e-Statement customers apply to cancel their registered mobile phone number and/or email address, their Personal e-Statement Services may be terminated.</b>					

Please update the above change(s) to the records of the following account(s):

ALL (personal joint) / (company) account(s), loans and personal credit card accounts (if any) (except Safe Deposit Box, Corporate Credit Card account, MPF account, Corporate Internet Banking Services, other account and service of the Bank's subsidiaries and joint venture<sup>4</sup>, e.g.: account of Chong Hing Securities Limited, service of Chong Hing Insurance Limited and Hong Kong Life Insurance Limited) maintained with the Bank under the above-mentioned Identification Document Number(s) / Business Registration Certificate Number / Certificate of Incorporation Number.

The following specified account(s) / Personal Credit Card account(s) / Safe Deposit Box / Stock Custody and Nominee account, maintained with the Bank:

A/C Number: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Safe Deposit Box: Branch \_\_\_\_\_ Box No. \_\_\_\_\_

**Part C Opt-out from Use of Personal Data in Direct Marketing (For Individual Customers Only)**

You should check ("✓") this box if you **do not** wish the Bank to use your personal data and / or provide your personal data to any other persons for their use in direct marketing.

I **do not** wish the Bank to use my personal data in direct marketing via (may choose more than one option):

Telemarketing       Electronic Means (Email & SMS)       Direct Mail

I **do not** wish the Bank to provide my personal data to the classes of entities provided in paragraph 8(c) of "Personal Information Collection Statement - Notice to Customers and Other Persons relating to the Personal Data (Privacy) Ordinance" for their use in direct marketing.

The above represents your present choice whether or not to receive direct marketing contact or information. This replaces any choice communicated by you to the Bank prior to this application.

Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Bank's "Personal Information Collection Statement - Notice to Customers and Other Persons relating to the Personal Data (Privacy) Ordinance" attached to this form. Please also refer to the Notice on the kinds of personal data which may be used in direct marketing and the classes of persons to which your personal data may be provided for them to use in direct marketing.

I hereby confirm that I have read, understood and agree to be bound by the relevant terms and conditions stated on this application and the Bank's "Personal Information Collection Statement - Notice to Customers and Other Persons relating to the Personal Data (Privacy) Ordinance" attached to this form. I also agree to notify the Bank immediately by filling in the "Change of Contact Information" for any change to my personal information including but not limited to address and phone number(s).

**Part D Customer Signature**

Signature of Customer

\*Account No.:

S.V.

Signature(s) of Joint A/C Holder(s) (If Joint Signatures are required) / Signature(s) of Co-borrower(s) (All Borrowers must sign)

\*Account No.

S.V.

\* Please specify any one of the Account numbers to which the above signature(s) can apply if different signature is used.

- Notes:
- For Company Account, the change(s) only apply(ies) to Account(s) with the valid signature(s) above.
  - For Credit Card Account (excluding corporate credit card), the primary cardholder must sign. Addresses of all credit card accounts in the name of the primary cardholder will be changed simultaneously.
  - For MPF Account, Account of Chong Hing Securities Limited, service of Chong Hing Insurance Limited and Hong Kong Life Insurance Limited, please fill in respective form of "BCT", "Chong Hing Securities Limited", "Chong Hing Insurance Company Limited" and "Hong Kong Life Insurance Limited".

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<b>Call Back<sup>#</sup>:</b>	Branch/Corporate Team:	Handled by:	Handler's Telephone No.:	Date & Time Confirmed:	Customer's Contact Person:	Customer's Contact Tel:				
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Inputted by: _____		Authorized by: _____		Date Completed: _____		Inputted by: _____		Checked by: _____		Date Completed: _____
<b>For Handling Branch Use Only (For Direct Marketing Section)</b> <input type="checkbox"/> remain unchanged <input type="checkbox"/> change OPT-out <sup>#</sup>										
Inputted by: _____			Authorized by: _____				Date Completed: _____			