



**C.填表須知 Form Completion Notes**

① 殘障或特殊需要人士指智障人士、認知障礙症患者等。“Persons with Impairment or Special Needs” refers to “Persons with Intellectual Disabilities”, “Persons with Dementia”, etc.

② 此簽署必須與基本賬戶印鑑相符。如為聯名賬戶，全體基本賬戶持有人均須簽署。The signature(s) must conform to the specimen signature(s) of the Primary Account. For Joint Account, all account holders of the Primary Account must sign.

**D.聲明 Declaration**

本人（等）現向創興銀行有限公司（「銀行」）申請更改創興咭服務之每日交易限額，並根據銀行之創興咭章則及條款、賬戶章則、收集個人資料聲明、私隱政策、其他銀行指定之章則及條款（總稱「服務章則」）使用該服務。本人（等）已閱讀、明白及同意遵守銀行指定之服務章則（尤其因使用創興咭服務操作引起之一切風險）及不時經銀行唯一酌情所作之修訂及補充條款並受其約束。本人（等）明白及同意本人（等）可經創興咭服務操作本人（等）於銀行開立以上指定之賬戶。本人（等）茲確認有關本申請所不時提供之資料及文件均為完整、正確無訛及無誤導性。此外，本人（等）同意以上基本賬戶之印鑑式樣將作為一切有關創興咭服務交易之印鑑式樣。

I/We, the undersigned, hereby request CHONG HING BANK LIMITED (the “Bank”) to change the Chong Hing Card daily transaction limit settings in my/our name(s) subject to the provisions of the Bank’s prescribed Chong Hing Cards Terms and Conditions, Account Terms, Personal Information Collection Statement, privacy policies, other terms and conditions (collectively called “Terms of Services”). I/We, the undersigned, have read, understood and agreed to abide by the Terms of Services (and in particular the risks involved in operating Chong Hing Card Services) and hereby agree to be bound by such terms and conditions as varied or supplemented by the Bank from time to time at its sole discretion. I/We, the undersigned, acknowledge and agree that I/we may operate the above account(s) registered with the Bank through Chong Hing Card Services. I/We, the undersigned, confirm that the information and documents provided from time to time under or relating to this application is true, complete and not misleading. I/We, the undersigned, further agree that the specimen signature(s) of the above Primary Account shall be the specimen signature(s) for all purposes and transactions involving the Chong Hing Card Services.

S.V.

申請人或授權代表簽署 ②

Signature(s) of Applicant(s) or authorised representative(s) ②

日期 Date:

銀行專用 For the Bank’s Use Only				
Branch		PCPS		
Requested by (Staff Name & ID)	Approved by (Staff Name & ID)	SV	INP	VER
Sign & Date	Sign & Date	Sign & Date	Sign & Date	Sign & Date

客戶服務熱線 Customer Services Hotline: 3768 6888

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