

持卡人姓名
 Name of Cardholder: _____

 身份證/護照號碼
 HKID/Passport No.: _____

 卡戶口號碼
 Card Account No.: _____

一般服務 General Services:

- 請取消本人之信用卡。(如屬主卡,則其之附屬卡亦會一併取消)
 Please cancel my credit card account(s). (If this is a principal card, all its corresponding supplementary card, if any, will also be cancelled.)
- 請給本人重發信用卡自動櫃員機私人密碼。Please re-send me my credit card ATM PIN.
- 補發新卡 Card replacement. (必須歸還損壞之卡或舊卡 Must surrender with the damaged card / old card)
 理由 Reason: 磁帶損壞 Magnetic Stripe Damage 損壞 Damage 其他 Others: _____
- 請於本人信用卡中更改以下銀行戶口。Please amend the following bank account(s) to / from my credit cards.

加入/取消 # Add/Cancel	戶口類別 Account Type	銀行戶口號碼 Bank Account Number(s)	戶口持有人簽署 Signature(s) of Account Holder(s)
1 <input type="checkbox"/> Add 加入 <input type="checkbox"/> Cancel 取消	<input type="checkbox"/> 港元支票戶口 HKD Current A/C <input type="checkbox"/> 港元儲蓄戶口 HKD Savings A/C <input type="checkbox"/> 人民幣儲蓄戶口 RMB Savings A/C	_____	(S.V.)
2 <input type="checkbox"/> Add 加入 <input type="checkbox"/> Cancel 取消	<input type="checkbox"/> 港元支票戶口 HKD Current A/C <input type="checkbox"/> 港元儲蓄戶口 HKD Savings A/C <input type="checkbox"/> 人民幣儲蓄戶口 RMB Savings A/C	_____	(S.V.)

註 Note: 最多可聯繫共2個港元支票/港元儲蓄/人民幣儲蓄戶口,以後再加之戶口將取代同一位置之聯繫戶口。
 Maximum 2 HKD Current / HKD Savings / RMB Savings A/C can be linked. Additional accounts will replace existing linked accounts of the same position.

- 請更改本人之就業資料為: Please update my occupation details as follows:
- 任職公司名稱
Employer's Name: _____ 業務性質
Nature of Business: _____
- 任職公司地址
Business Address: _____
- 電話號碼
Telephone Number: _____ 職位
Position: _____
- 任職現公司年期
Year of Service: _____ 每月收入
Monthly Income: _____

購買「香港賽馬會現金券」服務 Purchase Facility of Hong Kong Jockey Club Cash Voucher

- 登記 Register 取消 Cancel
 (註: 指示將適用於附設在上述信用卡或扣賬卡內的所有存款戶口。Note: The above instruction will be applied to all linked bank account(s) on above mentioned credit / debit cards.)

付款保障計劃 Optional Payment Protection Insurance Plan

- 本人願意參與這項可為本人提供高達港幣十萬元保障的「信用卡付款保障」計劃(「此計劃」)。本人明白若本人不幸身故或因意外、疾病失去工作能力(需維持連續三十天),此計劃將為本人清還信用卡戶口結欠或最低還款額長達12個月。Yes, please enroll me in the Payment Protection Insurance Plan with coverage up to HK\$100,000 (the "Plan"). I understand that the Plan will pay for my outstanding balance or the minimum repayment amount up to 12 months if I die or lose my working ability as a result of injury or sickness (must continue for not less than 30 days).
- (註: 本人明白此計劃的保障將在本人信用卡戶口被支取保費時始正式生效。此計劃之申請一經批核,受保人名下所有由大新銀行發出之信用卡(包括主卡及附屬卡)及其後所申請之信用卡(包括主卡及附屬卡)等,均被列入保障範圍內。唯任何已患有之傷病則不列入保障範圍內。賠償以保單之條款為準。此計劃之保費將按受保人名下各張信用卡之每月月結單總結欠計算,每HK\$100結欠之保費為HK\$0.5。若保費金額出現小數位,則一律調高至小數後兩個位計算。Remark: The coverage of the Plan will not be effective until the premium is charged to my account. Once the Plan is approved, all of the existing Dah Sing Credit Card(s) (including Principal and Supplementary Credit Card) under the name of the insured and all of the Dah Sing Credit Card(s) held by the insured in future (including Principal & Supplementary Credit Card) will be effected by the Plan. Any pre-existing conditions are excluded. Compensation is subject to terms and conditions of relevant policies. The premium of the Plan is HK\$0.5 per HK\$100 of each of the insured's credit card(s) monthly statement balance. Should there be any decimal place in the premium amount, it will be rounded up to two decimal places.)

- 請取消付款保障計劃。* Please cancel the Optional Payment Protection Insurance Plan.*
 (註: 上述指示將適用於閣下名下所有大新信用卡及附屬卡。Note: The above instruction will be applied to all your Dah Sing Principal and Supplementary Credit Cards.)

自動轉賬-取消/更改付款方法 Autopay Arrangement - Change Payment Option / Cancellation*

- 請取消上述信用卡戶口之自動轉賬付款安排。Please cancel the autopay arrangement for the above credit card account(s).
- 請更改上述信用卡戶口之自動轉賬付款方法為: Please change the autopay payment option of the above credit card account(s) as follows:
- 最低還款 Minimum Payment 全部還款額 Full Payment

其他服務 Other Services

- 其他服務 Other Services: _____

客戶聲明 Declaration

- 本人/吾等證實上述資料乃屬正確及完整,並授權大新銀行查證。• 如上述資料有任何遺漏或錯誤,有關申請將被延誤。• 此授權應有效直至本人/吾等另行發出書面通知。
- 本人/吾等已經閱讀及明白綜合章程及條款,並同意接受一般條款及其適用的附加條款,及其不時的修訂所約束。
- I/we confirm that the information provided above is correct and complete, and authorize Dah Sing Bank to confirm this form. • The above application may not be processed on time if any information provided above is missing or incorrect. • The authorization shall have effect until further notice in writing from me/us. • I/we have read and agreed to comply with and be bound by the Master Terms and Conditions, General Terms and Specific Terms applicable to such service from time to time in force.

(S.V.)

(S.V.)

主卡持有人簽署 Signature of Principal Cardholder**

附屬卡持有人簽署 Signature of Supplementary Cardholder**

日期 Date

* 信用卡中心將會發出通知書才作實有關之安排。Notification letter will be sent by Credit Card Centre once your instruction is arranged.

** 請用留存本行之印鑑簽署。Please use the signature(s) filed with the Bank.

銀行專用 FOR BANK USE ONLY							
INP		CK		DF		CX/RJ	SW Admin
CL		UPD		AGT		AP	SW ID