

致: 大新銀行有限公司(「貴銀行」) To: Dah Sing Bank Limited ("the Bank")

**大新信用卡 - 重開賬戶申請表**  
**DAH SING CREDIT CARD – Account Reinstatement Request Form**主卡持有人姓名  
Name of Principal Card Cardholder: \_\_\_\_\_ 香港身份證號碼  
Hong Kong Identity Card No: \_\_\_\_\_主卡賬戶號碼  
Principal Card Account Number(s): \_\_\_\_\_  
\_\_\_\_\_

重開信用卡賬戶 (只適用於最近三個月內所取消之信用卡賬戶)

**CREDIT CARD ACCOUNT REINSTATEMENT (Only applicable to credit card account which was cancelled in the past 3 months)**

本人/吾(等)欲重開下列之信用卡賬戶: I / We would like to reinstate the following credit card accounts:

(請在適當方格內填上“√” Please “√” if appropriate)

- 
- 上述之主卡賬戶 The above principal card account(s)
- 
- 
- 下列之附屬卡賬戶 The following supplementary card account(s)

附屬卡持有人姓名 (1) Name of Supplementary Card Cardholder (1): \_\_\_\_\_

香港身份證號碼(1) Hong Kong Identity Card No(1): \_\_\_\_\_

賬戶號碼 (1) Account No. (1) \_\_\_\_\_

附屬卡持有人姓名 (2) Name of Supplementary Card Cardholder (2): \_\_\_\_\_

香港身份證號碼 (2) Hong Kong Identity Card No (2): \_\_\_\_\_

賬戶號碼 (2) Account No. (2) \_\_\_\_\_

附屬卡持有人姓名 (3) Name of Supplementary Card Cardholder (3): \_\_\_\_\_

香港身份證號碼 (3) Hong Kong Identity Card No(3): \_\_\_\_\_

賬戶號碼 (3) Account No. (3) \_\_\_\_\_

請填妥此申請表格並連同主卡賬戶及上述附屬卡賬戶(如適用)之身份證明文件副本及最近三個月內之現居住址證明(只適用於通訊地址已更改之賬戶) Please submit the completed application form together with Identity Document Copy for Principal and the above Supplementary card (if applicable) accounts and latest 3-month residential address proof (Only applicable to account which correspondence address has been changed):

(1) 遞交至大新銀行分行或 Submit to Dah Sing Bank Branches OR

(2) 傳真至 2507 2252 或 Fax to 2507 2252 OR

(3) 郵寄至香港郵政信箱 333 號 Mail to G.P.O. Box 333, Hong Kong

1. 本人/吾(等)同意授權貴銀行將本人/吾(等)之資料交予任何信貸服務機構或從其獲取有關資料作信貸審查用途。2. 本人/吾(等)與銀行之董事或僱員有任何親屬關係,本人/吾(等)定當以書面通知貴銀行。3. 假如以傳真方式傳送,銀行將視收到之傳真本在任何方面皆為真確及對本人/吾(等)有約束力。4. 閣下所重開之信用卡賬戶之安排會根據閣下原有之信用卡戶口繼續生效及不變,惟不適用於以下項目: 信用卡號碼、自動轉賬繳費、八達通自動增值服務及自動櫃員機服務(如適用)。上述安排適用於閣下信用卡及有關之附屬卡客戶。1. I/We agree to authorize the Bank to pass details of my/our personal data to or obtain the same from any credit reference agencies for credit assessment. 2. I/We agree to inform the Bank in writing if I/we have any relationship with any of the Bank's directors or employees. 3. In case this application form is sent by fax, the Bank shall be entitled to treat the faxed copy as true and correct in all respects and the enclosed shall be binding on me / us. 4. Your reinstated account would follow the connection of your existing credit card account, the arrangement will be valid and remain unchanged. But not applicable to the following items: credit card account number, autopay service, Octopus Automatic Add Value Service and ATM facilities (if applicable). The above arrangement would be applied to Principal and Supplementary Card Accounts.

本人/吾(等)明白貴銀行有全權決定批核此申請與否而無須提供理由。本人/吾(等)已詳細閱讀,明白同意本表格內之條款及細則並受其約束。I / We understand that the Bank reserves the right at its absolute discretion to approve or decline any application and the Bank is not obligated to provide reasons for declined applications. I/We have read and agreed to be abided by the terms and conditions above of this form.

\_\_\_\_\_  
主卡持有人簽署  
Signature of Principal Card Cardholder\_\_\_\_\_  
日期 Date\_\_\_\_\_  
附屬卡持有人簽署(2)  
Signature of Supplementary Card Cardholder (2)\_\_\_\_\_  
日期 Date\_\_\_\_\_  
附屬卡持有人簽署(1)  
Signature of Supplementary Card Cardholder (1)\_\_\_\_\_  
日期 Date\_\_\_\_\_  
附屬卡持有人簽署(3)  
Signature of Supplementary Card Cardholder (3)\_\_\_\_\_  
日期 Date