大新銀行 DAH SING BANK

大新網上理財「繳費 NET」服務登記表格

Dah Sing e-Banking "PayEasy" Bill Payment Service Registration Form

請填妥以下表格，簽署後親身交回大新銀行各分行或寄回"香港郵政總局第 333 號郵政信箱"。
Please complete this form with signature and return it either to any Dah Sing Branch in person or by mail to "G.P.O BOX 333, GENERAL POST OFFICE, HONG KONG".

i). 請用正楷填寫此表格，並於適當方格加上 " ✓ "
ii). 信用卡客戶於交回表格時須出示有關之信用卡。如以郵寄方式申請，請連同信用卡正面 及背面影印本一併遞交。
iii) 若以郵遞方法或對此表格有任何疑問，本行會知會/確認客戶後才執行此指示。

i). Please complete this form in block letters and place a "✓" in appropriate box.
ii). For credit cardholders, the relative credit card must be presented upon submitting this registration form. If you apply by post, please submit both sides copy of credit card together with the registration form.
iii) Customer instruction if given by mail-in or with irregularities will be processed after the Bank has duly notified/confirmed with the customer.

個人資料 Customer Information:

「電話理財」用戶號碼 Phone Banking User ID : |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
請填寫 14 位 / 16 位數字 Please fill in 14-digit / 16-digit number

姓名 Name : _____

日間聯絡電話號碼 Day Time Contact Phone Number : |__|__|__|__|__|__|__|__|

香港身份證 / 護照號碼 / 其他 HKID Card No. / Passport No. / Others : _____

賬單資料 Bill Information:

(I) 請替上述之「電話理財」用戶號碼加上 / 刪除以下賬單[1]:
Please add / delete the following Bill(s) for the above Phone Banking User[1]:

(1) ☐ 加上Add ☐ 刪除Delete[2]	**商戶名稱 Merchant Name :** **賬單號碼 Bill Account Number :** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
(2) ☐ 加上Add ☐ 刪除Delete[2]	**商戶名稱 Merchant Name :** **賬單號碼 Bill Account Number :** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
(3) ☐ 加上Add ☐ 刪除Delete[2]	**商戶名稱 Merchant Name :** **賬單號碼 Bill Account Number :** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
(4) ☐ 加上Add ☐ 刪除Delete[2]	**商戶名稱 Merchant Name :** **賬單號碼 Bill Account Number :** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
(5) ☐ 加上Add ☐ 刪除Delete	**商戶名稱 Merchant Name :** **賬單號碼 Bill Account Number :** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
(6) ☐ 加上Add ☐ 刪除Delete[2]	**商戶名稱 Merchant Name :** **賬單號碼 Bill Account Number :** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

(II) 啓用 / 停用「新增須預先登記之商戶」[3]
Activate / De-activate "Add Pre-registration Required Merchants"[3]

☐ 本人同意啓用「新增須預先登記之商戶」服務 I confirm to activate the "Add Pre-registration Required Merchants" service.
☐ 本人同意停用「新增須預先登記之商戶」服務 I confirm to de-activate the "Add Pre-registration Required Merchants" service.

客戶聲明
• 本人證實上述資料乃屬正確及完整，並授權大新銀行查證。• 本人已閱讀及明白並同意使用大新e-Banking及電話之章則及條款。 • 此授權應有效直至本人 / 吾等另行發出書面通知。
• 本人 / 吾等同意遵守及受不時適用於上述服務之綜合章則及條款所約束，綜合章則及條款的效力不受此授權所影響。

Declaration
• I confirm that the information provided above is correct and complete, and authorise Dah Sing Bank to confirm this form. • I have read and agree to be bound by the Terms and Conditions governing the Dah Sing e-Banking Service and Dah Sing Phone Banking Service. • This authorisation shall have effect until further notice in writing from me/us. • This authorisation shall not prejudice, and I/we agree to comply with and be bound by the Master Terms & Conditions applicable to such service from time to time.

S.V.

客戶簽署 Customer Signature **日期 Date**

存款戶口號碼 / 信用卡號碼[4] (請註明任何一個使用以上簽署的戶口號碼。而信用卡客戶之簽署必須與信用卡上持卡人簽署相同。)
Deposit Account Number / Credit Card Account Number[4] (Please specify any one account number to which the above signature can apply. Please use the authorized signature on the Credit Card for Credit Cardholders.)

註: 1. 上述更改將於登記後 3個工作天內處理。2. 如閣下選擇刪除賬單，所有預設至該賬單之繳費指示將不被執行。3. 部份商戶必須預先登記，詳情請參閱本行網站(www.dahsing.com)。4. 如閣下於本行已開設存款戶口，請填上閣下之存款戶口號碼。

Remarks: 1. The above amendment will be handled within 3 working days. 2. All pending instructions pay to the Bill (s) will NOT be executed if the bill(s) is / are deleted. 3. Pre-registration is required for some of the merchants. For details, please refer to our website (www.dahsing.com). 4. Please fill in your deposit account number if you have any deposit account in Dah Sing Bank.

銀行專用 FOR BANK USE ONLY

To be completed by receiving branch/dept.		To be completed by AMSD			
Receiving Br / Dept.	Date received	Date	Time	Input & s.v. by	Checked by
☐ Signature Verified ☐ In person, ID verified ☐ Mail in / 3rd party, phone confirmed _____(date) Handled & initial by FS/CS: _____	Reviewed & approved by authorized signer _____(full name) Signature no. _____				
		Remarks			

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