

香港警務督察協會 會員加油咭優惠推廣

汎穎有限公司現提供中國石油燃油優惠咭之申請，優惠詳情如下：

優惠：(A) 油渣每升減 HK\$7.00 及電油每升減 HK\$3.10

優惠：(B) 申請費用全免及無須年費，會員及其家屬
均可享有優惠

優惠：(C) 加油時無須付現金，以月結記賬方式，收到月結單後
逢每月二十號自動轉賬戶口扣數

申請手續 (A) 填妥申請表及直接付款授權書(只限銀行儲蓄戶口或支票戶口)

- 如有查詢申請表填寫方法可致電：2976 5557 陳先生洽

(B) 連同下列文件之副本寄回九龍旺角花園街 254 號地下 6 號舖

- (1) 車輛牌照登記 (牌簿)
- (2) 地址證明
- (3) 香港身份證
- (4) 香港警務督察協會會員證

服務熱線： **Mr.Raymond Tang** **9206 3781**

查詢熱線： **陳先生** **2976 5557**

備註： 舊有客戶自動提升優惠

牌價減

3.10

平!!

慳!!





Fran Brain Ltd. 汎穎有限公司

Shop No. 6, G/F., 254-266 Fa Yuen Street, Mong Kok, Kowloon
Tel.: (852) 2314 1910 Fax: (852) 3904 4564

FUEL CARD APPLICATION FORM 燃油記賬咭申請表

(只限車主為香港警務督察協會會員填寫)



Applicant's Information 個人資料	
☐ Mr. 先生	☐ Miss 小姐 ☐ Ms. 女士
Name in Chinese 中文姓名	
Name in English 英文姓名	
HKID No. 身份証號碼	
Mobile Phone / Pager No. 手提電話/傳呼機號碼	
Office Phone No. 公司電話	
Residential Address Phone No. 住宅電話	
Residential Address 住宅地址	
Office Address 公司地址	
Vehicle Registration Number 車輛登記號碼	
Purchase Restriction 購買燃油資料:	Petrol / Diesel 電油 / 油渣
4個位數字 自選密碼	不需密碼
Card 1	☐
Card 2	☐
Card 3	☐
Card 4	☐
Card 5	☐

● 登記車主姓名若非申請人，則須由登記車主填寫擔保人資料。

For enquires, please call our hotline at (852) 2314 1910

如有任何查詢，請致電熱線 (852) 2314 1910

Mr. Raymond Tang	Mobile: 9206 3781	Fax: 3547 9497
如查詢申請表填寫可致電陳先生 聯絡電話：2976 5557		
煩請填妥申請表格及直接付款授權書(正本)，連同下列文件		
(1) 車輛牌照登記(牌簿)	(2) 地址證明(三個月內)	
(3) 香港身分證	(4) 香港警務督察協會會員証	
集齊上述文件(副本)一併寄回		
九龍旺角花園街254-266號地下6號舖		

Fuel Card Details 燃油記賬咭上資料	
☐ 印上申請人名稱	
☐ 車輛登記証之擁有者全名	
☐ 其他：	
Please send monthly bill to 月結單收取方式	
☐ E-Mail Address 電郵地址	
☐ Fax 傳真	
☐ Residential Address 郵寄到住宅地址	*
☐ Office Address 郵寄到公司地址	*
* 若以郵寄收取月結單，每月須支付HK\$5費用，款項直接於當月月結單中收取。	
Referral (completed this section if applicable) 推薦人(若適用,請填寫)	
Referrer's Name 推薦人姓名：	
Referrer's A/C No. 推薦人賬號：	
Guarantor Declaration 擔保人資料及簽署	
Name in Chinese 中文姓名	Name in English 英文姓名
HKID No. 身份証號碼	Mobile Phone No. 手提電話號碼
Residential Address 住宅地址	
擔保人聲明及簽署	
擔保人(本人)乃自願提供上述資料並保証真實、完整及正確無誤，本人明白，若上述開戶人士拖欠『汎穎有限公司』賬款而未能如期清還，本人須全數承擔清還該賬款之責任，而『汎穎有限公司』保留一切追討之權利。	
擔保人簽署並同意上述條款及聲明	
日期	
For Office Use Only 以下由本公司填寫	
Salesman CK8	D - D \$7.00
D - P \$3.10	Pay Mode AUTOPAY
Approval	

Declaration and Signature 聲明及簽署	
Please read before signing 簽署前請細閱以下聲明：	
I declare that all information on this application is true and complete. I authorize you to confirm it from whatever source you choose. I understand that this application form remains the property of Fran Brain Ltd. ("FBL") If my application is accepted by FBL, I agree to be bound by the terms of the Fuel Credit Agreement as amended from time to time by FBL. Also, I understand to take responsibility to settle the overdue amount until clearance. However, FBL will reserve the right to take further action for collection.	
本人證實以上各項資料均屬詳實。本人同意貴公司向任何有關方面查詢。本人同時亦明白此申請表乃屬汎穎有限公司之所有物，不論申請批准與否，均可由貴公司保管。如申請獲汎穎有限公司接納，本人願意遵守燃油記賬合約內之條款，並接納此司可隨時作出修改，本人清楚明白須承擔清還賬項全數之責任，而汎穎有限公司可保留一切追討之權利。	
Applicant's Signature 申請人簽署並同意上述條款及聲明	Date 日期
Please return this application with the completed Direct Debit Authorization Form (Autopay) and copies of : 遞交表格時，請一併寄上填妥之直接付款授權書及下列文件之副本。	
1. Vehicle Registration Certificate(s) 車輛牌照登記	現居地址證明
2. Proof of Address 香港身分證	
3. Hong Kong Identity Card	
Note : Please settle your account by cheque or Cash while your Autopay is being processed. 註：在辦理自動轉賬期間，請以支票或現金形式結賬。	



Fran Brain Ltd. 汎穎有限公司

Shop No. 6, G/F., 254-266 Fa Yuen Street, Mong Kok, Kowloon
Tel.: (852) 2314 1910 Fax: (852) 3904 4564

FUEL CARD APPLICATION FORM 燃油記賬咭申請表

Applicant's Information 個人資料	
☐ Mr. 先生	☐ Miss 小姐
☐ Ms. 女士	
Name in Chinese 中文姓名 陳大文	
Name in English 英文姓名 CHAN Tai-man	
HKID No. A XXXXXX(B)	
Mobile Phone / Pager No. 90XXXXXX	
手提電話 / 傳呼機號碼	
Office Phone No. 23XXXXXX	
公司電話	
Residential Address Phone No. 6123XXXX	
住宅電話	
Residential Address 香港灣仔大王東街X號X樓	
住宅地址	
Office Address 香港中區德輔道中XXX號X樓X室	
公司地址	
Vehicle Registration Number 車輛登記號碼	
Purchase Restriction 購買燃油資料:	4個位數字 4位數字 不需密碼 Petrol / Diesel 電油 / 油渣 自選密碼
Card 1 AB 1234 • P	4321 ☐
Card 2 •	☐
Card 3 •	☐
Card 4 •	☐
Card 5 •	☐
• 登記車主姓名若非申請人，則須由登記車主填妥擔保人資料。	

For enquires, please call our hotline at (852) 2314 1910

Fuel Card Details 燃油記賬咭上資料	
☐ 印上申請人名稱	
☐ 車輛登記証之擁有者全名	
☐ 其他:	
Please send monthly bill to 月結單收取方式	
☐ E-Mail Address 電郵地址	abc@abc.com
☐ Fax 傳真	
☐ Residential Address 郵寄到住宅地址 *	
☐ Office Address 郵寄到公司地址 *	
* 若以郵寄收取月結單，每月須支付HK\$5費用。款項直接於當月月結單中收取。	
Referral (completed this section if applicable) 推薦人 (若適用, 請填寫)	
Referrer's Name 推薦人姓名:	
Referrer's A/C No. 推薦人賬號:	
Guarantor Declaration 擔保人資料及簽署	
Name in Chinese 中文姓名	Name in English 英文姓名
HKID No. 身份証號碼	Mobile Phone No. 手提電話號碼
Residential Address 住宅地址	
擔保人聲明及簽署	
擔保人(本人)乃自願提供上述資料並保證真實、完整及正確無誤，本人明白，若上述開戶人士拖欠『汎穎有限公司』賬款而未能如期清還，本人須全數承擔清還該賬款之責任，而『汎穎有限公司』保留一切追討之權利。	
擔保人簽署並同意上述條款及聲明	
日期	
For Office Use Only 以下由本公司填寫	
Salesman	D - D
D - P	Pay Mode
Approval	

如有任何查詢，請致電熱線 (852) 2314 1910

Sample

Personal Account 私人戶口

Please complete form in English (BLOCK LETTERS) 請以英文正楷填寫

Declaration and Signature 聲明及簽署	
Please read before signing 簽署前請細閱以下聲明:	
I declare that all information on this application is true and complete. I authorize you to confirm it from whatever source you choose. I understand that this application form remains the property of Fran Brain Ltd. ("FBL") If my application is accepted by FBL, I agree to be bound by the terms of the Fuel Credit Agreement as amended from time to time by FBL. Also, I understand to take responsibility to settle the overdue amount until clearance. However, FBL will reserve the right to take further action for collection.	
本人證實以上各項資料均屬詳實。本人同意貴公司向任何有關方面查詢。本人同時亦明白此申請表乃屬汎穎有限公司之所有物，不論申請批准與否，均可由貴公司保管。如申請獲汎穎有限公司接納，本人願意遵守燃油記賬合約內之條款，並接納此司可隨時作出修改，本人清楚明白須承擔清還賬項全數之責任。而汎穎有限公司可保留一切追討之權利。	
Applicant's Signature 申請人簽署並同意上述條款及聲明	Date 日期
Please return this application with the completed Direct Debit Authorization Form (Autopay) and copies of:	
遞交表格時，請一併寄上填妥之直接付款授權書及下列文件之副本:	
1. Vehicle Registration Certificate(s)	車輛牌照登記
2. Proof of Address	現居地址證明
3. Hong Kong Identity Card	香港身份証
Note: Please settle your account by cheque or Cash while your Autopay is being processed. 註: 在辦理自動轉賬期間，請以支票或現金形式結賬。	

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Fran Brain Ltd. 汎穎有限公司

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FUEL CARD APPLICATION FORM 燃油記賬咭申請表

(只限香港警務督察協會會員家屬填寫)

Applicant's Information 個人資料	
☐ Mr. 先生	☐ Miss 小姐 ☐ Ms. 女士
Name in Chinese 中文姓名	
Name in English 英文姓名	
HKID No. 身份証號碼	
Mobile Phone / Pager No. 手提電話/傳呼機號碼	
Office Phone No. 公司電話	
Residential Address Phone No. 住宅電話	
Residential Address 住宅地址	
Office Address 公司地址	
Vehicle Registration Number 車輛登記號碼	
Purchase Restriction 購買燃油資料:	Petrol / Diesel 電油 / 油渣
4個位數字 自選密碼	不需密碼
Card 1	☐
Card 2	☐
Card 3	☐
Card 4	☐
Card 5	☐

● 登記車主姓名若非申請人，則須由登記車主填寫擔保人資料。

For enquires, please call our hotline at (852) 2314 1910

如有任何查詢，請致電熱線 (852) 2314 1910

Mr.Raymond Tang Mobile: 9206 3781 Fax: 3547 9497
如查詢申請表填寫可致電陳先生 聯絡電話：2976 5557

煩請填妥申請表格及直接付款授權書(正本)，連同下列文件

- (1) 車輛牌照登記(牌簿)
(2) 地址證明(三個月內)(申請人及擔保人)
(3) 香港身分證((申請人及擔保人)
(4) 香港警務督察協會會員証(擔保人)

集齊上述文件(副本)一併寄回

九龍旺角花園街254-266號地下G號舖



Fuel Card Details 燃油記賬咭上資料				
☐ 印上申請人名稱 ☐ 車輛登記証之擁有者全名 ☐ 其他：				
Please send monthly bill to 月結單收取方式				
☐ E-Mail Address 電郵地址				
☐ Fax 傳真 ☐ Residential Address 郵寄到住宅地址★ ☐ Office Address 郵寄到公司地址★				
★ 若以郵寄收取月結單，每月須支付HK\$5費用，款項直接於當月月結單中收取。				
Referral (completed this section if applicable) 推薦人(若適用,請填寫)				
Referrer's Name 推薦人姓名：				
Referrer's A/C No. 推薦人賬號：				
Guarantor Declaration 擔保人資料及簽署				
Name in Chinese 中文姓名	Name in English 英文姓名			
HKID No. 身份証號碼	Mobile Phone No. 手提電話號碼			
Residential Address 住宅地址				
擔保人聲明及簽署				
擔保人(本人)乃自願提供上述資料並保証真實、完整及正確無誤，本人明白，若上述開戶人士拖欠『汎穎有限公司』賬款而未能如期清還，本人須全數承擔清還該賬款之責任，而『汎穎有限公司』保留一切追討之權利。				
擔保人簽署並同意上述條款及聲明				
日期				
For Office Use Only 以下由本公司填寫				
Salesman CK8	D - D \$7.00	D - P \$3.10	Pay Mode AUTOPAY	Approval

Declaration and Signature 聲明及簽署	
Please read before signing 簽署前請細閱以下聲明：	
I declare that all information on this application is true and complete. I authorize you to confirm it from whatever source you choose. I understand that this application form remains the property of Fran Brain Ltd. ("FBL") If my application is accepted by FBL, I agree to be bound by the terms of the Fuel Credit Agreement as amended from time to time by FBL. Also, I understand to take responsibility to settle the overdue amount until clearance. However, FBL will reserve the right to take further action for collection. 本人證實以上各項資料均屬詳實。本人同意貴公司向任何有關方面查詢。本人同時亦明白此申請表乃屬汎穎有限公司之所有物，不論申請批准與否，均可由貴公司保管。如申請獲汎穎有限公司接納，本人願意遵守燃油記賬合約內之條款，並接納此司可隨時作出修改，本人清楚明白須承擔清還賬項全數之責任，而汎穎有限公司可保留一切追討之權利。	
Applicant's Signature 申請人簽署並同意上述條款及聲明	Date 日期
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Note: Please settle your account by cheque or Cash while your Autopay is being processed. 註：在辦理自動轉賬期間，請以支票或現金形式結賬。	



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Applicant's Information 個人資料	
☐ Mr. 先生	☐ Miss 小姐
☐ Ms. 女士	
Name in Chinese 中文姓名 陳大文	
Name in English 英文姓名 CHAN Tai-man	
HKID No. A XXXXXX(B)	
Mobile Phone / Pager No. 90XXXXXX	
手提電話 / 傳呼機號碼	
Office Phone No. 23XXXXXX	
公司電話	
Residential Address Phone No. 6123XXXX	
住宅電話	
Residential Address 香港灣仔大王東街X號X樓	
住宅地址	
Office Address 香港中區德輔道中XXX號X樓X室	
公司地址	
Vehicle Registration Number 車輛登記號碼	
Purchase Restriction 購買燃油資料:	4個位數字 不需密碼 Petrol / Diesel 電油 / 油渣 自選密碼
Card 1 AB 1234 • P	4321 ☐
Card 2 •	☐
Card 3 •	☐
Card 4 •	☐
Card 5 •	☐
• 登記車主姓名若非申請人，則須由登記車主填妥擔保人資料。	

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Fuel Card Details 燃油記賬咭上資料	
☐ 印上申請人名稱	
☐ 車輛登記証之擁有者全名	
☐ 其他:	
Please send monthly bill to 月結單收取方式	
☐ E-Mail Address 電郵地址 abc@abc.com	
☐ Fax 傳真	
☐ Residential Address 郵寄到住宅地址 *	
☐ Office Address 郵寄到公司地址 *	
* 若以郵寄收取月結單，每月須支付HK\$5費用。款項直接於當月月結單中收取。	
Referral (completed this section if applicable) 推薦人 (若適用, 請填寫)	
Referrer's Name 推薦人姓名:	
Referrer's A/C No. 推薦人賬號:	
Guarantor Declaration 擔保人資料及簽署	
Name in Chinese 中文姓名 陳小文	Name in English 英文姓名 CHAN Siu-man
HKID No. A 8765432(1)	Mobile Phone No. 手提電話號碼 6xxxxxxx
Residential Address 住宅地址 九龍深水埗桂林街X號X樓	
擔保人聲明及簽署 擔保人(本人)乃自願提供上述資料並保證真實、完整及正確無誤，本人明白，若上述開戶人士拖欠『汎穎有限公司』賬款而未能如期清還，本人須全數承擔清還該賬款之責任，而『汎穎有限公司』保留一切追討之權利。	
擔保人簽署並同意上述條款及聲明 日期	
For Office Use Only 以下由本公司填寫	
Salesman	D - D
D - P	Pay Mode
Approval	

如有任何查詢，請致電熱線 (852) 2314 1910

Sample

Personal Account 私人戶口

Please complete form in English (BLOCK LETTERS) 請以英文正楷填寫

Declaration and Signature 聲明及簽署	
Please read before signing 簽署前請細閱以下聲明:	
I declare that all information on this application is true and complete. I authorize you to confirm it from whatever source you choose. I understand that this application form remains the property of Fran Brain Ltd. ("FBL") If my application is accepted by FBL, I agree to be bound by the terms of the Fuel Credit Agreement as amended from time to time by FBL. Also, I understand to take responsibility to settle the overdue amount until clearance. However, FBL will reserve the right to take further action for collection.	
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Applicant's Signature 申請人簽署並同意上述條款及聲明	Date 日期
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2. Proof of Address 現居地址證明	
3. Hong Kong Identity Card 香港身份証	
Note: Please settle your account by cheque or Cash while your Autopay is being processed. 註: 在辦理自動轉賬期間，請以支票或現金形式結賬。	

200605

DIRECT DEBIT AUTHORIZATION直 接付款授權書

Please complete and return this form to your banker.請依次填寫並將此授權書交給貴戶之往來銀行

Name if Party to be Credited(“The Beneficiary”)收款之一方(受益人)	Bank No 銀行編號	Branch No 分行號碼	Account No to be Credited 收款賬戶號碼
Fran Brain Ltd. 汎穎有限公司	012	351	00041857

I/We hereby authorise my/our below named Bank to effect transfers from my/our account to the above account in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker’s correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft(or increase in existing overdraft)on my/our account which may arise as a result of any such transfer(s).

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week’s written notice.

This authorization shall have effect until further notice or until the expiry date written below(whichever shall first occur).

I/We agree that any notice of cancellation or variation of this authorization which I/We may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

本人/吾等現授權本人/吾等之下述銀行，(根據受益人及/或代理行不時給予本人/吾等銀行之指示)自本人/吾等之賬戶轉賬之上述戶口。惟每次轉賬金額不得超過以下指定之限額。

本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。

如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願共同及各別承擔全部責任。

本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以書面通知取消本授權書。

本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早之日期為準)。

本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行。

My/Our Bank Name and Branch 本人/吾等之銀行及分行之名稱	Bank No 銀行編號	Branch No 分行號碼	My/Our Account No 本人/吾等之賬戶號碼
My/Our Name(s) as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之名稱	Limit for Each*Payment 每次付款之限額		Expiry Date(See Notes Below) 到期日(參閱下列附註各點) Day 日 Month 月 Year 年
Name of Debtor(if other than Account Holder)債務人之姓名(若非賬戶持有人)	Debtor’s Reference(Compulsory Field-See Notes Below) 債務人參考(必填之欄- 請參閱下列附註各點)		
My/OurAddress as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之地址	Telephone No 聯絡電話	My/Our Signature(s) 本人/吾等之簽名 Date日期：	
For Bank Use Only 以下由銀行填寫		Signature(s) Verified 核對印鑑	

* Please delete whichever is not appropriate 請刪去不適用者。

#Please write in block letters.請以英文正楷填寫。

簽名必須與銀行模式相符

如有塗改或修改請加簽署

不可使用信用咭戶口扣賬

Notes附註：

- If the amount of you payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.
如 台端付款之數額今次可能不相同，則請將最高者定為今次付款之最高限額。
- This Direct Debit Authorization will be cancelled automatically on the date included in the box marked”Expiry Date”. If you wish the Direct Debit Authorization to have effect indefinitely(or until)cancelled by you)please leave box blank.
本直接付款授權書將於[到期日]一欄中所填寫之日期如自動撤銷。如貴戶意欲直接付款授權書無限期有效[或直至貴戶予以撤銷為止]，則請將該欄留空。
- Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
請保證 貴戶在此授權書內之簽名，與銀行賬戶所簽者完全相同。
- In the box marked “Debtor’s Reference” entre the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No. ,etc.,
在債務人之參考欄內，請將貴戶與受款一方之關係，略予說明，例如學生編號，抵押合約號碼等。
- The debtor’s bank may set an internal limit when the “Limit for Each Payment/Month” is not specified.
當 “每次/月付款之限額”一欄未有填上時，債務銀行可酌權就轉賬金額設下一個限額。
- The Debtor’s bank reserves the right to reject the payment exceeding the maximum limit specified by the debtor’s bank unless prior arrangement have been made.
如果轉賬金額超過債務銀行所定限額，除預先安排外，債務銀行會保留權利不予轉賬。

DIRECT DEBIT AUTHORIZATION 直接付款授權書

Please complete and return this form to your banker. 請依次填寫並將此授權書交給 貴戶之往來銀行

Name of Party to be Credited (The Beneficiary) 收款之一方 (受益人)	Bank No. 銀行編號	Branch No. 分行編號	Account No. to be Credited 收款賬戶號碼
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I/We hereby authorize my/our below named Bank to effect transfer from my/our account to the above account in accordance with each instruction as my/our Bank may receive from the beneficiary and/or its banker and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice.

This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur).

I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

本人/我等

****請勿填寫**

銀行編號(參考備註)

銀行戶口號碼

銀行名稱

銀行戶口持有人
英文全名

若銀行戶口並非
申請人, 請填寫
申請人英文全名

銀行戶口
持有人地址

銀行戶口持有人
聯絡電話

請以英文
正楷填寫

My/Our Bank Name and Branch 本人/我等之銀行及分行之名稱 中國銀行		Bank No. 銀行編號 01288100012345	Branch No. 分行編號 012345	My/Our Account No. 本人/我等之賬戶號碼 012345
My/Our Name(s) as recorded on Statement/Passbook 本人/我等在銀行/存摺上之姓名 Chan wai ming		Date for this Payment / Month 每月/月付款之日期 HK\$		
Name of Debtor (if other than Account Holder) 債務人之姓名 (若非賬戶持有人) 或留空此欄		Debtor's Reference (Compulsory Field - See Notes Below) 債務人參考 (必須填寫 - 請參閱下列附註各點)		
My/Our Address as recorded on Statement/Passbook 本人/我等在銀行/存摺上之地址	Telephone No. 聯絡電話 8206 8204	My/Our Signature(s) 本人/我等之簽名 Ming chan		
For Bank Use Only 以下由銀行填寫		Date 日期 2006/01/01		

* Please write in block letters 請以英文正楷填寫

NOTES 附註:

- If the amount of the payment is not specified, the bank may debit the account with the amount of the payment.
- This Direct Debit Authorization will be cancelled if you do not sign the form in the box marked "Debtor's Reference" or if you do not sign the form in the box marked "My/Our Signature(s)".
- The debtor's bank may not set an internal limit when the "Limit for Bank Payment/Debit" is not specified.
- The debtor's bank reserves the right to refuse the payment exceeding the maximum limit specified by the debtor's bank unless prior arrangement has been made.

****請勿填寫**

**此欄資料
由本公司提供**

**銀行戶口簽署式樣
及填寫日期**

備註: 各銀行編號

003 渣打銀行	004 匯豐銀行	005 法國東方銀行	006 萬國寶通銀行
007 大通銀行	008 荷蘭銀行	009 美國銀行	011 美國運通銀行
012 中國銀行	014 鹽業銀行#	015 東亞銀行	016 星展銀行
018 中信嘉華銀行	019 廣東省銀行#	020 永隆銀行	021 豐明銀行
024 恆生銀行	025 上海商業銀行	026 中南銀行#	027 交通銀行
028 亞洲商業銀行	029 華比富通銀行	030 金城銀行#	031 新華銀行#
033 國華商業銀行#	035 永亨銀行	036 浙江興業銀行#	039 集友銀行
040 大新銀行	041 廖創興銀行	043 南洋商業銀行	044 浙江第一銀行
049 盤谷銀行	052 星展銀行	055 美國銀行	056 法國巴黎銀行
061 大新銀行	064 華僑商業銀行#	070 寶生銀行#	071 大華銀行
072 中國工商銀行	128 港基國際銀行	250 花旗銀行	

#以上銀行名稱現轉為中國銀行

**若填寫此欄資料, 將影響本次申請之批核
(若以上表格資料需刪改, 請在刪改處加簽)