

BLUE CROSS (ASIA-PACIFIC) INSURANCE LIMITED
CREDIT CARD PAYMENT AUTHORISATION FORM

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| <input type="checkbox"/> Credit Card Payment Authorisation 信用卡付款授權書 | <input type="checkbox"/> VISA | <input type="checkbox"/> Master |
| Credit Card No. 信用卡號碼: _____ | Expiry Date (mm/yy) 信用卡到期日 (月 / 年): _____ | |
| Cardholder's Name 持卡人姓名: _____ | | |
| <p>I, hereby authorise Blue Cross (Asia-Pacific) Insurance Limited ("the Company") to debit the required premium and subsequent renewal premiums from my credit card account specified herewith for the insurance policy, until further written notice is given. I understand that all the personal information collected or held by the Company may be used by or disclosed to any individual or organization within or outside Hong Kong for the purposes of assessing and servicing this application and authorising credit card payment. Any request(s) for access to and correction of my personal information held by the Company can be made in writing to the Company's Corporate Data Protection Officer at 29/F, BEA Tower, Millennium City 5, 418 Kwun Tong Road, Kowloon, Hong Kong.</p> <p>本人茲授權藍十字(亞太)保險有限公司(貴公司)從本人的信用卡帳戶扣取應繳及往後續保的保費，直至本人發出書面通知為止。本人明白貴公司收集或持有的資料，均可供貴公司使用或向在香港境內或境外之任何人或機構披露並用作評核此項申請及辦理信用卡付款。如有任何查閱及要求更正由貴公司持有有關本人的個人資料，應以書面向貴公司的個人資料保障主任提出，地址為香港觀塘道 418 號創紀之城 5 期東亞銀行中心 29 樓。</p> | | |
| Cardholder's Signature 持卡人簽署: _____ | Date 日期: _____ | |