

# BUPA HEALTH INSURANCE SCHEME DIRECT DEBIT AUTHORISATION FORM

## 保柏醫療保障計劃直接付款授權書



Please complete this form in **ENGLISH AND BLOCK LETTERS**. 請以**英文正楷**填寫本表格。

To protect your interest, please return this original form with your signature to Bupa. 為保障閣下的權益，請將本表格正本簽署然後交回保柏。

Subscriber's Name 投保人姓名	Tel No. 電話號碼	Fax No. 傳真號碼
Membership No. (16 digits) 會員編號 (16位數字)	Email Address 電郵地址	

If you choose to return this form by mail, please photocopy the 'Personal Information Collection Statement' on the bottom of this page for your reference. This information can also be found on our website. 若您選擇郵寄此表格，請複印此頁底部的「個人資料收集聲明」以作將來參考之用。您亦可於我們的網頁隨時瀏覽有關資料。

If autopay is chosen as the payment method, please complete this form, sign where marked "X" and return the original copy to Bupa with a cheque for the Subscription. 若選擇以自動轉帳付款，請填寫此表格及簽署於「X」位置，並連同此表格正本及繳付保費的支票交回保柏。

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. 收賬戶口號碼
<b>BUPA (ASIA) LIMITED</b>	<b>0 0 4 9 2 1 5 0 0 2 0 0 1</b>		

I / We hereby authorise my / our below named Bank to effect transfers from my / our account to that of the above named beneficiary in accordance with such instructions as my / our Bank may receive from the beneficiary from time to time. 本人 / 吾等現授權本人 / 吾等之下述銀行，(根據受益人不時給予本人 / 吾等銀行之指示) 自本人 / 吾等之戶口內轉賬予上述受益人。

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. 本人 / 吾等同意本人 / 吾等之銀行無須證實該等轉賬通知是否已交予本人 / 吾等。

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). 如因該等轉賬而令本人 / 吾等之戶口出現透支 (或令現時之透支增加)，本人 / 吾等願共同及各自承擔全部責任。

I / We agree that should there be insufficient funds in my / our account to meet any transfer hereby authorised, 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 authorisation at any time on one week's written notice. 本人 / 吾等現同意本人 / 吾等之戶口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，並可隨時以一星期書面通知取消本授權書。

This authorisation shall have effect until further notice. 本授權書將繼續生效直至另行通知為止。

I / We agree that any notice of cancellation or variation of this authorisation 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前交予本人 / 吾等之銀行。

My / Our Bank and Branch Name 本人 / 吾等之銀行及分行名稱	Bank No. 銀行編號	My / Our Account No. 本人 / 吾等之戶口號碼
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My / Our name as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上之姓名	My / Our Signature(s) 本人 / 吾等之簽署 <b>X</b>	HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼
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My / Our address as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上之地址	Date 日期 (DD日 / MM月 / YY年)
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Debtor's Name (If other than account holder) 債務人之姓名 (若非戶口持有人)	Membership No. (Debtor's Reference) 會員編號 (債務人備註)
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If the account holder is not the Subscriber, please fill in the following information. 若戶口持有人並非投保人，請填寫以下資料。

Relationship with the Subscriber 與投保人關係	Reason for paying Subscription on behalf of the Subscriber 代投保人支付保費的原因
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For bank use only 銀行專用	Signature Verified 核實簽署
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Notes: 1. The box marked "Membership No." is to be completed by Bupa. 附註：1. 會員編號一欄由保柏填寫。  
2. The signature on this authorisation form must be the same as the signature of your Bank Account. 2. 在此授權書內之簽署模式必須與閣下之銀行戶口內之簽署相符。

### Personal Information Collection Statement 個人資料收集聲明

I / We understand and agree that all personal information relating to me / the Member contained in this form will be used by Bupa for the purpose of (1) processing any Applications for insurance products and services; (2) making or receiving any payments in connection with my / our insurance; (3) communication with me / us about this form; (4) exercising the right to determine indebtedness, collecting and recovering amounts owing by me / us or any person who has provided any security or undertaking for my / our liabilities; and (5) satisfying any applicable legal or regulatory requirements.

I / We agree that such information may be transferred for the above purposes to any of the following parties (within or outside Hong Kong): British United Provident Association Limited and Bupa International Limited ("Group Company"), any insurance intermediaries as authorised by myself / ourselves and Bupa, any service providers providing services to Bupa, any association or federation relating to the insurance industry, and any person or organisation as required by law.

**Consequences of non-provision of personal information:** I / We understand that Bupa may be unable to process my / our Application(s) for insurance products and services if I / we fail to provide any information requested in this form or otherwise by Bupa.

**My rights in respect of my personal information:** I / We further understand that (1) under the Personal Data (Privacy) Ordinance, I / we shall have the right to request access to and correction of any personal information concerning me / us provided to Bupa; and that all such requests can be made in writing and addressed to the Data Protection Officer of Bupa at 18/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong or by other means as Bupa may notify me / us from time to time; and (2) I / we can contact Bupa's Customer Care helpdesk on 2517 5333 for any enquiries about the Personal Information Collection Statement. The detailed version of our "Personal Information Collection Statement" may be obtained on our website at <http://www.bupa.com.hk/eng/Others/legal-notices.aspx> or by calling our Customer Care helpdesk on 2517 5333.

本人 / 吾等明白及同意保柏透過此表格收集之本人 / 會員之個人資料，可供保柏用作以下用途 (1) 處理任何申請及提供保險有關服務；(2) 就本人 / 吾等的保險繳付及收取賬項；(3) 就此表格與本人 / 吾等聯絡；(4) 行使向本人 / 吾等提供保險和相關服務及產品而享有的權利，例如釐定欠付本人 / 吾等拖欠的任何款項的金額，及向本人 / 吾等或任何已為本人 / 吾等的債務提供擔保或承諾的人士，追收和收回拖欠的任何款項；及 (5) 遵守任何法例或監管要求。

本人 / 吾等同意該等資料可因上述用途提供予下述任何各方 (不論在香港境內或境外)：British United Provident Association Limited 及 Bupa International Limited (「集團公司」)、任何由本人 / 吾等及保柏授權的保險代理人、任何向保柏提供服務的供應商機構、與保險業相關之團體及任何法律要求的任何人士及團體。

未能提供個人資料的後果：本人 / 吾等明白若本人 / 吾等不能提供此表格或保柏要求的其他資料，保柏不能處理對保險產品及服務作出的申請。

有關個人資料的權利：本人 / 吾等明白 (1) 根據個人資料 (私隱) 條例，本人 / 吾等有權查閱及修正保柏所持有關於本人 / 吾等的任何個人資料。有關要求請致函本公司保障資料主任收，地址為：香港鯉魚涌華蘭路25號柏克大廈18樓，或按保柏不時通知本人 / 吾等的其他途徑遞交；及 (2) 本人 / 吾等如對本個人資料收集聲明有任何查詢，可致電保柏客戶服務專線 2517 5333。

有關個人資料收集聲明之詳情，請參閱本公司之網站 <http://www.bupa.com.hk/chi/Others/legal-notices.aspx> 或可致電保柏客戶服務專線 2517 5333。