

### Payment by Credit Card – VISA/MasterCard 信用咭付款

I hereby authorize and request **Liberty International Insurance Limited** to debit the initial premiums and subsequent premiums from my VISA/MasterCard Account for the premium stated on the proposal form and subsequent renewal invitation. This authorization shall be valid through the expiry of my credit card and with the issuance of a new card until further notice.

本人茲授權並要求利寶國際保險有限公司從本人下列之VISA/萬事達咭戶口內支付本申請書或續保通知書所註明之首年及其後應繳之保費。此授權在本人信用卡之有效期過後及獲發新卡後仍繼續生效，直至另行通知。

We do not accept American Express or Diner Card 並不接受美國運通及大來信用咭付款

By VISA Card                       By Master Card

Name of Applicant 申請人姓名 \_\_\_\_\_ HKID No. 香港身份證號碼 \_\_\_\_\_

Name of Insurance Plan 保險計劃名稱 \_\_\_\_\_

Policy No. 保單編號 \_\_\_\_\_

VISA/MasterCard Account No. 帳戶號碼 \_\_\_\_\_

Name of \* Card Holder 持卡人姓名 \_\_\_\_\_ Expiry Date 屆滿日期: \_\_\_\_ / \_\_\_\_ (M月/Y年)

Card Holder's Relationship with Applicant 與投保人之關係: \_\_\_\_\_

\* Card Holder is limited to Applicant or immediate family member 持卡人必須為申請人或其直屬家庭成員

Cardholder's Signature 持卡人簽署 \_\_\_\_\_ Date 日期: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (D日/M月/Y年)

#### **Personal Data Collection Statement 個人資料收集聲明**

I/we have read and understand the Personal Data Collection Statement on the overleaf of this Payment by Credit Card – Visa/Master Card. I/we understand that I/we have the right to request Liberty to cease using my Personal Information for direct marketing purposes.

保單持有人及各準受保人已細閱並明白個人醫療保險信用咭付款背頁的個人資料收集聲明，亦明白有權要求利寶停止使用此個人醫療保險信用咭付款所列的保單持有人及各準受保人的個人資料作直接市場推廣用途。

Please TICK the box if you do not consent to receive the marketing communications.

如保單持有人及各準受保人不同意接受有關直銷的通訊，請標上 ✓ 號。