

# Bupa Gold Health Insurance Scheme Credit Card Authorisation Form 保柏尊貴寶醫療保障計劃信用卡付款授權書

**NAVIGATOR**  
Insurance Brokers Ltd.

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Subscriber's Name  
投保人姓名

Tel No.  
電話號碼

If credit card payment is chosen as the payment method, please complete this form, sign where marked "X" and return this form to Bupa by mail or by fax. If you have faxed this form to Bupa, please do not return it to us by mail again.

若選擇以信用卡付款，請填妥此表格及簽署於「X」位置，並交回保柏。若您已傳真此表格給我們，請無須寄回此表格。

If you choose to return this form by mail, please photocopy the 'Personal Information Collection Statement' on the back of this page for your reference. This information can also be found on our website.

若您選擇郵寄此表格，請複印背頁的「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。

Visa



MasterCard



Cardholder's Name  
持卡人姓名

HKID Card No.  
香港身份證號碼

Credit Card Account No.  
信用卡戶口號碼

Credit Card Expiry Date 信用卡到期日  
(MM 月 / YY 年)

I hereby authorise and direct Bupa (Asia) Limited to debit the Subscription due from my credit card account on a yearly basis until further notice. 本人茲授權保柏（亞洲）有限公司從本人的信用卡戶口每年支付應繳保費金額，直至另行通知。

Total Annual Subscription 年保費總額  
(HK\$ 港幣)

If the Cardholder is not the applicant / Subscriber or proposed Member, please fill in the following information.  
若信用卡持有人並非申請人 / 投保人或準會員，請填寫以下資料。

Relationship with the  
applicant / Subscriber  
與申請人 / 投保人關係

Reason for paying Subscription on  
behalf of the applicant / Subscriber  
代申請人 / 投保人支付保費的原因

I hereby confirm to pay the Subscription due of Bupa Gold Health Insurance Scheme for the applicant / Subscriber below

本人同意及承擔以下申請人 / 投保人全數應繳之「保柏尊貴寶」醫療保障計劃保費金額

(Mr / Mrs / Ms / Miss)  
(先生 / 太太 / 女士 / 小姐)

with HKID Card No.  
香港身份證號碼

Cardholder's Signature 持卡人簽署

Contact Phone No. 聯絡電話號碼

Date 日期 (DD 日 / MM 月 / YY 年)

X

For Bupa use only 保柏專用

Bupa Gold Membership No. 「保柏尊貴寶」會員編號 : \_\_\_\_\_ Authorised Code 授權代碼 : \_\_\_\_\_

Subscription 保費 (HK\$ 港幣) : \_\_\_\_\_ Date 日期 (DD 日 / MM 月 / YY 年) : \_\_\_\_\_