

**Credit Card Authorisation Form****信用卡付款授權書**

Please complete this document with English Block.

請以英文正楷完成此授權書。

For Individual Medical Insurance Plan, Cardholder could only be Applicant or immediate family member.

For Life Insurance Plan, Cardholder could only be applicant/policyholder or proposed insured/insured.

個人醫療計劃 - 持卡人僅限於申請人或其直屬家庭成員。

人壽保險計劃 - 持卡人僅限於申請人/保單持有人或準受保人/受保人。

Name of Applicant/Policyholder: 申請人/保單持有人姓名		Policy No. (For existing policy): 保單編號 (現時保單適用)	
Name of Proposed Insured/Insured 準受保人/受保人姓名			
Name of Insurance Plan: 保險計劃名稱		Agent/Broker's Name: 代理人或保險顧問公司名稱	
Payment Mode: 付款形式		<input type="checkbox"/> Annually 年繳	<input type="checkbox"/> Monthly 月繳
		<input type="checkbox"/> Quarterly 季繳	<input type="checkbox"/> Semi-Annually 半年繳
Name of Cardholder (as shown on card) <sup>1, 2</sup> : 持卡人姓名 (信用卡上的名稱) <sup>1, 2</sup>		Type of Credit Card: 信用卡類別	
		<input type="checkbox"/> MasterCard 萬事達 <input type="checkbox"/> Visa	
Credit Card No.: 信用卡號碼		Expiry Date: 有效日期	
Cardholder's HKID No./Passport No./Business Registration in case of company: 持卡人香港身份證號碼或護照號碼/若為商業信用卡，請提供商業登記證號碼		Cardholder's relationship to applicant/policyholder: 與申請人/保單持有人之關係	

<sup>1</sup> For Individual Medical Insurance Plan, Cardholder could only be Applicant or immediate family member.

For Life Insurance Plan, Cardholder could only be applicant/policyholder or proposed insured/insured.

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<sup>2</sup> For VHIS products, if the payor is different from the applicant, the applicant may not be eligible for tax deduction

自願醫保計劃 - 若付款人與申請人非同一人，申請人有可能不符合稅務減免資格。



## Credit Card Authorisation Form

### 信用卡付款授權書

#### Important Note 重要提示

Allow us some time for processing, please submit this form 15 working days prior to premium due date.

請預留足夠時間讓我們處理您的申請，請於保費到期日前 15 個工作天提交此表格。

This Credit Card Authorization Form must be emailed exclusively to [ind\\_medrenew@libertymutual.com.hk](mailto:ind_medrenew@libertymutual.com.hk)

請將此信用卡付款授權書透過電子郵件至 [ind\\_medrenew@libertymutual.com.hk](mailto:ind_medrenew@libertymutual.com.hk)。

#### Authorisation Statements 授權聲明

**Authorisation:** I hereby authorise and request Liberty International Insurance Limited to debit the initial premiums, any unpaid premiums and subsequent renewal premiums from my VISA/MasterCard Account. This authorisation shall be valid through the expiry of my credit card and with the issuance of a new card until further notice.

**授權：**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/萬事達卡戶口內支付首期保費、逾期保費及其後續保應繳之保費。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。

\_\_\_\_\_  
Signature of Cardholder

信用卡持卡人簽名

(must be the same as the specimen  
signature of the above credit card  
account 必須與信用卡的簽署式樣相符)

\_\_\_\_\_  
Date

日期

