

# 香港人壽保險從業員 協會有限公司 會員加油咭優惠推廣

協東有限公司現提供燃油優惠咭之申請，優惠詳情如下：

優惠：(A) 油渣及電油按牌價每升減 HK\$1.40

優惠：(B) 申請費用全免及無須年費，會員及其家屬均可享有優惠

優惠：(C) 加油時無須付現金，以月結記賬方式，

收到月結單後逢每月二十號自動轉賬戶口扣數

申請手續 (A) 填妥申請表及直接付款授權書(只限銀行儲蓄戶口或支票戶口)

(B) 連同下列文件之副本交回員佐級協會辦事處

- (1) 車輛牌照登記 (牌簿)
- (2) 地址證明
- (3) 香港身份證
- (4) 香港人壽保險從業員協會有限公司之永久會員或高級會員証

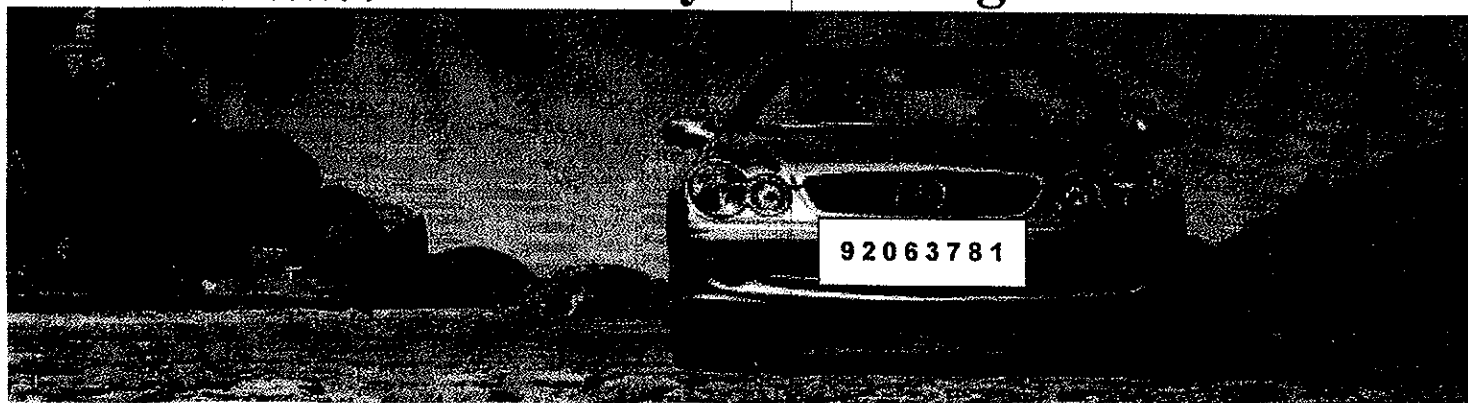
牌價減

**1.40**

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服務熱線: **Mr. Raymond Tang 9206 3781**





# Eastern Tact Ltd. 協東有限公司

Room 401, Hip Kwun Commercial Building, 38 Pitt Street, Yau Ma Tei, Kowloon  
Tel.: (852) 3156 2033 Fax: (852) 3156 1177

## FUEL CARD APPLICATION FORM 燃油記賬咭申請表

### Applicant's Information

個人資料

Mr. 先生  Miss 小姐  Ms 女士

Name in Chinese  
中文姓名

Name in English  
英文姓名

HKID No.

身份証號碼

Mobile Phone / Pager No.  
手提電話 / 傳呼機號碼

Office Phone No.  
公司電話

Residential Address Phone No.  
住宅電話

Residential Address  
住宅地址

Office Address  
公司地址

### Vehicle Registration Number

車輛登記號碼

Petrol / Diesel  
汽油 / 柴油

Permit  
駕駛執照

No. Per  
不帶密碼

Card 1

Card 2

Card 3

Card 4

Card 5

● 請留意主姓名並非申請人、駕駛執照號碼並非申請人資料。

For enquiries, please call our hotline at (852) 3156 2033. Fax: (852) 3156 1177

Mr. Raymond Tang Mobile: 9206 3781 Fax: 3547 9487  
 張錦興先生 聯絡表格及直接付款授權書(正本), 並閱下列文件  
 (1) 車輛牌照登記牌 (2) 地址證明  
 (3) 香港身分證 (4) 永久會員或高級會員申請表  
 夾齊上述文件(副本)一并寄回  
 九龍旺角花園街254-266號地下6號舖

### Referrer's Information (completed this section if applicable)

推薦人(若適用,請填寫)

Referrer's Name  
推薦人姓名: 香港人壽保險從業員協會有限公司

Referrer's AC No.

推薦人賬號:

Please send monthly bill to 月結單收取方式:  
 E-Mail Address 電郵地址  Post by Registered Mail 郵寄特快專遞

Fax 傳真  Residential Address 住宅地址  
 Office Address 郵寄到公司地址\*

\* 若以郵寄收取月結單, 每月須支付掛號費用, 款項直接於當月結單中收取。

### Guarantor's Declaration

擔保人資料及聲明

Name in Chinese  
中文姓名

Name in English  
英文姓名

HKID No.  
身份証號碼

Mobile Phone No.  
手提電話號碼

Residential Address  
住宅地址

### Referee's Declaration and Signature

擔保人聲明及簽署

擔保人(本人)乃自願提供上述資料並保證真實、完整及正確無誤。本人明白, 若上述開戶人士拖欠「協東有限公司」貸款而未能如期清還, 本人須承擔清還該貸款之責任, 而「協東有限公司」保留一切追討之權利。

擔保人簽署並同意上述條款及聲明

For Office Use Only 以下由本公司填寫

Subsman	D-D	D-P	Pay Mode	Approve
CK 2	.	1.40	Autopay	

如有任何查詢, 請致電熱線 (852) 3156 2033。傳真: (852) 3156 1177

### Personal Account 私人戶口

Please complete form in English (FOR LETTERS) 請以英文填寫

### Declaration and Signature

聲明及簽署

Please read before signing 簽署前請細閱以下聲明:

I declare that all information on this application is true and complete. I authorize you to confirm it from whatever source you choose. I understand that this application form remains the property of Eastern Tact Ltd. ("ETL"). If my application is accepted by ETL, I agree to be bound by the terms of the Fuel Credit Agreement as amended from time to time by ETL. Also, I understand to take responsibility to settle the overdue amount until clearance. However, ETL will reserve the right to take further action for collection.

本人證實以上各項資料均屬真實。本人同意貴公司向任何有關方面查詢。本人同時亦明白此申請表乃屬貴公司之所有物, 不論申請批准與否, 均可由貴公司保管。如申請獲准, 本人願意遵守燃油記賬合約內之條款, 並接納此合約隨時作出修改, 本人清楚明白須承擔清還賬項全數之責任, 而協東有限公司可保留一切追討之權利。

Applicant's Signature  
申請人簽署並同意上述條款及聲明

Date  
日期

Please return this application with the completed Direct Debit Authorization Form (Autopay) and copies of:  
遞交表格時, 請一併送上填妥之直接付款授權書及下列文件之副本

1. Vehicle Registration Certificate(s)
2. Proof of Address  
車牌牌照登記  
現居地址證明
3. Hong Kong Identity Card  
香港身分證

Note: Please settle your account by cheque or Cash while your Autopay is being processed.  
註: 在辦理自動轉賬期間, 請以支票或現金形式結賬。

**DIRECT DEBIT AUTHORIZATION 直接付款授權書**

Please complete and return this form to your banker.請依次填寫並將此授權書交給貴戶之往來銀行。

Name of Party to be Credited("The Beneficiary")收款之一方(受益人)	Bank No 銀行編號	Branch No 分行號碼	Account No to be Credited 收款賬戶 號碼
<b>EASTERN TACT LIMITED</b>	<b>030</b>	<b>565</b>	<b>00063077</b>

I/We hereby authorise my/our below named Bank to effect transfers from my/our account to the above account in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.

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.

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).

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, 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 authorization at any time on one week's written notice.

This authorization shall have effect until further notice or until the expiry date written below(whichever shall first occur).

I/We agree that any notice of cancellation or variation of this authorization 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/吾等現授權本人/吾等之下述銀行, (根據受益人及/或代理行不時給予本人/吾等銀行之指示)自本人/吾等之賬戶轉賬之上述戶口。惟每次轉賬金額不得超過以下指定之限額。

本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。

如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加), 本人/吾等願共同及各別承擔全部責任。

本人/吾等同意如本人/吾等之賬戶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, 並可隨時以書面通知取消本授權書。

本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早之日期為準)。

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之前交予本人/吾等之銀行。

My/Our Bank Name and Branch 本人/吾等之銀行及分行之名稱	Bank No 銀行編號	Branch No 分行號碼	My/Our Account No 本人/吾等之賬戶號碼
My/Our Name(s) as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之名稱	Limit for Each Payment/Month 每次/月付款之限額		Expiry Date(See Notes Below) 到期日(參閱下列附註各點) Day 日 Month 月 Year 年
Name of Debtor(if other than Account Holder)債務人之姓名(若非賬戶持 人)	Debtor's Reference(Compulsory Field-See Notes Below) 債務人參考(必填之欄- 請參閱下列附註各點)		
My/Our Address as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之地址	Telephone No 聯絡電話	My/Our Signature(s) 本人/吾等之簽名	
For Bank Use Only 以下由銀行填寫	Date 日期:		Signature(s) Verified 核對印鑑

\* Please delete whichever is not appropriate 請刪去不適用者。

#Please write in block letters.請以英文正楷填寫。

\* 如有更改請加簽 \*

\* 不可使用信用卡扣帳 \*

Notes 附註:

- If the amount of you payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.  
如 台端付款之數額令次可能不相同, 則請將最高者定為令次付款之最高限額。
- This Direct Debit Authorization will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorization to have effect indefinitely(or until)cancelled by you)please leave box blank.  
本直接付款授權書將於[到期日]一欄中所填寫之日期如自動撤銷。如貴戶意欲直接付款授權書無限期有效[或直至貴戶予以撤銷為止], 則請將該欄留空。  
本直接付款授權書將於[到期日]一欄中所填寫之日期如自動撤銷。如貴戶意欲直接付款授權書無限期有效[或直至貴戶予以撤銷為止], 則請將該欄留空。
- Please ensure that you sign the form in the usual way that you would sign on your Bank Account.  
請保證 貴戶在此授權書內之簽名, 與銀行賬戶所簽者完全相同。
- In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc.,  
在債務人之參考欄內, 請將貴戶與收款一方之關係, 略予說明, 例如學生編號, 抵押合約號碼等。
- The debtor's bank may set an internal limit when the "Limit for Each Payment/Month" is not specified.  
當 "每次/月付款之限額"一欄未有填上時, 債務銀行可酌權就轉賬金額設下一個限額。
- The Debtor's bank reserves the right to reject the payment exceeding the maximum limit specified by the debtor's bank unless prior arrangement have been made.  
如果轉賬金額超過債務銀行所定限額, 除預先安排外, 債務銀行會保留權利不予轉賬。