

辦理交通銀行信用卡事項通知書

Bank of Communications Pacific Credit Card Amendment Request Form

致：交通銀行(香港)有限公司

To：Bank of Communications (Hong Kong) Limited

請用正楷填寫本通知書，並在適當方格加☑號。 Please complete this form in BLOCK LETTERS and ☑ where appropriate.

*請刪去不適用者 Please delete where appropriate

客戶姓名 Cardholder Name _____

*身份證號碼 / 護照號碼 *ID Number / Passport Number _____

信用卡號碼 Credit Card Number：_____

本人謹通知 貴司辦理以下事宜 Please proceed with the followings

1. ☐ 補發信用卡 Card Replacement

請退回剪毀之信用卡 please return the destroyed original credit card

☐ 卡失效 Card Defected ☐ 其他 Others：_____

貴行有權按所定之收費向本人收取相應補發卡之手續費。本人現授權貴行從上述卡戶中扣除所述之款項
I understand that the replacement card may be charged the appropriate handling fee at an amount which the Bank determines from time to time. I hereby authorize the Bank to debit the above-mentioned credit card account for the aforementioned charge accordingly

若重發或續期信用卡的卡號碼有別於現有信用卡，現有信用卡的八達通自動增值服務或任何自動轉帳指示不會轉移至取代信用卡或續期信用卡。

If a replacement or renewal credit card bears a number different from the existing credit card, an Octopus automatic add value service or any autopay instructions linked with the existing credit card will not be rolled over to a replacement or renewal credit card.

2. ☐ 信用卡櫃員機密碼 Credit Card ATM PIN

☐ 重發密碼 Re-issue PIN ☐ 不發密碼 Non-issue PIN

3. ☐ 信用卡櫃員機服務 ATM Services

☐ 暫停櫃員機服務 Suspend ATM Services ☐ 恢復櫃員機服務 Resume ATM Services

4. ☐ 取消信用卡 Cancel Card

*主卡 / 主卡及附屬卡 / 附屬卡 *Principal Card / Principal Card & Supplementary Card(s) / Supplementary Card(s) Only

請連同退回剪毀之信用卡，包括附屬卡 Please return the destroyed principal card and / or supplementary card(s)

☐ 即時取銷 Cancel Immediately ☐ 到期取銷 Cancel Upon Expiry

取消原因 Reason _____

5. ☐ 提高 / 減低信用額度 Increase / Decrease Credit Limit

☐ 提高本人信用額度至 Increase my credit limit to / ☐ 減低本人信用額度至 Reduce my Credit Limit to \$ _____

本人現時之年薪為 My annual Income is \$ _____

茲附上本人 ☐ 最近 3 個月之發薪戶月結單 或 ☐ 最近 1 個月之發薪戶月結單及 *稅單或 *糧單 或 ☐ 其他資產證明文件

I enclose copies of ☐ bank statements of my payroll account for the latest 3 months OR ☐ bank statement of my payroll account for the latest 1 month and *latest tax return or *payroll advice, OR ☐ other proof of assets

6. ☐ 取消自動還款 Cancel Autopay service

請取消自動還款服務，由 _____ 生效 Please cancel the autopay service effective from _____

7. ☐ 其他 Others

請註明 Please specify _____

持卡人簽署 Cardholder Signature：_____

(須與申請表上之簽署相同 Same as that on the application form)

聯絡電話 Contact Phone Number：_____

日期 Date：_____

網點專用 FOR BRANCH USE ONLY		卡中心 FOR CARD CENTRE USE ONLY		
網點號：		V+	CI	核對印鑑
經辦：	覆核：	經辦		
	簽字編號：	覆核		