

## 香港乳癌基金會每月捐款計劃

## Hong Kong Breast Cancer Foundation Monthly Donation Programme

請填妥本表格,並寄回香港乳癌基金會香港北角木星街 9 號永昇中心 22 樓。如有查詢,請致電 3143 7371 與公關及傳訊部同事聯絡。Please complete the form and return to us by post to Hong Kong Breast Cancer Foundation, 22 /F, Jupiter Tower, 9 Jupiter Street, North Point. Please contact PR & Communications Department at 3143 7371 if you have any enquiries. 請在適當地方加上剔號。Please tick where applicable.

表格上如有任何塗改,請在旁簽署。Please sign against any alterations you make on this form.

港幣一百元或以上的捐款,可憑收據申請扣滅稅項 (稅局檔號 91/7226)。 All donations of HK\$100 or above are tax deductible (IRD File no. 91/7226).

每月捐款正式收據將於每年五月寄出。Monthly donation receipt will be issued every year in the month of May.

捐款者資料 Donor's Informatio	n																	
英文姓名 English Name: (Surname)(Given Name)					Mr/ Ms/ Mrs			中文姓名 Chinese Name:										
是電話 辦公室/住宅電話 bile: Office/Home Tel:					_		電郵 Email:											
出生日期					□ 需要收據 Please issue donation receipt □ 為節省行政開支,毋須收據 To save administration costs, no donation receipt is required													
Address:						(若	與上述	捐款丿	人不同	方需墳	[寫)	\ h\						
您的個人資料將保密處理,並只會用作捐款 Your personal information will be treated as st 同意接收香港乳癌基金會的資訊。 I wish 「不同意接收香港乳癌基金會的資訊。 I do	處理、發出收 rictly confiden to receive info	文據和通訊等用途 tial and used solely ormation from Hon	。請在方 / for prod g Kong B	万格内以 cessing creast Ca	人人表: donation ancer F	示: on, iss ounda	uing ree	ceipts	and co				oses. Ple	ease √	one of	the bo	xes:	
直接付款授權書 Direct Debit A	uthorisatio	on Form (以¯			英文			哥 Ple				k lett	ters)					
收款之一方 (受益人) Name of party to be credited (The Beneficiary)				銀行編號 Bank No.			分行編號 Branch No.			收款賬戶號碼 Account no. to be credited								
香港乳癌基金會有限公司 Hong Kong Breast Cancer Foundation Lin	mited		0	0	4	0	9	4	7	9	3	6	5	0	8	3	8	
本人(等)的銀行及分行名稱 銀行編號 My/Our Bank Name and Branch Bank No.				行編號 anch No			く(等)的 Our Ac											
本人(等)在結單/存摺上所紀錄的名稱 My/Our Name(s) as recorded on Statement/Pa 聯絡電話號碼	最高付款限	本人(等)在結 My/Our Addr	ess as re	corded	on Sta		t/Passb	3					Date (da					
Contact Telephone No.	l set as "u	注意: 如無填寫, 此直接付款授權書將無限期有限 到期日必須大於三個月 Note: If blank, this authorisation shall have effect u and Expiry Date should be greater than 3 mo							ct until fu									
付款人名稱 Debtor Name 注意: 如非戶口持有人, 請填寫 Note: Please specify if other than Account Holder					付款人編號 (由香港乳癌基金會填寫) Debtor Reference (To be filled by HKBCF) (貴賬戶與收款一方的編號 Reference between yourself and the party to be credited)													
本人(等)銀行戶口簽署 My/Our Bank Account Signature(s)					日期 (日/月/年) Date (day/month/year)													
聲明(只適用於濫豐客戶)Declaration (For HSBC Customer On 1. 本人(等)現授權本人(等)的上述銀行,(根據收款人my/our above named Bank to effect transfers from my/our ac from time to time provided always that the amount of any one 2. 本人(等)同意本人(等)的與行毋須證實該專轉服通如3. 如因該等轉服而今本人(等)的戶口出現透支(或令現時加報 arise as result of any such transfers).  4. 本人(等)明白本人(等)須在指定的轉賬日期 [即根據本如本人(等)的戶口並無足夠款項支付該等授權轉賬,本自行決定取消該等授權轉賬且毋須知如本人(等)。//We received by my/our Bank from the beneficiary and/or its ban authorised herein, my/our Bank will be entitled, at its abouted doubt, the Bank may cancel this authorisation at its sole discre 5. 本直接付款授權書將繼續生效宜至另行通知為止或宜至上5. 个人保留權用现済本直接付款安禁师即與万通和某分行與出來人(等)//We agree that if no transaction is performed on my/ our accultorisation has not expired or there is no expiry date for the 6. 本人(等)同意,本人(等)取消或更改本授權書的任何是Bank shall be given at least two working days prior to the date 7. 本人(等)的銀行可根據不時規定之收費,向本人(等)的上from time to time.	· 或其往來銀行及- count to that of the such transfer shall 炎沖鳟類如原本包含。 人(等)的銀行程 人(等)的銀行程 人(等)的銀行程 从(等)的銀行程 ,如derstand that l/w ker and/or its ker and/or its p到網目為止(以 如ton at any time with understand that l/w ker and/or its understand that l/w ker and/or its understand that l/w discretion, not to et tion at any time with understand that understand and and and and and and and	a bove named beneficiar not exceed the limit indica	y in accorda ited above. gree that my rea	nce with si //our Bank - I/We joi 不時收到 の 的銀行可 ne account e Bank may 等)同意效 is direct d 30 months	with instruction in the control of	be obliggeseverally  前一個營 第的收費 iness day uthorised usual cha 等)已部 prisation Bank res	s my/our led to ascept ful accept ful 分業日(分子,並可随 y (before t d herein. I larges and r ball have erves the agree tha	Bank may rtain whe ill respons 分行辦公贈 時取消 the close /We agre may canc & 付款授权 e effect ur right to c at any not	y receive ether or no sibility for bis 等授權(of branche et that shiel this aut 權的戶口; ntil furthe cancel the tice of can	from the ot notice of any over , 在戶口轉賬且毋 banking nould the thorisation 連續三十中 notice of direct de acellation	of any surdraft (or  □內備有短 対領通知 g hours) be the best instant or until the best arrand	ary and/o inch transfr increase i 足夠款項 本人(等 before the ufficient f time with 未有根據 e expiry d iggement v	r its banke er or rever in existing 以便支付 )。為避 e transfer funds in m out notific 本授權而 late writte without pri s authorisa	er and/or resal notice overdraft 該等授權 免疑問, date (as s py/our acc action to n fr 出過賬 for notice action whice	its banker has been on my/o 轉賬。本 本人(等 pecified ir count to m ne/us. For thickeyer to me/us, th I/we ma	's corres given to ur accou 人 (等) ) 的銀行 the insta ueet any the avoi  本人 (等 shall firs even the uy give to	ponden me/us. nt which 可管 truction: transfe dance o 等)的鎖 st occur) ough the	
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Remarks		Branch Chop							Staff	ID								

## Note 注意:

- 1. 在一般情况下,滙豐銀行將在收到您的直接付款授權的設立申請表後四個工作天内( 不包括星期六、日及公眾假期)處理您的申請。Your Direct Debit Authorisation set up request will normally be processed within 4 working days (excluding Saturday, Sunday and public holiday) upon receipt of your form.
- 2. 收費之詳情請參閱滙豐銀行服務費用簡介。Please refer to the bank tariff guide for details of the charges.