

HEALTHPRO CONCIERGE SERVICE CHANGE OF PERSONAL INFORMATION AND PAYMENT METHOD FORM

專屬健康大使服務更改個人資料及繳款方法申請表



For Hang Seng Bank customer only 僅供恒生銀行客戶使用

Please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. 請以**英文正楷**填寫本表格，並於適用地方加「✓」號。

To protect your interest, please return this original form with your signature to Bupa. 為保障閣下的權益，請將本表格正本簽署然後交回保柏。

Member's Name 會員姓名	Tel No. 電話號碼	Fax No. 傳真號碼
Membership No. (16 digits) 會員編號 (16位數字)	Email Address 電郵地址	

Types of Changes 更改項目 (Please tick the change(s) and fill in the details as required 請選擇更改部分並填妥所需資料)

I. Change of Correspondence Address / Telephone No. / Email Address 更改通訊地址 / 電話號碼 / 電郵地址

New Address 新地址	Flat / Room 單位 / 室	Floor 層數	Block 座	Bldg. / Mansion / House 大廈 / 樓
	Court / Estate / Street 閣 / 屋苑 / 街道		District 地區	KLN / HK / NT 九龍 / 香港 / 新界
New Telephone No. 新電話號碼	Home / Office 住宅 / 公司	Mobile Phone 手提電話	Fax No. (Home / Office) 傳真號碼 (住宅 / 公司)	
New Email Address 新電郵地址				

II. Change of Member Details 更改會員資料

* Please submit a copy of HKID Card / Passport to Bupa. 請連同香港身份證 / 護照副本交回保柏。

Surname 姓	Given Name (Same as HKID Card / Passport) 名 (與香港身份證 / 護照相同)	Sex 性別	HKID Card No. / Passport No.* 香港身份證號碼 / 護照號碼*	Date of Birth 出生日期			Country of Residence** (if not HK) 居住國家** (如非香港)
				DD 日	MM 月	YY 年	

** Unless otherwise specified by the Member in writing, Inter Partner Assistance Hong Kong Limited will regard Hong Kong as the Country of Residence for the Member and repatriate the Member to Hong Kong when Medically Necessary.
除非會員特別以書面通知，國際救援(亞洲)有限公司將設定香港為會員之居住國家，於有醫療需要時送返會員回香港。

III. Change of Payment Method 更改繳款方法 (Application must be made 3 weeks before the Contract Effective Date 必須於合約生效日三星期前申請)

Payment Amount 服務費用	Payment Method 繳付費用方法	Remarks 備註
The annual Subscription of HealthPro Concierge Service is HK\$2,460. 「專屬健康大使服務」之年費為港幣2,460元。	<input type="checkbox"/> Autopay 自動轉賬 (From renewal payment only 續約繳費起適用)	Please attach a cheque made payable to "Bupa (Asia) Limited" for the 1st year's Subscription with a completed Direct Debit Authorisation Form 請填妥直接付款授權書，連同首年服務費之支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」
	<input type="checkbox"/> Cheque 支票 Bank Name 銀行名稱 _____ Cheque No. 支票號碼 _____	Please attach a cheque made payable to "Bupa (Asia) Limited" 請將支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」
	<input type="checkbox"/> Credit Card 信用卡	Please attach a completed Credit Card Authorisation Form 請連同填妥之信用卡付款授權書寄回

If the cheque issuer is not the Member, please fill in the following information. 若支票發出人並非會員，請填寫以下資料。

Relationship with the Member 與會員關係	Reason for paying Subscription on behalf of the Member 代會員支付服務費的原因

IV. Change of Bank Account Number for Autopay Payment 更改自動轉賬付款銀行戶口號碼 (Direct Debit Authorisation Form must be completed 請填寫直接付款授權書)

<input type="checkbox"/> Yearly by Autopay 以自動轉賬年繳	please attach a cheque made payable to "Bupa (Asia) Limited" for this year's Subscription with a completed Direct Debit Authorisation Form 請連同本年之服務費支票及填妥之直接付款授權書寄回，支票抬頭人為「保柏(亞洲)有限公司」
Bank Name 銀行名稱	Cheque No. 支票號碼

If the above account holder is not the Member, please fill in the following information. 若上述之戶口持有人並非會員，請填寫以下資料。

Relationship with the Member 與會員關係	Reason for paying Subscription on behalf of the Member 代會員支付服務費的原因

Note 注意: If account holder is not the Member, an authorisation letter from the Member is required.
若戶口持有人非會員，必須出示會員之授權書。

V. Change of Account Number for Credit Card 更改信用卡戶口號碼

<input type="checkbox"/> Yearly by Credit Card 以信用卡年繳	please attach a newly completed Credit Card Authorisation Form 請連同新填妥之信用卡付款授權書寄回
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Declaration and Authorisation 聲明及授權

I understand that HealthPro Concierge Service ("Service") is not an insurance scheme and no benefits will be provided under this Service to cover the costs of any medical treatment. I have read and agreed to be bound by the terms and conditions of the Contract of this Service and agree that this Application shall form part of the Contract between me and Bupa (Asia) Limited ("Bupa"). I hereby verify that the above information is true and correct to the best of my knowledge and belief. I understand that my consent for use of my personal data, including my medical history (where applicable), will be required each time when making use of HealthPro Concierge Service.

本人確認「專屬健康大使服務」(「服務」)是服務非保險計劃，所有有關醫療之費用將不予賠償。本人已細閱並同意遵守此服務之各條款及細則，並同意本申請表將成為本人與保柏之間所訂合約的一部分。本人確認，就本人所知所信，上述所提供之資料，均屬實完整。本人明白就本人個人資料的使用，包括本人的病歷(如適用)，將於每次提供服務前取得本人的同意。

Personal Information Collection Statement 個人資料收集聲明

I have read and understand the Personal Information Collection Statement on the last page of this application form. I wish / do not wish Bupa to use my Personal Information for direct marketing purposes. I understand that I have the right to change this request writing to Bupa's Data Protection Officer or calling the Customer Care helpdesk.

本人已細閱並明白本申請表最後一頁的個人資料收集聲明，本人已選擇 接受 / 不接受保柏使用本人的個人資料作直接市場推廣用途，並明白本人有權致函保柏的保障資料或致電客戶服務專線，以更改本人意願。

Member's Signature
會員簽署

Signed in Hong Kong on
於香港簽署之日期

X

X

(Name 姓名：

) DD日 / MM月 / YY年

HEALTHPRO CONCIERGE SERVICE DIRECT DEBIT AUTHORISATION FORM

專屬健康大使服務直接付款授權書



Member's Name
會員姓名

Tel No.
電話號碼

If autopay is chosen as the payment method, please complete this form, sign where marked "X" and return the original copy to Bupa with a cheque for the Subscription. 若選擇以自動轉賬付款，請填妥此表格及簽署於「X」位置，並連同此表格正本及繳付服務費的支票交回保柏。
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。

Name of party to be credited (The beneficiary) 收款之一方 (受益人)	Bank No. 銀行編號	Branch No. 分行編號	Account No. 收款戶口號碼
BUPA (ASIA) LIMITED	0 0 4 4 9 9	2 1 5 0 0 2 0 0 1	

I / We hereby authorise my / our below named Bank to effect transfers from my / our account to that of the above named beneficiary in accordance with such instructions as my / our Bank may receive from the beneficiary from time to time. 本人 / 吾等現授權本人 / 吾等之下述銀行，(根據受益人不時給予本人 / 吾等銀行之指示) 自本人 / 吾等之戶口內轉賬予上述受益人。

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. 本人 / 吾等同意本人 / 吾等之銀行無須證實該等轉賬通知是否已交予本人 / 吾等。

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). 如因該等轉賬而令本人 / 吾等之戶口出現透支 (或令現時之透支增加)，本人 / 吾等願共同及各自承擔全部責任。

I / We agree that should there be insufficient funds in my / our account to meet any transfer hereby authorised, 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 authorisation at any time on one week's written notice. 本人 / 吾等現同意本人 / 吾等之戶口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，並可隨時以一星期書面通知取消本授權書。

This authorisation shall have effect until further notice. 本授權書將繼續生效直至另行通知為止。

I / We agree that any notice of cancellation or variation of this authorisation 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前交予本人 / 吾等之銀行。

My / Our Bank and Branch Name 本人 / 吾等之銀行及分行名稱	Bank No. 銀行編號	My / Our Account No. 本人 / 吾等之戶口號碼

My / Our name as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上之姓名	My / Our Signature(s) 本人 / 吾等之簽署 X	HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼
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My / Our address as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上之地址	Date 日期 (DD日 / MM月 / YY年)
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Debtor's Name (If other than account holder) 債務人之姓名 (若非戶口持有人)	Membership No. (Debtor's Reference) 會員編號 (債務人備註)

If the account holder is not the applicant / Member, please fill in the following information. 若戶口持有人並非申請人 / 會員，請填寫以下資料。
Relationship with the applicant / Member 與申請人 / 會員關係 Reason for paying Subscription on behalf of the applicant / Member 代申請人 / 會員支付服務費的原因

For bank use only 銀行專用	Signature Verified 核實簽署
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Notes: 1. The box marked "Membership No." is to be completed by Bupa. 附註: 1. 會員編號一欄由保柏填寫。
2. The signature on this authorisation form must be the same as the signature of your Bank Account. 2. 在此授權書內之簽署模式必須與閣下之銀行戶口內之簽署相符。

HEALTHPRO CONCIERGE SERVICE CREDIT CARD AUTHORISATION FORM

專屬健康大使服務信用卡付款授權書



Member's Name
會員姓名

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。

Annual Payment 年繳
 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 an annual 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服務費金額，直至另行通知。
Total Annual Subscription 年服務費總額 (HK\$港幣)

If the Cardholder is not the applicant / Member, please fill in the following information. 若信用卡持有人並非申請人 / 會員，請填寫以下資料。
Relationship with the applicant / Member 與申請人 / 會員關係 Reason for paying Subscription on behalf of the applicant / Member 代申請人 / 會員支付服務費的原因

I hereby confirm to pay the Subscription due of HealthPro Concierge Service for the applicant / Member below
本人同意及承擔以下申請人 / 會員之全數應繳之「專屬健康大使服務」服務費金額
(Mr / Mrs / Ms) _____ with HKID Card No. _____
(先生 / 太太 / 女士) _____ 香港身份證號碼 _____

Cardholder's Signature 持卡人簽署 X	Contact Phone No. 聯絡電話號碼	Date 日期 (DD日 / MM月 / YY年)
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For Bupa use only 保柏專用
HealthPro Concierge Service Membership No. 「專屬健康大使服務」會員編號: _____ Authorised Code 授權代碼: _____
Subscription 服務費 (HK\$港幣): _____ Date 日期 (DD日 / MM月 / YY年): _____

Personal Information Collection Statement 個人資料收集聲明

Bupa (Asia) Limited (the "Company")

Personal Information Collection Statement (the "Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the Company would like to inform you of the following:

- From time to time, it is necessary for you, or the Member, to supply the Company with certain personal information including without limitation your name, identity card number (and copy of identity card), passport number, contact information, health and medical information (including family history) and financial information ("Personal Information") when you apply for products and services from the Company, or when you apply to make changes to your service, or when you renew a service;
- Failure to supply Personal Information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member;**
- During the course of your relationship with the Company, further Personal Information relating to you, or the Member, may also be collected in the ordinary course of our business.
- Personal Information relating to you, or the Member, may be used for the following purposes:**
 - processing, assessing and determining any Applications for products and services;
 - offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to the maintenance, management and operation of services;
 - performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis;
 - provision and design of products and services of the Company;
 - exercising the Company's rights in connection with provision of products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
 - communication with you or the Member in relation to any of the purposes set out in this Statement;
 - enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
 - making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.
- Personal Information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may provide such Personal Information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:**
 - British United Provident Association Limited and Bupa International Limited ("Group Company");
 - any intermediaries authorised by you and the Company
 - any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business (including without limitation insurers, banks, lawyers, accountants, claims investigators, debt collection agencies, data processing companies, research agencies and professional advisors);
 - any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business;
 - any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.
- The Company may use your, or the Member's, Personal Information to provide you, or the Member with Marketing Communications relating to the following products and services of the Company or Group Company, including but not limited to:
 - insurance and related services and products; and
 - rewards, member activities, loyalty or privileges programmes and related services and products.The Company will not disclose Personal Information relating to you, or the Member to third parties for marketing purposes without your consent.
- Under and in accordance with the terms of the Ordinance, you have the following rights:**
 - to check whether the Company holds Personal Information relating to you or the Member and to access such Personal Information;
 - to require the Company to correct any Personal Information relating to you or the Member which is inaccurate;
 - to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and
 - to request the Company to cease using your Personal Information for direct marketing purposes by registering online at <http://www.bupa.com.hk/unsubscribe.asp> or by calling our Customer Care helpdeskRequests can be made in writing to the Company's Data Protection Officer at the following address:
Data Protection Officer,
18/F, Berkshire House,
25 Westlands Road, Quarry Bay, Hong Kong
- In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any Personal Information access or correction request.
- For any enquiries about this Statement, please do not hesitate to contact our Customer Care helpdesk.
- Nothing in this Statement shall limit the rights of customers under the Ordinance.
- In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

保柏(亞洲)有限公司(「本公司」)

有關個人資料(私隱)條例(「條例」)之個人資料收集聲明(「本聲明」)

遵照條例,本公司特意通知閣下以下事項:

- 在閣下或會員向本公司申請產品及服務,或當閣下更改服務或續約服務時,必須不時向本公司提供個人資料包括但不限於閣下之姓名、身份證號碼(及副本)、護照號碼、聯絡資料、健康或醫療報告(包括家族病歷)及財務資料(「個人資料」);
- 如閣下未能提供本公司所要求的個人資料,本公司可能無法處理閣下之申請及/或向閣下或會員提供產品、服務或其他相關服務;
- 本公司亦可能會在日常業務運作的過程中向閣下或會員收集更多個人資料。
- 閣下或會員的個人資料可能會用作下列用途:**
 - 處理、評估、決定任何產品及服務之申請;
 - 為閣下或會員提供產品及服務及處理閣下或會員不時提出的要求,包括但不限於維持及管理服務項目;
 - 執行與本公司所提供的產品及/或服務相關的功能及活動,包括但不限於審計、報告、市場調查、一般服務和維持網上及其他服務、核實身份、資料配對、研究及統計分析;
 - 提供及設計本公司的產品及服務;
 - 行使本公司向閣下或會員提供產品和服務時有關的權利,例如釐定閣下拖欠的任何款項的金額,及向閣下或任何已為閣下的債務提供任何擔保或承諾的人士,追收和收回拖欠的任何款項;
 - 就任何本聲明中所述的用途與閣下或會員聯絡;
 - 允許本公司全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人,就涉及的轉讓、出讓、參與或次參與的交易進行評估;及
 - 為遵守任何法例之要求,或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則、須知或指引,而作出披露。
- 有關閣下或會員被本公司收集或持有的個人資料將會保密,但本公司可能會向以下不論在香港特別行政區境內或境外之資料承讓人提供該等個人資料作第(4)及第(6)段列出的用途:**
 - British United Provident Association Limited 及 Bupa International Limited (「集團公司」);
 - 任何由閣下及本公司授權的代理人;
 - 任何代理人、承包商,或向本公司提供行政、電訊、電腦、付款、資料處理或儲存、印刷、研究或其他向本公司提供服務的第三方服務供應商(包括但不限於保險公司、銀行、律師、會計師、理賠調查員、收數公司、資料處理公司、研究服務機構及專業顧問);
 - 本公司的任何全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人;
 - 為遵守任何法例之要求,或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引,而作出披露,包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院,及在其他情況下,法律規定本公司必向其披露的人士或機構。
- 本公司可能使用閣下或會員的個人資料向閣下或會員提供本公司或集團公司的產品及服務的市場推廣資訊,包括但不限於:
 - 保險和相關服務及產品;及
 - 獎賞、會員活動或優惠計劃和相關服務及產品。本公司將不會在沒有閣下的同意及許可下將閣下或會員之個人資料向第三方透露以作市場推廣用途。
- 根據有關條例中的條款,閣下有權:**
 - 查核本公司是否持有閣下或會員的個人資料及查閱該等個人資料;
 - 要求本公司改正任何有關閣下或會員的不準確的個人資料;
 - 查明本公司對於資料的政策及處理方法和獲告知本公司持有的個人資料種類;及
 - 要求本公司停止將閣下的個人資料作直接市場推廣用途。請透過網站 <http://www.bupa.com.hk/unsubscribe.asp> 進行登記或致電保柏客戶服務專線以提出要求。以上有關要求請致函本公司保障資料主任,地址如下:
香港鰂魚涌華蘭路25號柏克大廈18樓
保柏(亞洲)有限公司
保障資料主任
- 根據有關條例之條款,本公司有權就任何處理個人資料查閱或更改的要求收取合理費用。
- 如閣下對本聲明有任何查詢,請隨時致電本公司的客戶服務專線。
- 本聲明不會限制客戶在條例下所享有之權利。
- 中英文本如有歧義,概以英文為準。

Bupa (Asia) Limited 保柏(亞洲)有限公司

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