

Credit Card Account Services Request Form

By Fax: 2233 9988 (address change is not accepted by fax submission)

By Mail: ICBC (Asia) Credit Card Centre, P.O. Box. 27, General Post Office, HK

Credit Card No: |_|_|_|_| - |_|_|_|_| - |_|_|_|_| - |_|_|_|_|
 |_|_|_|_| - |_|_|_|_| - |_|_|_|_| - |_|_|_|_|

Date: _____

Contact Tel : _____

Cardholder Name : (Principle) _____

HKID No : _____

(Supplementary) _____

HKID No : _____

Please comply with the request(s) specified below:

	Re-issue <input type="checkbox"/> ATM Pin <input type="checkbox"/> Phone Banking Pin <input type="checkbox"/> Internet Banking Pin
	Change Language on ATM screen <input type="checkbox"/> Chinese <input type="checkbox"/> English
	Card Replacement (All replacement cards will be sent by mail and a handling fee HK\$100 will be charged) Reason - <input type="checkbox"/> Magnetic Strip Damaged <input type="checkbox"/> Change of Signature <input type="checkbox"/> Change/Wrong embossed Name (please attach copy of Deed Poll & HKID card) <input type="checkbox"/> Add ATM facilities (Attention: with this function, the bank will be handled as card replacement) (For security issue, if no existing card returns, all requests will be replaced with new card no. without further notice) (All replacement cards will follow by a new pin, please use the new pin to use any ATM facilities)
	Cash Advance Service - <input type="checkbox"/> Cancel <input type="checkbox"/> Add (including Principal & Supplementary cards)
	HK Dollars Credit Balance Refund (except cash rebate) <input type="checkbox"/> By cashier order (A handling fee with HK\$60 will be charged to your credit card account) <input type="checkbox"/> transfer the balance into my another ICBCA credit card or bank A/C, No. _____
	Direct Debit Authorization Service (All requests must be applied at least 7 working days before the payment due date) <input type="checkbox"/> cancel, DDA No. _____ (If change to another DDA A/C, please fill in "Autopay Authorization Form") <input type="checkbox"/> minimum payment <input type="checkbox"/> Full payment
	Credit Limit (handling fee HK\$100 will be charged)(the Bank may have considered a credit report from the credit reference agency on you for credit limit adjustment, once received your request means you agreed on this arrangement) <input type="checkbox"/> increase (Please enclose copy of latest salary proof or other asset proof) <input type="checkbox"/> decrease to HK Dollars / RMB _____ Are you under contract employment - <input type="checkbox"/> Yes (contract will be expired on _____) <input type="checkbox"/> No
	Octopus Service <input type="checkbox"/> change the Automatic Add-value amount to - <input type="checkbox"/> HK\$150 <input type="checkbox"/> HK\$250 <input type="checkbox"/> HK\$500 <input type="checkbox"/> cancel the Automatic Add-value amount, no. _____ / _____ / _____ / _____ (Attention: the bank will send you the change of Automation Add-value Amount/cancellation letter after completion. Please bring along with your Octopus card to activate the service)
	Delete the credit report data for my credit card which had been cancelled with no outstanding balance
	Statement Service - cancel eStatement and accept monthly statement by mail (Attention : Annual fee will be charged to any paper statement starting from Oct 2017) (For eStatement application, please fill in "Electronic Banking Services/Credit Card eStatement Application Form")
	Cancel the credit card exceeds credit limit service
	Change contact Details - <input type="checkbox"/> Address (only applicable to principal cardholders, oversea address and P.O. Box are not acceptable.) For any residential address change, please submit the original form to any one of our branches together with address proof (3 month valid) <input type="checkbox"/> Residential <input type="checkbox"/> Correspondence <input type="checkbox"/> Office New Address: _____ <input type="checkbox"/> email email address: _____ (please use block letters) <input type="checkbox"/> contact tel. - Residential _____ Office _____ Mobile/Pager _____ (for Branch use only: confirmed KYC was performed Staff No. _____ Signature: _____)

Principal and/or Supplementary Cardholder(s) Signature
 (should be same as the application form)

銀行專用 For Bank Use Only

Receiving Branch		Remarks	S.V. By	Input By	Checked By
Branch: _____	Staff: _____				
Date	Date	Date	Date	Date	Date