

傳真: 2233 9988 (更改地址及刪除信貸資料恕不接受傳真/副本申請)

郵寄: 香港郵政總局信箱 27 號工銀亞洲信用卡中心

信用卡號碼: - - -
 - - - 日期: _____
 聯絡電話: _____

持卡人姓名 - 主卡: _____ 香港身份證號碼: _____
 附屬卡: _____ 香港身份證號碼: _____

請遵照本人指示辦理以下各項申請

重發 <input type="checkbox"/> 自動櫃員機私人密碼 <input type="checkbox"/> 電話理財私人密碼 <input type="checkbox"/> 網上理財私人密碼
更改自動櫃員機螢幕顯示之語言 <input type="checkbox"/> 中文 <input type="checkbox"/> 英文
補發卡 (所有補發之新卡將以郵寄方式寄出, 並需港幣 100 元補發卡手續費) 原因 - <input type="checkbox"/> 磁帶失效 <input type="checkbox"/> 更改簽名式樣 <input type="checkbox"/> 更改/更正卡面上姓名(請附上改名契及身份證副本) <input type="checkbox"/> 附加 自動櫃員機功能 (請注意: 增加此功能, 必須以補發卡處理) (以上服務均要求持卡人退還舊卡, 否則, 基於保安理由, 所有補發卡將安排新卡號, 而不作另行通知) (所有補發卡均安排新密碼, 請收到新密碼後方可使用櫃員機功能)
現金透支服務 - <input type="checkbox"/> 取消 <input type="checkbox"/> 增加 (包括主卡及附屬卡)
提取信用卡全數港幣結餘 (現金回贈除外) <input type="checkbox"/> 轉往本人之另一信用卡賬戶: 信用卡賬號 _____ <input type="checkbox"/> 轉往本人於中國工商銀行(亞洲)之港元賬戶 _____
自動轉賬指示 (所有更改或取消必須於繳款到期日最少七個工作天前申請) <input type="checkbox"/> 取消現有自動轉賬, 賬戶號碼 _____ (如欲更改至另一銀行賬戶, 請填寫 自動轉賬授權書) <input type="checkbox"/> 更改至最低還款 <input type="checkbox"/> 更改至全數款項
信用卡信用額 (更改手續費為港幣 100 元)(所有加額要求均需查閱個人信貸記錄, 一經遞交, 即表示同意) <input type="checkbox"/> 增加 (請同時附上最近期之薪金證明或財務資料以作審批) <input type="checkbox"/> 減低 信用額至港幣/人民幣 _____ 元 現時是否以合約形式受僱 (必須填寫) <input type="checkbox"/> 是 (合約到期日 _____ 年 _____ 月 _____ 日) <input type="checkbox"/> 不是 (學生卡不接受加額申請) 現時住宅類型: (<input type="checkbox"/> 自住 <input type="checkbox"/> 按揭-每月供款金額: _____ <input type="checkbox"/> 租住 <input type="checkbox"/> 宿舍 <input type="checkbox"/> 與家人同住) (如選-按揭, 需客人提供 按揭每月供款金額)
八達通服務 - 八達通號碼 _____ / _____ / _____ / _____ (必須填寫八達通號碼) <input type="checkbox"/> 自動增值金額改為 - <input type="checkbox"/> 港幣 150 元 <input type="checkbox"/> 港幣 250 元 <input type="checkbox"/> 港幣 500 元 <input type="checkbox"/> 取消八達通自動增值服務 (請注意: 服務手續完成後, 銀行會發出八達通更改自動增值金額通知書/取消八達通通知書, 請客戶帶同八達通卡親往指定之服務站辦理有關手續, 方能生效)
只接受主卡持卡人申請, 並親身交還到任何一間分行 (請連同身份證副本一併遞交) 刪除本人已結束及沒有欠款之信用卡賬戶信貸資料 (分行專用 - 已確認持卡人本人親身申請 職員編號 _____ 簽名 _____)
月結單服務 - 取消電子結單服務並改以郵寄方式收取月結單 (溫馨提示: 所有紙張月結單由 2017 年 10 月起將收取年費) (如欲申請電子結單服務, 請填寫電子理財服務/信用卡電子結單申請表格信用卡賬戶持有人專用)
取消超逾信用限額信貸服務
更改通訊記錄 - <input type="checkbox"/> 地址 (只接受主卡持卡人更改, 海外地址及郵政信箱恕不接受, 請以英文正楷填寫地址並親身交還任何一間分行, 傳真及副本恕不接受) <input type="checkbox"/> 住宅 <input type="checkbox"/> 通訊 <input type="checkbox"/> 辦事處 新地址: _____ <input type="checkbox"/> 電郵 電郵地址: _____ <input type="checkbox"/> 聯絡電話 - 住宅 _____ 辦事處 _____ 手提電話/傳呼機 _____ (分行專用-已確認持卡人本人親身申請並已核对其身份證明文件職員編號 _____ 簽名 _____)

主卡及/或附屬卡持有人簽署 (須與申請表上之簽署相同)

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

Credit Card Account Services Request Form

By Fax: 2233 9988 (address change & Delete the credit report data 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. <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 (exclude for student) Residential Type - <input type="checkbox"/> Self-owned <input type="checkbox"/> Mortgaged - Monthly Repayment Amount HK\$ _____ <input type="checkbox"/> Rented <input type="checkbox"/> Quarter <input type="checkbox"/> Living with Parents (If Mortgaged, please provide monthly mortgage repayment amount)
Octopus Service – octopus card no. _____ / _____ / _____ / _____ (must be provide) <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. (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)
Only applicable to principal cardholders (please submit the original form to any one of our branches together with HKID / Passport copy) Delete the credit report data for my credit card which had been cancelled with no outstanding balance (for Branch use only: confirmed KYC was performed Staff No. _____ Signature: _____)
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.) Please submit the original form to any one of our branches <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 & Identify verification 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: _____ Date _____		Date _____	Date _____	Date _____
Staff: _____ Date _____				