

讓孩子成為「小小共融之 I want my kid to be a Little Friend of PHAB

我的小孩將**每月捐助** My child will donate MONTHLY: □ 港幣(元) HK\$60/□ 港幣(元) HK\$

捐款者個人資料DONOR'S INFORMATION			
小孩資料 Personal Information of <u>Kid</u>			
英文姓名 English Name:		中文姓名	Chinese Name:
出生日期: Date of Birth:(日 DD)_			
家長資料 Personal Information of Paren			
先生 Mr./女士 Ms 英文姓名 English Nam		_	_
地址 Address: 聯絡電話 Contact phone no.: 電郵地址 Email address:			
收集個人資料聲明 Personal Information Collection Statement			
□ 香港傷健協會希望透過閣下提供的電話,電郵及通訊地址,向捐贈者不時提供有關項目資訊的更新、機構資料及活動邀請呼籲、捐款收據等。所有個人資料將絕對保密,並會遵照法律規定處理。如閣下並不反對以上的通訊聯絡方式及內容,請於 <u>方格上加上剔號</u> 以表同意。 Hong Kong PHAB Assocation may use your contact number, email address and correspondence address to provide you with our programme updates, organization information and appeals, as well as donation receipts. All personal data will be kept			
confidential and handled at accordance with applicable laws. Please check the box if you agree to receive the			
abovementioned materials.			
捐款方法 DONATION METHOD			
□ 信用卡轉賬 By Credit Card 如使用信用卡捐款請把表格寄回或傳真至 2875 1401 Credit card donation form can be sent by mail or by fax to 2875 1401. 信用卡捐款轉賬日期約為每月最後一個工作天 Credit card transactions will normally be processed on around the last working day of the month. 信用卡種類 Card Type: □ Visa □ Master Card			
持卡人姓名 Cardholder's Name:			
信用卡號碼 Card Number:			
信用卡有效日期至 Card Expiry Date: 持卡人簽名 Cardholder's Signature:			
□ 銀行戶□自動轉賬 By Bank Account transfer			
請填妥下列自動轉賬表授權書並把正本寄回本會 Please fill in the form below and mail us the original copy. 銀行戶口自動轉賬日期約為每月 10 號 Direct debit transactions will normally be processed on around 10th of the month.			
自動轉賬授權書 DIRECT DEBIT AUTHORIZATION FORM			
收款之一方(收款人)	銀行號碼	分行號碼	收款賬戶之號碼
Name of party to be credited (the Beneficiary)	Bank No.	Branch No	Account No. to be credited
HONG KONG PHAB ASSOCIATION	0 0 4	1 1 1	0 5 8 0 0 4 - 0 0 2
本人/吾等之銀行及分行名稱 My/Our Bank Name and Branch	銀行號碼 Bank No.	分行號碼 Branch No	本人/吾等之賬戶號碼 My/Our Account No.
My Car Bank Namo and Branon			
本人/吾等在結單/存摺上所紀錄之名稱 My/Our Name as recorded on Statement/Passbook			
本人/吾等在結單/存摺上所紀錄之地址 My/Our Address as recorded on Statement/Passbook			
銀行戶口紀錄之身份證明文件及號碼			本人/吾等之簽名(銀行戶口簽名)
ID Type & no. as registered for your bank account			My/Our Signature(s) (as signed for bank
□香港身份證 HKID □護照 Passport □其他 Others : account) 號碼 Number:			account)
此欄由本會職員填寫 For official use only			
付款人編號 Debtor Reference No. 銀	銀行專用 For Bank use		簽名式樣 Signature verified
銀行戶口自動轉駆附註 - 本人(等)現授權本人(等)的上述銀行,(根據收款人或其往來銀行及/或代理行不時給予本人(等) 銀行的指示)自本人(等)的戶口內轉賬于上述收款人。惟每次轉應獲額不得超過以上指定即報。 オース・フロース・フロース・フロース・フロース・フロース・フロース・フロース・フロ			

- 如因該等轉賬而令本人(等)的戶口出現透支(或令現時的透支增加),本人(等)願共同及個別承 擔全部責任。
- 辦全部責任。 本人(等)明白本人(等)須在指定的轉賬日期〔即根據本人(等)的銀行從收款人或其往來銀行及 /或代理行不時收到的指示〕前一個營業日(分行辦公時間內),在戶口內備有足夠款項以便支付該 等投權轉賬。本人(等)並同意如本人(等)的與行可收取慣常的收費、並可隨時取消該等受權轉賬 銀行有總對前權不予轉賬,且本人(等)的銀行可收取慣常的收費、並可隨時取消該等受權轉賬 日須適如本人(等)。為避免疑問,本人(等)的銀行可隨時自行決定取消該等授權轉賬且毋須適知
- 本人(等)。 本直接付款授權書將繼續生效直至另行通知為止或直至上列到期日為止(以兩者中最早的日
- 期為準)。本人(等)同意如本人(等)已設立的直接付款授權的戶口連續三十個月內未有根據本授權而作出過賬的紀錄,本人(等)的銀行保留權利取消本直接付款安排而毋須另行通知本人(等),即使本授權書並未到期或未有註明授權到期日。
- 本人(等)同意,本人(等)取消或更改本授權書的任何通知,須於取消/更改生效日最少兩個工作 天之前交予本人(等)的銀行。

注意事項:請寄回表格正本。表格上的資如有任何更改,請在旁簽名以示確認。

- the beneficiary and/or its bańker and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated above. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice has been given to me/us. 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). I/We understand that I/we must maintain sufficient funds in the account one business day (before the close of branch banking hours) before the transfer date (as specified in the instructions received by my/our Bank from the beneficiary and/or its banker and/or its banker or correspondent from time my/our account to meet any transfer authorised herein, my/our Bank will be entitled, at its absolute discretion, not to effect such a transfer in which event the Bank may levy its usual charges and may cancel this authorisation at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorisation at its sole discretion at any time without prior notice.

 This direct debit authorisation for a continuous period of 30 months, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorisation for a continuous period of 30 months, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorisation has not expired or three is no expiry date for the authorisation of this authorisation is to take effect.

註:每月捐款者的年度收據將於每年四月寄上,可作扣稅用途。

Note: For monthly donations, a tax deductible annual receipt will be issued in every April.

查閱與改正個人資料 Access and correction of personal data:

根據《個人資料(私隱)條例》,閣下有權查證香港傷健協會是否持有閣下的個人資料、查取該資料的副本,並且更改任何不正確的資料。閣下亦可要求本會告知閣下本會所持個人資料的種類。查取本會政策與改正個人資料的要求等,煩請以書面形式通知本會:

In accordance with the Personal Data (Privacy) Ordinance, you own the right to ascertain whether Hong Kong PHAB Association holds your personal data, to obtain a copy of the data, and to correct any inaccurate data. You may also request us to inform you of the type of personal data held by us. Requests for access and correction or for information as regards policies and practices and types of data held should be addressed in writing format to:

香港傷健協會 Hong Kong PHAB Association

香港北角百福道 21 號 1402 室 Unit 1402, 21 Pak Fuk Road, North Point, Hong Kong

電郵 Email: hq@hkphab.org.hk

For donation enquiries, please call us at 2551 4161. Thank you for your support!

任何有關捐款的查詢,歡迎致電 2551 4161。感謝您的支持!

香港傷健協會 Hong Kong PHAB Association

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