



入會申請書

NAME : _____ 最初服務於香港郵政日期 : _____ / 月 _____ / 年

中文姓名 : _____ 性別: M/F* 身份証號碼: _____ XXXX(X)

英文地址: (正楷) _____

(HK/KLN/NT)*
(* 將不適用刪去)

出生日期: _____ / 月 _____ / 年 電話 (手提或住宅): _____

電郵地址: (正楷) _____

工作地點: _____ (英文簡稱, 如 ISO/GPO, TO/IMC, KTG. . .) 申請人簽署: _____

職級: _____ (英文簡稱, 如 PO, PM, SPM. . .) 日期: _____

收集及使用個人資料聲明

1. 本表格收集之個人資料將作以下用途: 處理及跟進你的會籍申請, 發出通告及收據之有關用途。
2. 向本會提供個人資料純屬自願, 如你未能提供足夠個人資料, 本會可能無法有效處理你的申請或提供有關服務。
3. 所收集的個人資料絕對保密, 本會不會向第三者披露所登記的個人資料, 在獲得資料登記人同意或法律強制下除外。
4. 你有權就本會備存有關你的個人資料作出查閱、更改你的個人資料。

直接付款授權書 DIRECT DEBIT AUTHORISATION

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
UNION OF HONG KONG POST OFFICE EMPLOYEES	0 2 4	2 8 0	4 8 2 9 0 2 0 0 1

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/吾等之賬戶內轉賬予上述受益人。惟每次轉賬之金額不得超過以下指定之限額。本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。
如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時的透支增加), 本人/吾等願共同及各別承擔全部責任。
本人/吾等同意如本人/吾等之賬戶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。
本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早之日期為準)。
本人/吾等同意, 本人/吾等取消或更改本授權書之任何通知, 須於取銷/更改生效日最少兩個工作天之前交予本人/吾等之銀行。

I/We hereby authorize 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 provided always that the amount of any one such transfer shall not exceed the limit indicated below.
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.
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 agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, 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 authorization at any time on one week's written notice.
This authorization shall have effect until further notice or until the below written expiry date (which shall first occur).
I/We agree that any notice of cancellation or variation of this authorization 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/吾等之銀行及分行之名稱 My/Our Bank Name and Branch		銀行編號 Bank No.	分行編號 Bank No.	本人/吾等之賬戶號碼 My/Our Account No.
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		
每次/月付款之限額 Limit for each *Payment/ Month	到期日(請參閱下列各點) Expiry Date(See notes below)	本人/吾等之簽名 My/Our Signature(s)		日期 Date
HKD100.00				
債務人之姓名(若非賬戶持有人) Name of Debtor (If other than account holder)		債務人之參考(必填之欄 - 請參閱下列各點) Debtor's Reference (Compulsory Field - See notes below)		
以下由銀行填寫 For Bank Use Only				Signature Verified

附註 Notes:

- 1) 如 台端付款之數額每次可能不相同, 則請將最高者定為每次付款之最高限額。
 - 2) 本直接付款授權書將於「到期日」一欄中所填寫之日期自動撤銷。如 貴戶意欲本直接付款授權書無限期有效(或直至 貴戶予以撤銷為止), 則請將該欄留空。
 - 3) 請保留 貴戶在此授權書內的簽名, 與銀行賬戶所發完全相同。
 - 4) 在債務人之參考欄內, 請將 貴戶與收款人一方之關係, 略予說明, 例如學生編號, 抵押合約號碼等。
- 1) If the amount of your payments are likely to vary each time, set the limit for each payment at the maximum amount you would expect to pay at any one time.
2) This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked 'Expiry Date'. If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you) please leave box blank.
3) Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
4) In the box marked 'Debtor's Reference' enter the identifying reference between yourself and the party to be credited i.e. student number, mortgage agreement number, rental agreement number, etc.

*填妥本授權書後, 請交回 貴戶之往來銀行。
PLEASE COMPLETE AND RETURN THIS FORM TO YOUR BANKER.

FOLD HERE 請沿虛線摺疊

請沿實線剪下 CUT ALONG SOLID LINE

請沿實線剪下 CUT ALONG SOLID LINE

FOLD HERE 請沿虛線摺疊

郵費由持
牌人支付
POSTAGE
WILL BE
PAID BY
LICENSEE

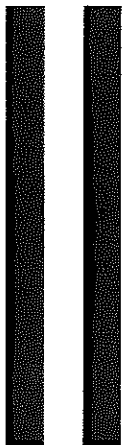
如在本港投寄
毋須貼上郵票
NO POSTAGE
STAMP
NECESSARY
IF POSTED IN
HONG KONG



BUSINESS REPLY SERVICE LICENCE No.:916
商業回郵牌照編號

香港郵政局員工會
香港郵政總局信箱 1188 號

Union of Hong Kong Post Office Employees
GPO Box 1188
General Post Office
Hong Kong



請在此線對摺及封口 Please fold and seal

請在此線對摺及封口 Please fold and seal

請沿此線對摺及用膠水封口，切勿用釘書釘 Please fold here and seal with glue . Do not use staples.

郵政2/2年費#100
若以自動轉賬. 每年過
數兩次. 每次#50.