

For official use only 本公司專用:

Producer Name: _____ Producer Code: _____ Address: _____
代理姓名 代理編號 地址
Phone No.: _____ Facsimile No.: _____ Email Address: _____
電話 傳真 電郵地址

PREMIUM PAYMENT 保費付款

A. Cheque Payment or Money Order. 支票或銀行本票付款

Please make your HK Dollar cheque or money order (drawn on a HK clearing bank) made payable to "GlobalHealth Asia Limited".
請開具港元支票或銀行本票(由香港結算銀行開出), 收款人為"GlobalHealth Asia Limited".

B. Local Bank Deposit. 本地銀行存款

Bank 銀行: The Bank of East Asia, Limited. Hong Kong 香港東亞銀行
Account Name 帳戶名稱: GlobalHealth Asia Limited
Account No. 帳戶號碼: 015-521-40-400296-1 (HKD Account) (港元帳戶)
Please fax copy of deposit slip with your Policy No. to 852-2526 0769 for issuing Official Receipt.
請將存款單副本連同保單編號傳真至(852)-2526 0769, 本公司將發出正式的收據。

C. Bank Transfer. 銀行轉帳

For direct premium remittances, please send full payment (inclusive of all bank charges) to:
如直接入帳支付保費, 請支付全數(包括所有銀行手續費)至:

Premiums by remittance may be accepted from Chinese bank subject to a limit of US\$5,000 for the initial premium
蘇黎世不接受中國內地銀行賬戶繳付保費, 但繳付首次保費且不超過5000美元等值者則除外

Intermediary Bank 中介銀行

ABA No.: 026009593
ABA 編號
Recipient Bank: Bank of America N.A., New York,
受款人銀行 USA CHIPS UID 009953

Account No.: 6550-4-90452
帳戶號碼

Swift Code: B0FAUS3N
Swift 代碼

Beneficiary Bank 收款銀行

Bank: The Bank of East Asia, Limited. Hong Kong
銀行 香港東亞銀行

Account Holder: GlobalHealth Asia Limited
帳戶持有人

Account No.: 015-521-40-400296-1 (HKD Account)
帳戶號碼 (港元帳戶)

Swift Code: BEASHKHH (SWIFT MT103)
Swift 代碼

Note 註: 1. All bank charges will be borne by the remitter 所有銀行手續費一律由付款人支付。

2. Please indicate your Policy Number as payment details to your bank 銀行付款資料請列明保單編號。

3. Please fax (+852 2526 0769) or email the bank remittance advice or instruction slip with your Policy Number to GlobalHealth for our accounting records and to issue an Official Receipt. 請將銀行存款單或指示單連同保單編號傳真至(852)-2526 0769作會計記錄, 本公司將發出正式的收據。

D. Credit Card 信用卡

Premiums may be paid by Visa or MasterCard using the Credit Card Authorisation overleaf.
VISA或萬事達卡支付保費。請填寫下一頁的信用卡授權。

CREDIT CARD PAYMENT AUTHORISATION 信用卡付款授權

I/We, the undersigned, authorise you to charge my credit card for payment of insurance premiums as stated below:
本人/我們授權本人的信用卡扣帳支付以下保險保費:

Policyholder 保單持有人: _____

Policy Number (if known) 保單編號(如知悉): _____

Visa

Mastercard 萬事達卡

Card Number 信用卡號碼:

□□□□ - □□□□ - □□□□ - □□□□

Name of Issuing Bank:
發卡銀行:

Card Holder's Name:
持卡人姓名:

Expiry Date:
到期日:

□□ □□
m m 月 y y 年

Credit Card Country of Issuance 信用卡簽發國家: _____

Please state your Credit Card Country of Issuance. Zurich DO NOT accept premium paid by any credit card issued by banks in China, except for the initial premium at the maximum of US\$5,000 or equivalent by Visa/ Master Card. PRC credit card will not be accepted for renewal.
請列明信用卡簽發國家。蘇黎世不接受中國內地銀行簽發的信用卡繳付保費，但以VISA或萬事達卡作繳付首次保費，且不超過5000美元或等值者則除外

For HK\$ _____ 港元

I also authorize GlobalHealth Asia Limited, until further notice in writing, to charge my credit card with unspecified amounts in respect of my annual premium payments as and when these become due. GlobalHealth Asia Limited will inform me in advance of any premium adjustments. I understand that credit card payment and effectiveness is subject to the credit card centres approval and that all charges will be made in Hong Kong Dollars at the exchange rate(s) then in force. 本人並授權GlobalHealth Asia Limited於本人的年度保費到期時，在本人的信用卡扣取不指定金額的款項付款，直至另行通知為止。如保費有任何調整，GlobalHealth Asia Limited會預先通知本人。本人明白使用信用卡付款及過帳，必須經由信用卡中心批准方始生效，所有相關費用一律以當時匯率折算為港元計算。

Signature 簽署

Date 日期

 **GlobalHealth Asia Limited**
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Facsimile 傳真: (852) 2526-0769
Email 電郵: globalhealthuniversal@globalhealthasia.com
Web 網址: www.globalhealthuniversal.com

Underwritten by
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