大新銀行
DAH SING BANK

大新信用卡郵寄月結單費用豁免申請表
Dah Sing Credit Card Paper Statement Fee Waiver Application Form

請填妥此表格，並郵遞至「香港郵政信箱 333 號」、傳真至 2598 1836 或親身交回大新銀行有限公司（「銀行」）任何一間分行辦理。Please complete this form, mail it to "G.P.O. BOX 333, HONG KONG", fax it to 2598 1836 or return it to any branch of Dah Sing Bank, Limited (the "Bank") in person for processing.
請用正楷填妥此表格，並於適用的方格加上「✓」。Please complete this form in block letters and place a "✓" in a box applicable to you.
此服務只適用於個人信用卡主卡持有人。請注意，任何附屬卡持有人之費用豁免申請恕不受理。The service is ONLY applicable to Personal Credit Card Principal Cardholder. Please note that all fee waiver applications from Personal Credit Card Supplementary Cardholders will NOT be accepted.

(I) 客戶資料 Customer Information

客戶姓名 Customer Name

客戶身份證明文件種類及號碼 Customer ID Type and No.

☐ 香港身份證 HKID ☐☐ ☐☐☐☐☐☐ (☐)

☐ 護照 Passport

☐ 其他 Others _____
（請註明身份證明文件種類 Please specify document type）

(II) 請選擇以下適用之費用豁免組別 Please select the applicable fee waiver group below:

請選擇 Please select：

☐ 領取政府傷殘津貼之客戶
Customer receiving the government's Disability Allowance

☐ 領取政府綜合社會保障援助（綜援）或社會福利署津貼之客戶
Customer receiving the government's Comprehensive Social Security Allowance or social welfare benefits

☐ 低收入人士：個人每月收入少於 7,300 港元或家庭每月收入少於 11,500 港元
Low-income group customer, with individual monthly income below HKD7,300 or household monthly income below HKD11,500
（每次申請只豁免四年的郵寄月結單費用。The paper statement fee will be waived for four years per application.）

註：郵寄月結單費用之計算是因應客戶於每段指定期間之最後一個工作天所持的狀況。如想申請豁免該費用，所有申請表格必須於每段指定期間的最後一個月之 20 日或之前（即每年之 6 月 20 日及 / 或 12 月 20 日）遞交到大新銀行作該指定期間的申請，而透過郵遞及傳真的申請則以郵戳日期或傳真日期為準（視何者適用而定）。若因郵遞引起的延誤，申請將會於下一段指定期間生效。每段指定期間是指由 1 月至 6 月及其後每 6 個月（每年 7 月至 12 月及每年 1 月至 6 月）。請注意，本行只接受已填妥正確資料的申請。
Remarks: The Paper Statement Fee is calculated based on the customer's status on the last working day of each designated period. In order to apply for the fee waiver, all applications must be submitted to the Bank on or before the 20th of the last month of the designated period (i.e. 20th June and 20th December of each year). For applications by post or fax, acceptance will be granted according to the postmark or fax date (whichever is applicable). If there is any delay in postal delivery, the request will be effective from the next designated period. Each designated period means from January to June and every 6-month period thereafter (i.e. July to December and January to June of each year). Please note that only applications completed with valid information will be accepted.

客戶聲明：

- 本人特此申請銀行現時向領取政府綜合社會保障援助（綜緩）或社會福利署津貼、政府傷殘津貼及低收入人士所提供的信用卡郵寄月結單費用豁免。
- 本人特此聲明，本人在上述條件下，符合有關申請資格。本人明白如果銀行日後發現本人在指定期間並不符合以上之豁免資格，銀行會保留收取任何已豁免的費用之權利。如本人不再符合上述條件，必會即時通知銀行。本人明白及同意銀行將可能隨時取消或撤回此項豁免。本人明白及同意，如有需要，銀行可要求本人提供有關證明文件。

Declaration:

- I hereby apply for the waiver of the Credit Card Paper Statement Fee of the Bank currently offered to persons who receive the government's Comprehensive Social Security Allowance or social welfare benefits, or Disability Allowance, or with low income.
- I hereby declare that I am eligible for the said waiver on the said basis. I understand the Bank reserves the right to request for payment of any fee waived if it comes to the Bank's attention that I am not actually eligible for the said waiver during the relevant period. I will inform the Bank immediately if I am no longer eligible for the said waiver. I understand and agree that the Bank may cancel or withdraw this waiver at any time. I understand and agree that the Bank may request me to provide related supporting documents if necessary.

S.V.

客戶簽署 Customer Signature

日期 Date

填上資料後即定為保密 THIS FORM IS CONFIDENTIAL UPON COMPLETION

銀行專用 FOR BANK USE ONLY

To be completed by receiving branch		To be completed by Credit Card Centre	
Branch:	Reviewed & approved by authorized signer:	**Remarks:** 01 – Customers receiving the government's Disability Allowance 02 – Customers receiving the government's Comprehensive Social Security Allowance or social welfare benefits 03 – Low-income group customers, with individual monthly income below HKD7,300 or household monthly income below HKD11,500	
☐ In Person, ID verified Handled & initial by FS/ CS:	Signature no.:	Input by:	Date: