明興商行香港有限公司

Ming Xing Investments Co., Ltd. Application Form (Personal Account) for

Members of "The Hong Kong College of Paediatricians"

Membership No. :			
Full Name of Applicant 申請人全名	: <u> </u>		
H. K. I. D. No. : 身份證 號碼		Home Phone No. : 住宅電話號碼	
Home Address : 住宅地址			
Office Phone No. : 辦公室號碼		Mobile Phone No. : 手提電話號碼	
Office Address : 辦公室地址			
Vehicle Reg. No. 車輛登記號碼	Name of Owner 登記車主全名	Name Embossed (max. 27 char.) 卡上名稱	Monthly Limit (min HK\$1,000.00/card) 每月限額
1			HK\$
2			HK\$
3			HK\$
4			HK\$
5			HK\$
Y Hong Kong Idem Y Hong Kong Vehi Y Address verificat 請先細閱然後簽名Please rea 本人茲申請開戶及發予能源 料。本人定必依照「明興商 清全部款項。 本人明白使 「明興商行音港有限公司」 I hereby warrant that the ab to me. I undertake to settle date as shown in the stateme pertaining to me. I note that	根行月結單) rect Debit Authorization Form and endity Card/Passport cle Registration Certificate tion (e.g. Bank statement) rect	· 及授權「明興商行香港有限公司」取得及 所訂明之付款到期日前向「明興商行香港有 實時附上的文件內,並明白使用該咭將被視 nd request that an account be opened and t g Investments Co., Ltd.'s" designated accou g Investments Co., Ltd.' to exchange and re rCard(s) will be set out in the package deliv ceptance of the terms and conditions. "Min	可限公司」之指定帳戶顧 見爲接受該條款及細則。 he StarCard(s) be issued int) on or before the dud eccive credit information vering the StarCard(s) to
	tion form to "15/F, Tern Centre, T 上皇后大道中 237 號太興商業大廈	Date 日期 Fower 1, 237 Queen's Road Central, Ho ! 第一座 15 樓"	ong Kong."
For official use only DO <u>G/A HK\$1.00</u>	OB AP		
Ref : MX-	-SM		