${\tt To}\ {\tt M}:\ {\hbox{\bf The Hongkong and Shanghai Banking Corporation Limited}}$ 香港上海滙豐銀行有限公司

Card Centre: PO Box 73730, Kowloon Central Post Office, Kowloon, Hong Kong

信用卡中心:香港九龍中央郵政局信箱 73730 號



CREDI	T CARD CONTACTLESS PAYMENT FUNCTION AMENDMENT
FORM	信用卡感應式付款功能修改表

	day 日 / month 月 / year 年
Date 日期	

Personal	Information	佃人咨判

Note 注意: 1. Please complete and return this form to the above PO box address. 請填妥本表格並寄回上列郵 2. Please tick where applicable. 請在適當的地方加上剔號。	箱地址。						
Personal Information 個人資料							
Cardholder's Full Name (in Block Letters) 持卡人全名 (用正楷填寫)							
Credit Card Number 信用卡號碼	Contact Telephone	Number 聯絡電話號碼					
1.							
2.							
3.							
Apply for or Cancel Contactless Payment Function on Credit Card 申請或取消使用]信用卡的感應式付款功能						
I/We wish to apply for the free contactless payment function on my/our HSBC credit card*.							
本人(等)欲透過本人(等)的滙豐信用卡 申請 免費使用感應式付款功能*。							
I/We wish to <u>cancel</u> the contactless payment function on my/our HSBC credit card. 本人(等)欲取消本人(等)的滙豐信用卡的感應式付款功能。							
Note 注意: 1. (Applicable to HSBC Premier MasterCard Credit Card, HSBC Advance Visa Platinum Card, HSBC Visa Signature Card, HSBC Visa Platinum Card, HSBC Visa Gold Card, HSBC Visa Card, HSBC Visa Gold Card for Students, HSBC UnionPay Dual Currency Diamond Credit Card, HSBC UnionPay Dual Currency Credit Card, HSBC Gold MasterCard and HSBC MasterCard) Your new card provides free use of contactless payment function. You may use your card for contactless payment transactions, subject to transaction limits (including limit on each purchase and other limits) set by the Bank, Visa, MasterCard Worldwide or UnionPay or the merchant from time. For payment over the pre-defined transaction limit or if contactless payment is unavailable, you will still need to sign on the credit card sales slip in order to complete the transaction. (適用於匯豐卓越理財信用卡、滙豐運新全卡、滙豐運新全市、運豐或財化、運豐或財化、運豐或財化、工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工							
be issued. 如閣下欲申請或取消使用感應式付款功能,可能需要 7 個工作天安排補發卡。							
3. New card will be mailed to the primary cardholder's correspondence address. 新卡將會寄行	E基本卡持卡人的通訊地址。 ————————————————————————————————————						
Declaration and Signature 聲明及簽署							
I/We confirm that I/we have read and understood the notes set out in this request form regarding the Contactless Payment Function. 本人(等)確定已細閱及明白於本申請表上有關感應式付款功能的注意事項。							
x x							
Signature of Primary Cardholder 基本卡持卡人簽署 Signature of Additional Cardholder 附屬卡持卡人簽署							
Note 注意:*If you wish to apply for this function on additional credit card(s), both the primary cardholder and the additional cardholder(s) must sign. *如關下需為附屬卡申請本功能,基本卡及附屬卡持卡人需同時簽署。							
For Bank Use Only 銀行專用							
Authorised Signature and Branch Chop Original Sighted	Signature Verified	Initial					

For Bank Use Only 銀行專用				
Authorised Signature and Branch Chop	Signature Verified	Initial		
Original Sighted				
Contact Telephone No.:	Please ensure the form is duly completed and sent to Card Centre.			

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