

Personal Account 私人戶口

如有任何查詢可致電 2632-1497 或傳真致 2632-4708

FUEL CARD APPLICATION FORM 燃油記賬咭申請表 Should you have any queries please call us at 2632-1497 or by fax at 2632-4708

APPLICANT'S INFORMATION 申請人資料	
<input type="checkbox"/> Mr.先生 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms.女士	
Name in Chinese 中文姓名	
Name in English 英文姓名	
HKID No. 香港身份證號碼	
Mobile Phone/Pager 手提電話/傳呼機號碼	
Office Phone No. 公司電話	
Residential Phone No. 住址電話	
Residential Address 住址	
Office Address 公司地址	
Email Address 電郵地址	
Please send bill to 請寄月結單到 <input type="checkbox"/> Residential Address 住宅地址 <input type="checkbox"/> Office Address 公司地址	
VEHICLE REGISTRATION NUMBER 車輛登記證號碼	
Card 1	_____
Card 2	_____
Card 3	_____
Card 4	_____
Card 5	_____

CARD DETAILS 油咭資料	
The Processor's name to appear on the card (Max 27 Characters) 油咭上所印上之名稱 (最多二十七字) <input type="checkbox"/> Applicant's name 申請人名稱 <input type="checkbox"/> Name on vehicle registration 車輛登記証上之名稱	
Card Type Esso <input type="checkbox"/> Sinopec <input type="checkbox"/> Caltex <input type="checkbox"/> Shell <input type="checkbox"/>	
Purchase Restriction (購買限制) <input type="checkbox"/> Purchase Petrol/Diesel Only 只能買電油/油渣	
Referrer Programme (Complete this section if you are referring someone 如閣下推薦新會員請填此欄) Referrer's Name 推薦人姓名 _____ Referrer's A/C No. 推薦人賬號 _____	
GUARANTOR INFORMATION 保證人資料	
Name 姓名	
HKID No. 香港身份證號碼	Phone No. 聯絡電話
Residential Address 住址	
GUARANTORS DECLARATION 擔保人聲明	
I, the guarantor, declared that the aforementioned information given is true and correct and I do so voluntarily. I understand that I will be called upon to make full payment should the guarantee fails to make payments to KCL for fuel purchases and KCL reserves the right to take further action to recover such debts. 擔保人(本人)保證乃自願提供上述資料均屬真實、完整及正確無誤。本人明白，若上述被擔保者拖欠經緯兆業之購油款項未能如期清還，本人須承擔責任償還欠款之全部而經緯兆業將保留一切追討之權利	
Guarantor's Signature & Date 擔保人簽署及日期	

Declaration and Signature 聲明及簽署	
Please read before signing 簽署前請細閱	
I declare that all information on this application is true and complete. I authorize you to confirm it from whatever source(s) you choose. I understand that this application form remains the property of Kingsway Concept Limited (KCL). If my application is accepted by KCL, I agree to be bound by the terms which KCL grants credit for such purchases and amended by KCL from time to time. I further undertake to settle all overdue amount(s) and understand that KCL reserves the right to take all necessary actions for the collection of such debts owing to KCL	
本人證實以上各項資料均屬詳實。本人同意貴公司向任何有關方面查詢。本人亦明白此申請表乃經緯兆業有限公司(經緯)之所屬物。不論申請獲批准與否，均由貴公司保管。如申請獲經緯接納，本人願意遵守經緯給與貸款之條款。本人亦明白經緯有權修改有關貸款之條件並願意遵守修改之條款。本人承諾將依時償還賬項全數之責任。本人亦明白經緯將保留一切追討任何未嘗還債務之權利。	
Applicant's Signature/Company Chop 申請人簽署/公司印章	Date 日期
Please return this application with the completed Direct Debit Authorization form and copies of the following documents to <i>Hong Kong Society of Minimal Access Surgery, c/o Conference Team, Department of Surgery, Prince of Wales Hospital, Ngan Shing Street, Shatin, N.T.</i>	
1. Vehicle Registration 車輛牌照登記 2. Address Proof 住址證明 3. Copy of Hong Kong ID Card 香港身份證	
Please settle by cheque while your Autopay is being processed. 請於辦理自動付款期間以支票付款	

Business Account 公司戶口

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APPLICANT'S INFORMATION 申請人資料	
<input type="checkbox"/> Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	
Company Name 公司名稱	
Nature of business 業務性質	
Business Registration No. 商業登記證號碼	
Date of establishment 成立日期	
Office Phone No. 公司電話	Office Fax No. 傳真號碼
Certificate of Incorporation no. 公司註冊證書號碼	
Contact Person 聯絡人姓名	
Contact Tel & Position 聯絡人電話及職銜	
Office Address 公司地址	
Email Address 電郵地址	
VEHICLE REGISTRATION NUMBER 車輛登記證號碼	
Card 1	_____
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