

BR/DEPT		
STAFF NO		

CMB Wing Lung Evangelization Visa Platinum Card Application Form

Before you provide CMB Wing Lung Bank Limited ("the Bank") with your personal details, please ensure that you have read the Bank's *Notice to Customers relating to the Personal Data (Privacy) Ordinance ("the Notice")*. By providing your personal details to the Bank under this application form, you shall be deemed to have accepted the Bank's Data Policy and agreed the use of your personal details as stated therein. If you have not received the *Notice*, please contact our branch staff or CMB Wing Lung Bank Customer Services Hotline at 230 95555.

Please complete all fields and submit the application form with the documents required by mail, by fax, by email or in person at any branches of the Bank.

Mailing Address: Credit Card and Unsecured Loans Department, CMB Wing Lung Bank Limited, PO Box 72569, Kowloon Central Post Office

Fax No.: 2374 2516

Email Address: ccc_ap@cmbwinglungbank.com

All sections in **grey** must be filled in, while sections in white are extra services to be selected. *Sections in italics are optional to be filled in.*

Principal Card Applicant must be a person aged 18 or above.

Choice of Credit Card



CMB Wing Lung Evangelization Visa Platinum Card [VPL 118] {Permanent Annual Fee Waiver}

I / We acknowledge and authorize the Bank that my / our personal data, such as any contact or other information required by the Hong Kong Central Council of Catholic Laity ("HKCCCL"), may be provided to HKCCCL and used for record and marketing purposes.

Personal Details

Name in English as printed on HKID Card: _____ Previous Name / Other Name (if applicable): _____

Name in Chinese as printed on HKID Card: _____ HKID Card No.: _____ *(Please attach copy)*

Nationality: _____ Place of Birth (Country): _____ Date of Birth: _____ D _____ M _____ Y

Marital Status: Single (S) Married (M) Divorced / Separated (D) Others (O), please specify: _____

Education Level: Postgraduate or above (G) University (U) Post Secondary / Vocational (V) Secondary (S) Primary or below (P)

Contact Phone No. (For overseas number, please add country and area code (if any) in front of the number):

Residential: (____) - (____) - _____ Mobile Phone: (____) - (____) - _____

Email Address: _____

Residential Address (Please fill in in English BLOCK letters, P.O. Box is not accepted): *(Please attach residential address proof)*

Room / Flat	Floor	Block

Building / Estate

Street Number and Street Name

District

Hong Kong (HK) Kowloon (KL) New Territories (NT) Outlying Islands (OI) Overseas (OS)

Residential Status:

Mortgage Private Housing (M) Mortgage Public Housing / HOS (B) Self-owned Private Housing (S) Self-owned Public Housing / HOS (A)

Rented Private Housing (R) Rented Public Housing / HOS (P) Company Provision (C) Live with Parents / Relatives (L)

Monthly mortgage payment / rental: HKD _____ Year(s) of existing residence: _____ Y _____ M No. of Dependents: _____

Mailing Address for Credit Card and Monthly Statements:

Residential Address

Office Address *(Please attach office address proof, P.O. Box not accepted)*

Other Address, please fill in in English BLOCK letters *(Please attach mailing address proof, P.O. Box not accepted):*

Room / Flat	Floor	Block

Building / Estate

Street Number and Street Name

District

Hong Kong (HK) Kowloon (KL) New Territories (NT) Outlying Islands (OI) Overseas (OS)

Language Preference

Language Preference for ATM Screen Instructions

Chinese

English



Occupation Details

EM() / SI() / OC()

Name of Employer (Please fill in in English BLOCK letters): _____

Office Address (Please fill in in English BLOCK letters, P.O. Box is not accepted):

Room _____ Floor _____ Block _____

Building _____

Street Number and Street Name _____

District _____

Hong Kong (HK) Kowloon (KL) New Territories (NT) Outlying Islands (OI) Overseas (OS)

Nature of Business: _____ Position: _____ Annual Income: HKD _____ (Please attach income proof)

Year(s) of Service: _____ Y _____ M Self-Employed – Business Registration Certificate No.: _____ (Please attach copy)

Office Tel. No. (For overseas number, please add country and area code (if any) in front of the number): () - () - _____

Bank Relationship

As at the date of this application, if (1) you are one of the following specified persons or their relatives: director / chief executive / senior management and key staff / employee / controller ^{note 1} of the Bank (including their branches, subsidiaries, affiliates and other entities over which the Bank is able to exert control); Or (2) any of your guarantors is a controller or director of the Bank or their relatives, please complete the following information.

Name of relevant person or company (in English): _____ Relationship with the Applicant: _____

I / We undertake to notify the Bank promptly should my / our status change, i.e. I / we become one of the above persons or their relatives.

Remark:

note 1 - "controller" means shareholder holding 10% or more of the issued shares alone or together with associates.

Over Credit Limit Facility

The Bank may choose to approve certain transactions that would result in your credit limit to be exceeded. An Overlimit Charge (as set out in the *General Banking and CMB Wing Lung Sunflower Service Charges*) will be charged if the credit limit has been exceeded. If you do not require this facility, please tick the box below.

I **do not wish** the Bank to approve any transactions that would result in my credit limit (including principal card and supplementary card (if applicable) to be exceeded. I understand that despite this request, the total amount incurred on a credit card account may exceed a credit limit as a result of circumstances beyond the control of the Bank.

Online Transaction Arrangement

You can use your CMB Wing Lung Credit Card to make online credit card transactions. If you do not require this service, please tick the box below.

I **do not wish** the Bank to approve any of my online credit card transactions.

Remarks: This arrangement is not applicable to online credit card payments via CMB Wing Lung NET Banking Services.

Tax Compliance

Country of Residence for Tax Purposes (Please indicate all the country(ies) / jurisdiction(s) where you are liable or subject to tax)

Notes: As a financial institution, we are not allowed to give tax advice. Please note that, generally, the fact that you are liable or subject to tax in a country / jurisdiction does not necessarily mean you have tax balance due in the country / jurisdiction. If you have any questions above defining your tax residency status, please consult your tax / legal advisor or local tax authority.

I hereby confirm and declare that (Please select all applicable boxes)

- (1) I have committed or been convicted of tax crimes or tax evasion cases in any country / jurisdiction.
- (2) I am currently under tax investigation or tax audit by relevant authority.
- (3) Due to tax non-compliance, I have participated in any VTC programme(s).

Third Party Credit Card Application Referral

To enhance the protection of the interests and to reduce the potential risks arising from possible malpractices by fraudulent lending intermediaries, the Bank reserves the right **NOT** to process your credit card application, if the credit card application is referred to the Bank by a third party who is not appointed by the Bank or if there will be credit card application-related fees charged or to be charged on you by the third party with reference to this credit card application.

I confirm and declare that (Please mark where applicable, otherwise please leave blank):

My credit card application is referred by a third party
(If you choose this option, the applicant must complete and submit a "Third Party Credit Card Application / Credit Card Limit Increase Referral Confirmation Form"; if you do not select this option, the applicant confirmed that the credit card application is NOT referred by a third party.)

ATM Facilities

I wish to have ATM facilities on my credit card for my account(s) with the Bank listed below:

HKD A/C No. 1: _____ - _____ - _____ - _____

HKD A/C No. 2: _____ - _____ - _____ - _____

Signature X _____ S.V. _____

Signature X _____ S.V. _____

The signature(s) must correspond with that in the Bank's records.

Please send my credit card to _____ district for my collection at the nearby branch of the Bank. (Required field for application of ATM facilities)

Remark 1: If no district is specified or the district chosen is not applicable, the Bank reserves the right to select a branch on your behalf.

Remark 2: If you request to activate ATM facilities, you will be bound to the related terms and conditions of ATM Services included in *General Conditions for Accounts and Services*. For details, please contact any branch staff of the Bank, refer to the Bank's website www.cmbwinglungbank.com or contact CMB Wing Lung Bank Customer Services Hotline at 230 95555.



Institute Information (Full-time student must complete this part)

SCH()

Name of Institute: _____ Faculty: _____ Year of Study: _____ Year of Graduation: _____

Monthly Donation for Evangelization

I would like to make a monthly donation of (Please choose)

HKD100 HKD200 HKD300 Others: HKD_____

to the HKCCCL in support of evangelistic activities and authorize the Bank to debit the amount from my CMB Wing Lung Evangelization Visa Platinum Card Account for the donation.

Signature X_____

Your donation details will be passed to HKCCCL. Annual accumulated donations of HKD100 or above are tax deductible and an official receipt will be provided by HKCCCL.

Supplementary Card Applicant Personal Details

EM() / SI() / OC()

Supplementary Card Applicant must be a person aged 18 or above.

Name in English as printed on HKID Card: _____ Previous Name / Other Name (if applicable): _____

Name in Chinese as printed on HKID Card: _____ HKID Card No.: _____ (Please attach copy)

Nationality: _____ Place of Birth (Country): _____ Date of Birth: _____ D _____ M _____ Y

Contact Phone No. (For overseas number, please add country and area code (if any) in front of the number): _____ Relationship: _____

Residential: () - () - _____ Mobile Phone: () - () - _____

Name of Employer (Please fill in in English BLOCK letters): _____

Nature of Business: _____ Position: _____

Credit limit for Supplementary Card will be used jointly with Principal Card pre-set at HKD _____

Remarks: If no choice is indicated, credit limit for Supplementary Card will be used jointly with Principal Card.

Card Collection Instruction (Please complete if application is submitted online or by mail)

Please send my credit card to _____ district for my collection at the nearby branch of the Bank.

Remarks: If no district is specified or the district chosen is not applicable, the Bank reserves the right to select a branch on your behalf.

Direct Debit Authorization (Non Hong Kong resident must complete this part)

1. I / We hereby authorize the Bank to effect transfers from my / our designated account(s) below to CMB Wing Lung Evangelization Visa Platinum Card Account(s) for the repayment stated on the monthly statement of Principal Card and Supplementary Card (if applicable).
2. I / We agree that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me / us. I / We accept full responsibility for any overdraft (or increase in existing overdraft) on my / our account(s) which may arise as a result of any such transfer(s).
3. I / We agree that should there be insufficient funds in my / our account(s) to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization.
4. This authorization shall have effect until further notice.

On the monthly payment due date, please make the following payment to the above-mentioned CMB Wing Lung Evangelization Visa Platinum Card Account(s).

- Full Payment of the "Statement Balance" on the monthly statement
- "Minimum Payment" on the monthly statement
- _____% of the current balance of my / our account(s) (Percentage rate should be in whole number. If the payment amount calculated from the designated percentage rate is less than the "Minimum Payment", the payment amount will be adjusted to "Minimum Payment".)

CMB Wing Lung Bank Account No.: 020 - | | | | | | | | | | | | | | | | | | | | | |

Signature of Applicant(s):

X_____ S.V. _____

The Signature must correspond with the specimen signature of your above CMB Wing Lung Bank Account.

Declaration and Signature

I / We confirm that no credit card and / or unsecured loan (including without limitation personal loan, tax loan, and any loan with a revolving nature and / or any kinds of loan that are not mentioned) under my / our name(s) issued or provided by any financial institutions has been cancelled due to default in payment and there is no current overdue payment exceeding 1 month in respect of my / our indebtedness (including credit card and any unsecured loans) with other financial institutions.

I / We further confirm that no bankruptcy order has ever been made against me / us and I am / we are not in the process of petitioning for bankruptcy nor have any intentions to do so.

I / We, confirm, warrant and declare the information given in this application form, on relevant supplementary sheet(s) and attached document(s) is / are true, correct and complete, and authorize CMB Wing Lung Bank Limited ("the Bank") and its affinity credit card ("affinity card") partner to disclose to, verify and exchange such information with and to obtain other credit information of myself / ourselves from whatever sources the Bank may consider appropriate at any and all times. **I / We authorize the Bank to debit my / our credit card account(s) for settlement of membership fee / annual fee or other related fees to the affinity card partner (if applicable) under the instruction of the affinity card partner.** I / We also acknowledge and agree that from time to time, all personal data relating to me / us ("the data") may be used and disclosed by the Bank for such purposes and to such persons in accordance with the Bank's policies or notice on use and disclosure of personal data as set out in statements, circulars, notice of terms and conditions made available to customers. I / We agree and understand that the data held by the Bank relating to me / us may be transferred to other places (including places outside Hong Kong) at any time and from time to time where the Bank deems necessary. I / We acknowledge that the Bank shall, in accordance with the requirements set out in the *Personal Data (Privacy) Ordinance*, consider a credit report provided by the credit reference agency ("CRA"). I / We agree to provide my / our personal data, account(s) information and other information related to me / us, to the Bank and its affinity card partner. I / We also authorize the Bank and its affinity card partner to use or provide relevant information to each other for direct marketing, credit checking, debt collecting, membership and promotion of member services, any purposes specified in terms and conditions or that the Bank and its affinity card partner may consider appropriate. I / We acknowledge that the Bank has the right to access and obtain a credit report from time to time for credit review purposes within the credit card valid date. I / We acknowledge that I, upon termination of the account(s) by full repayment and on condition that there has not been, within 5 years immediately before account(s) termination, any material default on the account(s), will have the right to instruct the Bank to make a request to the CRA to delete from its database any account(s) data relating to the terminated account.

I / We agree to abide by the *CMB Wing Lung Credit Card Cardholder Agreement*, enclosed with each of the approved CMB Wing Lung Credit Cards.

The annual fee will be waived for the CMB Wing Lung Evangelization Visa Platinum Card commencing from card issuance[#]. If I / we decided to keep the credit card(s) after the Bank starts to charge an annual fee, I / we agree to pay the full annual fee of **HKD800** for each CMB Wing Lung Evangelization Visa Platinum Card Principal Card (**HKD400** for each CMB Wing Lung Evangelization Visa Platinum Card Supplementary Card).



I / We also acknowledge that interests for unsettled credit purchase and cash advance are calculated at the Annualized Percentage Rate (APR) **33.22%** p.a. and **36.16%** p.a. respectively. If I / we fail to pay the minimum payment amount on or before the payment due date of the relevant credit card, the Bank shall have the right to change or raise the interest rates to the designated interest rates as advised in the Credit Card Service Charges of the latest *General Banking and CMB Wing Lung Sunflower Service Charges*. The above-mentioned annual fee and finance charges are subject to the Bank's latest notice.

I / We confirm that I / we have read and understood the "CMB Wing Lung Credit Card Key Facts Statement", "Summary of Major Terms and Conditions of CMB Wing Lung Credit Card Cardholder Agreement" and the Bank's Notice to Customers relating to the Personal Data (Privacy) Ordinance provided by the Bank.

I / We also understand and acknowledge that if I / we give any fictitious or false information, I / we may be guilty of criminal offence(s) related to deception and false information under the Laws of Hong Kong SAR.

*The annual fee for affinity card is set according to different card programmes. For details, please refer to respective application form or promotional leaflet.

X

According to the Personal Data (Privacy) Ordinance, you may, at any time and without charge, choose not to receive our future promotional materials. Please inform us in writing in case of such a request to the Data Protection Officer. (Address: The Data Protection Officer, CMB Wing Lung Bank Limited, 45 Des Voeux Road Central, Hong Kong. Fax no.: 2782 3895).

Opt-Out Instruction

To: CMB Wing Lung Bank Limited (the "Bank")

Fax No.: 2782 3895

Date: _____

Opt-out from Use of Personal Data in Direct Marketing

Please complete the following information in BLOCK LETTERS and check the applicable box(es).

Name of Customer: _____ Account Number: _____

Identity Document Number: _____ Contact Number: _____

Please provide full name and account number, otherwise the Bank may not find the relevant account records for processing this application.

[A] Means of communications in direct marketing

I **do not wish** the Bank to use my personal data in direct marketing through the following channels:

Mail Phone Email SMS Fax All channels (including mail, phone, email, SMS and fax)

[B] Provision of personal data to others

The Bank may provide my personal data to other persons for their use in direct marketing. I **do not wish** the Bank to provide my personal data for use in direct marketing by:

any other persons except the Bank's subsidiaries* any other persons whether or not such persons are members of the Bank's group.

The above represents my present choice whether or not to receive direct marketing contact or information. This replaces any choice communicated by me to the Bank prior to this application. I understand the Bank may not be able to process my request if any of the information is incomplete or incorrect.

My above choice applies to the direct marketing of the classes of products, services and / or subjects as set out in the Bank's *Notice to Customers relating to the Personal Data (Privacy) Ordinance ("the Notice")*. I should also refer to *the Notice* on the kinds of personal data which may be used in direct marketing and the classes of persons to which my personal data may be provided for them to use in direct marketing.

Remark: In case of discrepancies between the English and Chinese versions of the Declaration and Signature, the English version shall prevail.

X _____

Signature of Principal Card Applicant

Date: _____

X _____

Signature of Supplementary Card Applicant

Date: _____

(The signature(s) should be the same as that will appear on the Credit Card's signature panel.)

*Subsidiaries mean the subsidiary companies of CMB Wing Lung Bank Limited announced in its annual report of each year.

Warning: To borrow or not to borrow? Borrow only if you can repay!

Documents Required for CMB Wing Lung Credit Card Application

To ensure that your CMB Wing Lung Credit Card application can be processed promptly, please enclose copies of the following supporting documents:

- HKID Card copy of Principal Card and Supplementary Card (if applicable) Applicant (Non-permanent Hong Kong resident is required to provide HKID Card copy and a valid Passport Copy)
- Proof of residential address:
Residential address proof of the Principal Card Applicant within the latest 3 months, e.g. electricity bill or bank statement (all printed copies of proof of residential address from internet are not accepted)
- Proof of income or assets:
 - For income earner: Payroll slip of the Principal Card Applicant within latest 3 months or FULL SET of bank account record with the bank name, account number, account name and salaries of the Principal Card Applicant within the latest 3 months; OR Latest Income Tax Demand Note of the Principal Card Applicant issued by the Inland Revenue Department (including 1st and 2nd page) (applicable for application during October of each year to April of the following year)
 - For housewife or retiree: Non-matured fixed deposit advice / bank account record of the Principal Card Applicant
 - For student: Valid student identity card or enrollment proof from universities or tertiary institutions in Hong Kong (front and back) of the Principal Card Applicant

Remarks: The supporting documents required for credit card application depend on the approval status, the Bank reserves the right to request for additional documents required from applicant for CMB Wing Lung Credit Card approval.

Submitted CMB Wing Lung Credit Card application form and copies of all documents required are not returnable. The Bank reserves the right for final approval.

如需中文版本，請致電本行客戶服務熱線 230 95555。

FOR BANK USE ONLY

IN: 99	B/C: 25	A/F: E		
U/DEPO:		U/SEC/FU:		
S/MP	LVR	HO/LP	M	D
APC	P	CSH	S	CSH