

Please complete the Request Form and

- Return to Fubon Bank (Hong Kong) Limited("Fubon Bank", the "Bank") by fax at 2508 9613 or
- By mail to Fubon Bank, 23/F., Fortress Tower, 250 King's Road, North Point, Hong Kong

Fubon Bank Credit Card - Permanent Credit Limit Increase Request Form

Important Notice:

- (a) Please complete this form in BLOCK LETTERS and place "✓" in the appropriate box.
- (b) If there is more than one supplementary cardholder, please make a photocopy of this form to fill in.
- (c) Please return the completed and signed form with a copy of your latest income[#] or asset proof* by fax/mail to the above fax number/address (if you have
- already sent the form by fax, please do not re-confirm by mail).
- (d) If there are any changes of your personal information so provided, the Bank may contact you to follow up and/or verifications.
- (e) Should you have any enquiries, please call our Fubon Bank Integrated Customer Service Hotline at 2566 8181.
- (f) All the information required in this form is mandatory unless otherwise specified.

Note: To ensure prompt processing of your application, please check if copies of the following documents are enclosed.

[#] Latest income proof includes:

- Fixed Income Earner: Latest Tax Demand Note (First and Second page); OR Latest 1 month's payroll slip; OR Latest Bank Statement / Passbook showing salary record (with your name and account numbers shown)
- Non-Fixed Income Earner: Latest 3 month's payroll slip; OR Latest 3 month's Bank Statement / Passbook showing salary record (with your name and account numbers shown)

* Latest asset proof includes:

• Non-Working Group: latest 1 month's bank deposit proof (with your name and account numbers shown)

Section 1: Personal Data (Mandatory Field)			
Principal Cardholder	Supplementary Cardholder (if applicable)		
1) Name in English:	1) Name in English:		
Name in Chinese:	Name in Chinese:		
2) Credit Card Number:	2) N/A		
3) Purpose of Permanent Credit Limit Increase:	3) N/A		
4) Please increase my credit limit to HK\$:	4) N/A		
5) HK ID. No. / Travel Document No. / Taiwan ID No.:	5) HK ID. No. / Travel Document No. / Taiwan ID No.:		
HKID:	HKID:		
Passport/Others:	Passport/Others:		
TWID:			
Section 2: Other Information (All of the information in this s	section is optional unless an update is required, otherwise mandatory)		
6) Contact No:	6) N/A		
7) Nationality: Chinese Cothers	7) Nationality: Chinese Others		
8) Residential Address:	8) Residential Address:		
9) Permanent Address (Mandatory if the permanent address is different	9) Permanent Address (Mandatory if the permanent address is different		
from residential address):	from residential address):		
,			
10) Country of Residency: PRC - Hong Kong	10) Country of Residency: PRC - Hong Kong		
□ Others	□ Others		
11a) Employer Name:	11a) Employer Name:		
11b) Nature of Employer Business:	11b) Nature of Employer Business:		
11c) Position Nature:	11c) Position Nature:		
Owner / Partner / Director	Owner / Partner / Director		
Senior Executive / Authorised Signatory	Senior Executive / Authorised Signatory		
□ Shareholder holds \geq 10% of issued capital	□ Shareholder holds \ge 10% of issued capital		
General Staff or Others (Please specify) Your sources of wealth is/are derived from	General Staff or Others (Please specify)		
,	12) Your sources of wealth is/are derived from		
13) Have you been refused by another bank to establish a banking relationship before?	13) Have you been refused by another bank to establish a banking relationship before?		
If yes, please state:	If ves please state.		



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North Point, Hong Kong

Declaration and Agreement

- 1. I confirm that the information provided is true, complete and accurate. I will provide updated information to the Bank in writing in the event that any of the information provided changes.
- 2. I declare and confirm that I am not referred by a third party in relation to this application. I understand that the Bank will not accept and proceed this application if it is referred by third party.
- 3. I declare that I am the beneficial owner of my/our facility account and any transactions conducted by me through the account.
- 4. I declare and undertake that no other person will have any interest of whatsoever nature in the account opened by me. Otherwise I shall provide the information of the beneficial owner(s) to Fubon.
- 5. I understand that the approval of my application to increase the credit limit of my Fubon credit card is subject to the absolute discretion of the Bank. Documents supplied (including this application form) are not returnable no matter whether the application is successful or not.
- 6. I understand the information provided in this form ("Data") will be used to increase the credit limit of my credit card and update the customer information in the Bank (which help us with record keeping, reporting and other legal requirements) and/or other purposes set out in the "Notice to Customers and Other Individuals relating to the Personal Data (Privacy) Ordinance and Consumer Credit Data" ("PDPO Notice") sent to customers by the Bank from time to time. Customers may also visit our official website www.fubonbank.com.hk for the details of the PDPO Notice. Data collected is accessible to officers or persons processing the retrieval, updating and handling of the personal data.
- 7. I understand the Bank may consider my Consumer Credit Data (as defined under the Code of Practice on Consumer Credit Data) from credit report(s) of selected CRAs under the Multiple Credit Reference Agencies Model and authorize the Bank to access my Consumer Credit Data with the mentioned CRAs for the purpose of credit checking more than once as the Bank deems necessary. If I wish to access the credit report(s) or have any enquiry about the credit reference agency(ies), I may contact the relevant CRAs TransUnion at Tel: (852) 2577 1816 /Pingan OneConnect Credit Reference Services Agency (HK) Limited at Tel: (852) 2271 6268.
- 8. I consent to my consumer credit data being shared by the Bank with all selected credit reference agencies under the Multiple Credit Reference Agencies Model which may also be shared with a Type One Special Member (meaning an insurer or a subsidiary of an insurer authorized under Section 8(1)(a) or 8A(1)(a) of the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) to carry on insurance business with the need to use consumer credit data for purposes permitted under the Code of Practice on Consumer Credit Data issued by the Privacy Commissioner for Personal Data as updated or superseded from time to time) in relation to the provision of insurance coverage to the Bank by the Type One Special Member.
- 9. You may request and receive a copy of the credit report from the selected CRA(s) free of charge if I have been refused credit within the past thirty (30) business days by the Bank.
- 10. I understand that I am entitled to request for a credit report from all credit reference agencies in Hong Kong approved for participation in the Multiple Credit Reference Agencies Model without charge within any twelve-month period respectively to each selected credit reference agency.
- 11. For any enquiry about the Credit Reference Agencies during your credit facility application, please contact our Integrated Customer Service Hotline at 2566 8181 (Press 1 after language selection) during office hours (Monday to Sunday: 8:30am 12:00am). For any enquiry about the Credit Reference Agencies during your credit facility application, please contact our Integrated Customer Service Hotline at 2566 8181 during office hours.
- 12. I have a right to access to, and to request the correction of, the personal data and other related information you supplied in accordance with the provisions of the Personal Data (Privacy) Ordinance (Cap.486). Such requests and enquiries should be made in writing to: The Data Protection Officer of Fubon Bank (Hong Kong) Limited, 38 Des Voeux Road Central, Hong Kong (Fax: 2537 1512)
- 13. In case of any discrepancy between the English and Chinese versions of this document, the English version shall prevail.

Principal Cardholder Customer's Signature:		Supplementary Cardholder's Signature (if applicable):		
Customer Name:		Customer Name:		
Date:		Date:		
(Please use authorized signature(s) filed with the Bank)		(Please use authorized signature(s) filed with the Bank)		
	For Bank Us	se Only		
Checker	Approv	ed	Entered	