## **过我的孩子**願意加入樂施會助人自助的行動,成為小小樂施之友。

## My child wants to be an Oxfam Kid and donate monthly.

(19IT2006)



捐款者個人資料 Donor's Personal Information	(請盡量以英文正楷)	填寫 IN BLOCK LET	樂施會   無際世 World OXFAM   Withou Poverty	
英文姓名: 姓 Surname 名 First name	中文姓名 Chinese name: _		性別 Sex:	
身份証號碼 ID Card No.: (為免捐款者記錄重覆·煩請填寫·To avoid donor record duplication only.) 地址 Address:	出生日期 Date of Birth:	/日 dd	/月 mm /年 yy	
聯絡電話 Tel.:(日間 Day )(鸱	間 Evening )			
電郵 E-mail:	通訊語	言 Language   □ 中文(	Chinese 🚨 英文 English	
收據姓名(如與上述不同) Name on Receipt (if different from	ı above):			
捐款方法 Donated by: 請選擇 🛛 f	f用卡 Credit Card 或 or	· 🛛 自動轉賬 Auto	pay	
每月捐款額(澳門幣) Monthly Donation Amou	nt MOP	(港幣捐款會兌持 All donations in	換為澳門幣計算。 n HKD are converted to MOP.)	
□ 信用卡 Credit Card □ VISA □ MASTER				
信用卡號碼 Card No.:				
持卡人姓名 Cardholder's name:	持卡人姓名 Cardholder's name:			
(信用卡每月揭款將在收到此表格後約 10 個工作天生效·並會在每月 10 至 15 号 effective 10 working days after receipt of this form. Thereafter, transactions will renewal as it expires unless notified otherwise.)				
■ 自動轉賬表格 Autopay Authorization Fo (中國工商銀行(澳門)股份有限公司戶口持有	-		_	
收款之一方(受益人) Name of Account to be credited:	收款賬戶號碼	Account no. to be credite	ed:	
澳門樂施會 Oxfam in Macau	0119100	200005410589		
賬戶名稱 Account Holder Name:	捐款賬號 Debit	t Account No.	□ 港幣 HKD □ 澳門幣 MOP	
身份證/護照/其他證件號碼 ID Card/Passport/Other ID No.	銀行戶口持有人	、簽署 Signature (s) of Acc	count Holder(s)	
聯絡電話 Phone no.:	申請日期 Appli	ed Date		
致:中國工商銀行(澳門)股份有限公司		ercial Bank of China (Macau) Limited		
本人(等)/本公司茲授權中國工商銀行(澳門)殷份有限公司(「責銀行」)根據上述收款人 本公司於責銀行開立之銀行賬戶(賬戶號碼附註於申請表內)內支付款項並轉帳予上述 授權為止、本人(等)/本公司清楚知悉及同意遵守下述條款:	r 卦 人 . 古 云 紋 止 木 effect transfers from mv/	our designated account (as stated in the	cial Bank of China (Macau) Limited ("the Bank") to Application Form) to that of the above named to effect. I/We (The Company) further confirm(s) and	
1、當責銀行收到上述收款人發出之付款通知時,責銀行可立即按照該收款人所指定之金 2、本人(等)/本公司同意責銀行無義務確定該等支款通知是否已交予本人(等)/本公司。 3、倘若本人(等)/本公司之銀行賬戶內沒有足夠款項支付有關轉賬時,本人(等)/本公司 6集,概與責銀行無關。 4、倘若本人(等)/本公司之銀行賬戶內沒有足夠款項支付有關轉賬時,本人(等)/本公司 被收款公司,機構徵收的行政或相關費用 5、本人(等)/本公司)與共同及個別承繼因該等支款而令本人(等)/本公司之銀行賬戶出現透 之全部責任。	記額轉賬予收款人。 需承擔一切法律責任及 特同意和承擔因延誤而 i支(或令現時透支增加)  1. The Bank shall not be oblig 3. I (We)/The Company shall designated account to effect (I (We)/The Company shall beneficiary shall there be in 5. I (We)/The Company shall company shall shall the shall	rom the beneficiary(tes). ged to ascertain whether or not notice of any such i accept full legal responsibilities and consequence, ct such transfer. Under no circumstances shall the agree and be duly responsible for the service fee a nsufficient funds in my(our)/the Company's design	and other related charges due to late transfer and levied by the lated account to effect such transfer. overdraft (or increase in existing overdraft) on my(our) / The	
6、倘若本人(等)/本公司之銀行賬戶連續三灾因賬戶可用餘額不足而未能支付有關轉賬만 授權而無須另行通知本人(等)/本公司。 7、倘若本授權有任何變更或失效、本人(等)/本公司必須於下一個轉賬交易日最少一星其 實銀行。實銀行在收到書面通知前、本授權仍然生效。 8、倘若女育權收取服務費用、並可由本人(等)/本公司之銀行賬戶內支付。 9、倘若女育賴轉賬及兌換、本人(等)/本公司授權責銀行可按照交易當日責銀行的排 10、本人(等)/本公司同意倘若由於本授權書並非直接交予責銀行而導致第三者知悉本授 本人(等)/本公司顾承擔因此而產生之任何法律及財務責任、一概與責銀行無關。 11、責銀行得隨時修改上述條款及組則而無須另行通知本人(等)/本公司。	時,責銀行有權終止本 相前以書面方式通知 后定兌換價進行交易。 指定兌換價進行交易。 體畫上所附載之內容。 1. It he information to react fund transfer. This aut fac to the Bank reserves the righ 10. If the information in the 10. It the information in the Marke full legal and financia	iscretion to cancel this authorization without prior n mpany's designated account to effect the transfer for ancellation of this authorization has to be given to thorization shall be valid until such notice is receive it to charge me(us)/The Company any service fee! If during the transfer of fund , the Bank shall be e	notice to me(us)/The Company should there be insufficient for three consecutive times. the Bank in writing at least one week prior to the date of the ed by the Bank. by debting my(our)/The Company's designated account. entitled to use the exchange rate determined by the Bank itself. s not sent directly to the Bank. (IWe)/The Company agree(s) to e Bank be held responsible.	

此欄由樂施會及銀行填寫 For Official Use Only Debtor's Reference 檔案編號(合同號碼) For: Branch For: Operations Management Department Verified by: Approved by: Inputted by: Checked by Approved by:

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