BOC CREDIT CARD (INTERNATIONAL) LTD

Direct Debit Authorization (DDA) Form

Direct debit authorization can be applied by phone if debit bank account is main credit cardholder's personal account.

Please call our 24 hours Customer Services Hotline (852) 2853 8828 for immediate assistance. To: The Bank named below (the 'Bank'),

The Bank tailed below (the Bank to, and bank b),
 I/We hereby authorize the Bank to effect transfers from my/our account specified below (the "**Debit Account**") to that of the BOC Credit Card (International) Ltd (the "**Beneficiary**") such sum or sums as the Beneficiary may from time to time advise the Bank. I/We hereby undertake to keep sufficient funds available in the Debit Account to meet such transfers. I/We further agree that: The Bank shall be entitled, at its absolute discretion, to effect any transfer hereby authorized notwithstanding that there is insufficient funds immediately available in the Debit Account to meet any such transfer.

The bank shall be indexed at a absolute distribution of the standard interest and the standard interest in minicipation interaction of the standard interest interaction in the standard interest interaction 2. 3.

into which any funds should be credited or (ii) to the number of the Credit Card Account(s) specified herein.

- 4. The Bank shall be entitled to act on the advice of the Beneficiary so to the amount to be transferred and shall not be obliged to ascertain whether the sum or sums so advised by the Beneficiary for transfer is agreed by me/us.
- Any notice of cancellation or variation of this authorization which I/we may give to the Bank shall be given at least 3 working days prior to the date on which such cancellation/variation is to take effect. A copy of such notice shall also be given to the Beneficiary by me/us. 5.
- The Bank may refuse to comply with or act pursuant to this authorization at any time without prior notice or giving any reason to me/us. Without limiting the generality of the foregoing, if transfers cannot be effected for 3 consecutive times due to insufficient funds in the Debit Account, the Bank may at its absolute discretion refuse to comply with or act pursuant to this authorization without prior notice to me/us. 6. 7.
- If the Beneficiary requests the Bank to transfer any sum in a currency other than the currency in which the Debit Account is denominated, the Bank shall be entitled to convert any such sum into the currency accepted by the Beneficiary at the rate of exchange determined by the Bank. Any Bank services charge due is to be deducted from the Debit Account. 8.
- 9.

(The Chinese version of these terms and conditions is for reference only and if there is any discrepancy between the English and the Chinese versions, the English version shall prevail)

Important Notes:															
(A) Debit Bank Account Type															
Description	Savings or Current account maintained at any Bank in Hong Kong														
Repayment account type		HKD Bank Account								CNY Bank Account					
HKD Credit Card A/C		✓ Applicable						× Not Applicable							
CNY Credit Card A/C		Applicable								✓ Applicable					
(B) Instruction												•			
 Please separately fill in HKD Credit Card account number and CNY Credit Card account number when applying DDA for BOC CUP Dual Currency Credit Card as this card contains 2 distinctive card numbers. Please fill in <u>separate DDA form</u> for each bank account when the designated bank account used for settlement of each HKD Credit Card account / CNY Credit Card account is different. Please fill in all the fields in this form. Please put a "√" in the box to select the payment instruction, if no payment instruction be selected, it will be defaulted as 'Full Pay'. Customer can choose to authorize the direct debit transfer of a designated percentage of statement balance. Please note that if the authorized percentage transfer i.e. the partial payment is less than the minimum payment shown on the statement, the minimum payment amount will be debited to your designated bank account by autopay. Please put a "√" in the box to select the currency of your bank account, if no instruction be selected, it will be defaulted as 'HKD'. A text message to confirm successfully set up will be sent to your mobile registered in Card Company (only Hong Kong mobile number apply) upon completion of setting up this direct debit authorization. Please continue to settle your account outstanding balance(s) by other payment means until confirmation of direct debit is received by you. 															
Payment Instruction and Repayment Account(s): (please refer to the above Important Notes) (Please note only HKD bank account is accepted as the debit bank account for the direct debit authorization of HKD credit card)															
	Applicable for BOC CUP Dual Currency Credit Card V Credit Card														
Cardholder Name ad	count currency	y Mai	n Credit Ca	rd acco	unt nu	nber					_	Payment Instruction			
	HKD ¹										Full Pay Full Full	□ Min □ Pay Statemen □ Min □	_ % of t Balance 5 % of		
CNY ¹											Pay		nt Balance 5		
			e for BOC Visa / MasterCard Credit Card									Design of Landard	4		
Cardholder Name		Mai	Main Credit Card acc				ount number				🗖 Full	Payment Instruction			
										Pay		ent Balance 5			
			1 1		1 1	I	1	1	1	Full Pay	□ Min □ Pay Statemen	_ % of nt Balance ⁵			
		Debtor Reference													
	4 - 41 1		igits of BOC	Credit	Card	numbe	r)								
To Debit From: (please refer Currency of My/Our Bank Acc		Important No	tes)			For	Bonk	Liso Or	nlv						
(Must select item, otherwise it	A	Account to be Credited				For Bank Use Only									
defaulted as 'HKD')		Account to b		Name of Party to be Credited (the "Beneficiary")											
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	012 - 875 - 0	2-875-0-601340-0 BO						CREDIT CARD (INTERNATIONAL) LTD.							
 The bank a/c as stated below is for settlement of outstanding balance(s) of my BOC Credit Card The bank a/c as stated below is for settlement of outstanding balance(s) of the BOC Credit Card of other party/parties 															
My/Our Bank Name and Branch			Bank No									y/Our Account No.			
My/Our Name(s) as recorded on the Bank Account			My/Our Signature(s) of the Bank Account to be debited												
Daytime Contact Tel. No.:	Date:														
For Bank Use Only												T			
Bank Verification (Authorized Signature with Bank Chop)				Verified By					Made B	8y		Checked By			
	ł	Date					Date Date								
Signature No : Date:					1										