

Payment Method Amendment Form

Please fill in the form in BLOCK letters and put a "✓" at the appropriate box(es)

Customer Information

Subscriber Name: _____ (Must be filled in)

Account No. / HKID Card No.: _____ (Must be filled in)

Contact Telephone No. / Mobile No.: _____

Change of Payment Method

By Cash / Crossed Cheque / PPS

By Credit Card Autopay

Credit Card Type : VISA

MasterCard

Credit Card No. : _____

Credit Card Holder Name : _____

Expiry Date : _____ MM _____ YY (Validity period must be more than 3 months)

Card holder's Signature : _____ (Should be same as Credit Card Signature)

I hereby authorize HKBN Enterprise Solutions Ltd (HKBNES) to debit all amount due for services (including but not limited to IDD 009 / 009 Hong Kong Connect / Global Call Forward / International Calling Card and all related value added services incidental to the aforesaid services) under my or Transferee's (if applicable) account from the credit card account given above. In the event of the bill being outstanding for over 30 days, please charge the above credit card account (if so provided) to settle the relevant payment.

Notes about Personal Data

HKBNES collects subscriber's personal data in accordance with Personal Data & Privacy Policy Statement. Please refer to hkbnes.net/idd009/en. 2. If you wish to change your preference of receiving direct marketing materials, please call 1239 or go to the HKBNES webpage of "My Account" at hkbnes.net/idd009/en. If you wish to access and/or correct your personal data, you may also go to the HKBNES webpage of "My Account" at hkbnes.net/idd009/en.

Terms and Conditions

1. Customer agrees and authorises HKBNES to update the information of his/her IDD 009 Residential Account according to the information provided herein.
2. If the customer elects credit card payment as the designated payment method, HKBNES will charge him/her for the related monthly service fee via his/her registered credit card account.
3. Customer agrees and authorises HKBNES under the circumstances as it deems fit from time to time to update the abovementioned credit card information to settle any amount payable in his/her account.
4. Customer acknowledges he/she has not provided any credit card copy for verifying the credit card information provided above herein and the credit card information is used by HKBNES on such basis. Customer understands it is a criminal offence to appropriate the credit card information of third party and customer shall be responsible for all liabilities in respect thereof.
5. This request for information amendment will be effective within 7 days upon HKBNES's receipt of this form.

Subscriber's Signature

Date

Remark: For HKBNES General Terms and Conditions, please browse the HKBNES website hkbnes.net/idd009/en

Submission Methods:

1. By Fax : 3999 7709
2. By Post : P.O. Box No. 72819 Kowloon Central Post Office