

無國界醫生每月捐款計劃 (銀行賬戶自動轉賬授權書)

MEDECINS SANS FRONTIERES MONTHLY DONATION (Direct Debit Authorization Form)

- ☒ 我是歐盟成員國的公民、居民或現正身處歐盟成員國。
I am an EU citizen, resident or currently located in an EU member state.
- ☒ 我願意每月捐款，支持無國界醫生救助更多生命。
I would like to make a regular monthly gift to support MSF's lifesaving work.



每月捐款金額 MONTHLY DONATION AMOUNT

<input type="checkbox"/> HK\$200 每月 per month	<input type="checkbox"/> HK\$300 每月 per month	<input type="checkbox"/> HK\$500 每月 per month
一年間可提供足夠的即食營養治療食品給 60 名兒童作一周的治療。 in a year could help MSF provide enough ready-to-use therapeutic food to 60 children for a one week's treatment.	一年間可為 218 名流離失所者提供三個月基本藥物及醫療物資。 in a year could provide 3-month emergency health care to 218 displaced persons.	一年間可為 2,500 名兒童注射麻疹疫苗，防止致命麻疹爆發。 in a year could help MSF vaccinate 2,500 children against measles to prevent a deadly outbreak.

其他每月金額 Other monthly amount **HK\$**

捐款港幣一百元以上可扣減稅款。Donations of HK\$100 or above are tax deductible.

捐款者資料 DONOR'S INFORMATION

ONLINE_CC_2021

捐款者編號 Donor Number (如適用 If applicable):

英文姓名 Name in English: 中文姓名 Name in Chinese:

聯絡電話 Contact No.: 電郵 Email:

地址 Address:

(室 Flat/Room) (樓 Floor) (座 Block/Tower) (大廈 Building)

香港 HK / 九龍 KLN / 新界 NT

(屋苑/街道 Estate/Street) (地區 District)

出生日期 Date of Birth: 日 D / 月 M / 年 Y 身份證號碼 ID No.: ()

通訊語言 Preferred Language: ☐ 中文 ☐ English

如填寫可避免資料重複 Optional, for avoiding duplication of records

我們對你個人私隱保障的承諾：無國界醫生（香港）絕不會出售或與任何公司／機構交換你的個人資料。你所提供的資料絕對保密，只會被無國界醫生（香港）及我們委託的服務提供者用作捐款處理、收據發送及與捐款相關的通訊用途。所有資料的使用均嚴格遵守我們的私隱聲明，私隱聲明詳列於我們的網站：msf.hk/privacy 為與你保持聯繫，我們可能會使用你的個人資料，向你提供無國界醫生救援工作的資訊及活動消息、發出籌款呼籲及收集意見。你可以隨時以郵寄方式或電郵至 unsubscribe@hongkong.msf.org，通知我們停止接收有關資訊。

我 ☐ 願意 ☐ 不願意收到上述有關無國界醫生的通訊及資料。

Our promise to protect your privacy: Médecins Sans Frontières-Hong Kong promises not to sell, share or swap your personal information with any other company/organisation. The information you provide will be treated as strictly confidential, and used only by MSF-HK and our carefully selected service providers for the purpose of donation administration, receipt issuing and communications about your donation. You may wish to refer to our Privacy Policy, which can be found on our website: msf.hk/privacy In order to stay in contact with you, we may use your personal information to inform you about MSF's relief work and activities, and conduct fundraising appeals and surveys. You may opt out to receive such information by contacting us via post or email: unsubscribe@hongkong.msf.org I ☐ wish to ☐ do not wish to receive such materials and communications from MSF-HK.

銀行戶口資料 BANK ACCOUNT INFORMATION

請填妥以下直接付款授權書，並將正本寄回香港西環德輔道西 410-418 號太平洋廣場 22 樓無國界醫生。

Please complete the Direct Debit Authorization form below and post the **original copy** to MSF, 22/F, Pacific Plaza, 410-418 Des Voeux Road West, Sai Wan, Hong Kong.

Name of party to be credited (the Beneficiary) 收款之一方 (受惠機構)	Bank No. 銀行編號	Branch No. 分行編號	Account No. to be credited 收款賬戶之號碼
MEDECINS SANS FRONTIERES (HK) LTD 無國界醫生組織(香港)有限公司	0 0 4	5 1 1	1 1 9 0 3 4 - 0 0 5
My/Our Bank Name and Branch 本人 / 吾等之銀行及分行之名稱	Bank No. 銀行編號	Branch No. 分行編號	My/Our Account No. 本人 / 吾等之賬戶之號碼
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
My/Our Name as recorded on Statement/Passbook 本人 / 吾等在結單 / 存摺上所紀錄之名稱	<input type="text"/>		
My/Our Address as recorded on Statement/Passbook 本人 / 吾等在結單 / 存摺上所紀錄之地址	HKID No. 香港身份證號碼		
<input type="text"/>	<input type="text"/>		
Limit for each Monthly Payment 每月付款之限額	My/Our Signature(s) (as signed for bank account) 本人 / 吾等之簽名 (銀行戶口簽名)		Date 日期
<input type="text"/>	<input type="text"/>		<input type="text"/>

For official use only 此欄由本會職員填寫

MSF Debtor Reference Number [無國界醫生]債務人參考	For Bank Use 供銀行專用	Signature Verified 簽名式樣核對
<input type="text"/>	<input type="text"/>	<input type="text"/>

1. I/We hereby authorise my/our above named Bank to effect transfers from my/our account to that of the named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated above. 2. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. 3. I/We jointly and severally accept full responsibility for any overdraft or increase in existing overdraft on my/our account which may arise as a result of any such transfer(s). 4. I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice. 5. This authorisation shall have effect until further notice. 6. I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect. 7. I/We confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.

1. 本人/吾等現授權本人/吾等之上述銀行，根據受惠機構或其往來銀行不時給予本人/吾等銀行之指示，自本人/吾等之賬戶內轉賬予上列之受惠機構。惟每次轉賬金額不得超過以上指定之限額。2. 本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。3. 如因該等轉賬而令本人/吾等之賬戶出現透支或令現時之透支增加，本人/吾等願共同及各別承擔全部責任。4. 本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。5. 本授權書將繼續生效直至另行通知為止。6. 本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行。7. 本人/吾等確認本人/吾等在此表格上的簽署與本人/吾等用以轉賬的戶口的簽署相同。

注意事項 Note: • 銀行處理首次捐款需時約兩個月。捐款於每月第二個工作天過數。It takes around two months for the bank to process your first donation. Donations through direct debit are processed on the 2nd working day of each month.
• 如欲即時捐款，可連同表格一起寄上支票，抬頭請寫「無國界醫生」。If you would like to donate immediately, cheque can be made payable to "Medecins Sans Frontieres".
• 請寄回表格正本，表格上的資料如有任何更改，請在旁簽名以示確認。Only original form can be accepted. Please sign against any amendment(s) / correction(s).

感謝您的慷慨捐助! Thank you for your generosity!

捐款熱線 Donation Hotline | (852) 2338 8277 傳真 Fax | (852) 2304 6081 電郵 Email | donation@hongkong.msf.org 網址 Website | msf.hk
地址 Address | 香港西環德輔道西 410-418 號太平洋廣場 22 樓 22/F, Pacific Plaza, 410-418 Des Voeux Road West, Sai Wan, Hong Kong

請沿虛線對摺及以膠紙封口 Please fold here and seal with tape

POSTAGE
WILL BE PAID
BY LICENSEE

郵費由持
牌人支付

GPO. W15

NO POSTAGE
STAMP NECESSARY
IF POSTED IN
HONG KONG

如在本港投寄
毋須貼上郵票

BUSINESS REPLY SERVICE LICENCE NO.
商業回郵牌照：4738

香港西環
德輔道西
太平洋廣場
22樓
無國界醫生

MEDECINS SANS FRONTIERES
22/F, PACIFIC PLAZA
410-418 DES VOEUX ROAD WEST
SAI WAN, HONG KONG

有您，我們能救
You can help us save lives.

