

Elite Mobile Care Registration Form

超凡智能手機保障登記表

HKT Financial Services (IA) Ltd
PO Box 9896, GPO, Hong Kong
Tel: 8209 0098
Fax: 2477 1288
Email: cs.hktcare@pccw.com
www.hktcare.com

Please complete this form in full and email to cs.hktcare@pccw.com or fax 2477 1288

請填妥此表格，電郵至 cs.hktcare@pccw.com 或傳真至 2477 1288

只適用於年滿 18 歲，並持有有效香港身份證之合資格 1010 個人客戶申請。

Only applicable to eligible 1010 individual customers aged 18 years or above, who holds a valid Hong Kong identity card.

Please fill in the following information in English block letters 請以英文正楷填寫以下資料 *Mandatory *必須填寫所有項目

Title 稱謂*:		HKID number 香港身份證號碼*:	
First Name 英文名字*:		Date of Birth 生日日期*: (YYYY/MM/DD 年月日)	
Last Name 英文姓氏*:		Email address 電郵地址*: (A confirmation email will be sent to this address upon successful registration) (成功登記後，確認電郵將被發送到此電郵地址)	
1010 Mobile Number 1010 流動電話號*:		Device Brand 手機生產商*:	
Device Model 手機型號*:		Device Capacity 手機儲存容量*:	
Device Color 手機顏色*:		Device Purchase Date 零售商購買日*: (YYYY/MM/DD 年月日)	
IMEI 國際流動裝置辨識碼*:			
<p>+The Covered Device must be purchased within 60 days from the date of purchase from CSL Mobile Limited or designated retailers with the original warranty from the manufacturer. For details of the designated retailers, please call 1010 Customer Service Hotline at 2888 1010.</p> <p>+受保手機必須購自香港移動通訊有限公司或指定零售商，並於手機購買日後六十日內完成此登記及手機必須擁有製造商提供的原廠保養。有關指定零售商詳情，請聯絡 1010 客戶服務熱線 2888 1010。</p>			

* I have read and understood the Offer Terms and Conditions and Device Protection Insurance Policy – Elite Plan, and I agreed to pass the above information to HKT Financial Services (IA) Limited and FWD General Insurance Company Limited for the purpose of applying for the “Elite Mobile Care”.
* 本人已參閱及明白「優惠條款及細則」及「Device Protection Insurance Policy – Elite Plan」，並同意把上述資料交予 HKT Financial Services (IA) Limited 及富衛保險有限公司用作申請「超凡智能手機保障」之用。

* I hereby declare and confirm that I have read, understood and agreed to the 1) [Declarations](#), 2) [Personal Information Collection Statement of HKT Financial Services \(IA\) Limited](#) (“HKTIA PICS”) and 3) [Personal Information Collection Statement of FWD General Insurance Company Limited](#) (“FWD GI PICS”), and agree to comply with and be bound by HKTIA PICS and FWD PICS. (HKTIA PICS and FWD GI PICS, collectively, the “PICS”). I also consent to the use of my personal information in accordance with the PICS.
* 本人在此聲明及確認本人已經閱讀、明白並同意 1) [此聲明](#)，2) [HKT Financial Services \(IA\) Limited 的個人資料收集聲明](#) (「HKTIA PICS」) 及 3) [富衛保險有限公司的個人資料收集聲明](#) (「FWD GI PICS」)，並同意遵守及受 HKTIA PICS 及 FWD GI PICS (統稱為「PICS」) 約束。本人亦同意根據 PICS 使用本人的個人資料。

We intend to better serve you by providing marketing communications on other offer and insurance products, but we must have your consent to do so. If you untick this box, you will not be able to receive marketing communications from HKT Financial Services (IA) Limited as detailed in the above Personal Information Collection Statement.
我們希望透過提供有關其他優惠和保險產品的促銷通訊，使我們能為你提供更好服務，但我們必須得到你的同意。如你刪除此方格內的「✓」號，你將就不能接收由 HKT Financial Services (IA) Limited 根據上述個人資料收集聲明所發出的推廣訊息或資訊。

Signed by Customer 客戶簽署: _____ Date 日期: / /
YYYY/MM/DD