香港中文大學醫院
CUHK
Medical Centre

Pioneering Solutions in Healthcare
開拓醫護新領域

Bank Account Instruction for Payment of Professional Fees

IMPORTANT NOTES:

1. Payment of professional fees will be made to you/your company /your designated payee (as you name below) by CUHK Medical Centre Limited (CUHKMC) within 60 days after the end of the month in which the relevant professional fees are received or receivable (as appropriate) by CUHKMC.
2. The personal data, if applicable, provided on this form will be used by CUHKMC or the party on its behalf to effect payment to you/your company/your designated payee by the method designated below.
3. For verification purpose, please attach a copy of the ATM / bank card or bank book / bank statement showing the name of the payee and bank account no. as provided below.
4. Please provide a copy of the Business Registration Certificate if the payee is a company.
5. Please return the completed form with necessary supporting documents to CUHKMC by email to vms@cuhkmc.hk or by post to 9 Chak Cheung Street, Shatin, New Territories, Hong Kong (Attn: Human Resources Department)

Name of Visiting Doctor : _____
(same as printed on HKID Card or Passport)

HKID Card / Passport Number : _____

Email Address (for receiving professional fee statement) : _____ Contact Number : _____

☐ New Application

☐ Application for additional bank account & doctor code

Existing Doctor Code : _____

Please pay the professional fees to the following Hong Kong current or savings account:

Name of Payee / Company[2&3] : _____

Business Registration Number[3&4] : _____

Name of Bank Account Holder[2&3] : _____

Name of Bank[2&3] : _____ Bank Code : _____

Bank Account Number[2&3] : _____

By signing below, I hereby agree that the acknowledgment of successful transfer of payment to the bank account stated above given by CUHKMC's bank to CUHKMC will be sufficient discharge of the obligation to pay professional fees to me in lieu of my personal acknowledgment of receipt of such payment.

_____ Date: _____

Signature of Visiting Doctor