

Bank Account Instruction for Payment of Professional Fees

IMPORTANT NOTES:

1. The personal data, if applicable, provided on this form will be used by CUHK Medical Centre or the party on its behalf to effect payment to you by the method designated below.
2. 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.
3. Please provide a copy of the Business Registration Certificate if the payee is a company.
4. 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 Doctor : _____
(printed on HKID Card)

Doctor Code : _____

HKID No. : _____

Email Address : _____ Contact Number : _____

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

Name of Payee / Company ¹ : _____

Business Registration No.¹ : _____

Name of Bank Account Holder : _____

Name of Bank : _____ Bank Code : _____

Bank Account No. : _____

I hereby agree that the Bank's acknowledgment to you will be sufficient discharge in lieu of my personal acknowledgment.

Authorised Signature: _____ Date: _____