

公司代號：_____ (必須填寫) 公司名稱：_____ (請以英文填寫)

***** 只須填寫更改部份 *****

電郵至 register@oneport.com

甲、更改公司資料					
<input type="checkbox"/> 更改	公司名稱	(英文)	(請連同 商業登記副本)		
		(中文)	(請連同 商業登記副本)		
<input type="checkbox"/> 更改	公司地址	(英文)	(請連同 商業登記副本)		
<input type="checkbox"/> 更改	通訊地址	(英文)			
乙、更改聯絡人資料					
聯絡人(一般查詢)					
<input type="checkbox"/> 新增 <input type="checkbox"/> 刪除	姓名	職位	電話		
	傳真	電郵			
<input type="checkbox"/> 新增 <input type="checkbox"/> 刪除	姓名	職位	電話		
	傳真	電郵			
聯絡人(收月結單)					
<input type="checkbox"/> 更新	姓名	職位	電話		
	傳真	地址			
<input type="checkbox"/> 更新	電郵				
<input type="checkbox"/> 新增 <input type="checkbox"/> 刪除	電郵 備份				
系統管理員 (收取管理員戶口* 及用戶戶口的登入資料)					
* 管理員戶口(admin account) 讓 貴方系統管理員自行新增/刪除用戶戶口(user account) 及更改用戶戶口密碼					
<input type="checkbox"/> 更新	姓名	職位	電話		
	傳真	電郵			
丙、已登記服務					
<input type="checkbox"/> 重設 電子碼頭收據服務(eTR) 的電話密碼*					
<input type="checkbox"/> 更改 港口保安費繳費系統 (PSC) 的 每月購買上限金額：					
<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000					
(如要求\$2,000 以上，請致電 3669-1402)					
* 密碼由一路通有限公司提供					
丁、更改付款方式					
<input type="checkbox"/> 改用自動轉帳 (請填附頁)					

本公司確認根據上述填寫資料，更改 貴方記錄。

負責人簽署及公司蓋章

日期

Name of party to be credited (The Beneficiary) 收款之一方(受益人)	Bank No. 銀行編號	Branch No. 分行編號	Account No. to be credited 收款賬戶之號碼
OnePort Limited			

本人(等)現授權下述銀行(「該銀行」),根據收款人不時給予該銀行之指示,自本人(等)之賬戶內轉賬予上述收款人。但每次轉賬金額不得超過以下指定之限額。

本人(等)同意該銀行毋須證實該等轉賬通知或沖銷通知是否已通知本人(等)。

如因該等轉賬而令本人(等)之下述戶口出現透支(或令現時之透支增加),本人(等)會共同及各別承擔全部責任。

本人(等)同意會通知收款人任何銀行戶口的變更或取消交費方式。

本人(等)明白本人(等)須在指定的轉賬日期(即根據本人(等)的銀行從收款人或其往來銀行及/或代理行不時收到的指示)前一個營業日(分行辦公時間內),在戶口內備有足夠款項以便支付該等授權轉賬。本人(等)並同意如本人(等)的戶口無足夠款項支付該等授權轉賬,本人(等)的銀行有絕對酌情權不予轉賬,且本人(等)的銀行可收取慣常的收費,並可隨時取消該等授權轉賬且毋須通知本人(等)。為避免疑問,本人(等)的銀行可隨時自行決定取消該等授權轉賬且毋須通知本人(等)。

本人(等)確證本授權書內之簽名,與本人(等)下述戶口於該銀行簽署紀錄完全相同。

本人(等)同意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上述收款人及該銀行。

本直接付款授權書已設定無限期有效,將繼續生效直至另行通知為止,本人(等)同意如本人(等)已設立之直接付款授權的戶口連續 30 個月內未有根據授權而作出過賬的紀錄,本人(等)銀行保留權利取消直接付款安排而毋須另行通知本人(等)。

I/We hereby authorise my/our below named Bank (the "Bank") to effect transfers from my/our below-mentioned account to that of the above-named Beneficiary in accordance with such instructions as my/our Bank may receive from the Beneficiary from time to time, provided always that the amount of any one such transfer shall not exceed the limit indicated below.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice has been given to me/us.

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).

I/We agree to notify the above-named Beneficiary of any change of bank account or cancellation of payment method.

I/We understand that I/we must maintain sufficient funds in the account one business day (before the close of branch banking hours) before the transfer date (as specified in the instructions received by my/our Bank from the Beneficiary and/or its banker and/or its banker's correspondent from time to time) for the transfer authorized herein. I/We agree that should there be insufficient funds in my/our account to meet any transfer authorized herein, my/our Bank will be entitled, at its absolute discretion, not to effect such a transfer in which event the Bank may levy its usual charges and may cancel this authorization at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorization at its sole discretion at any time without prior notice.

I/We confirm that my/our signature(s) on this authorisation is/are the same as filed with the Bank for the operation of my/our below-mentioned account to be debited for the transfer.

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to the Beneficiary and my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

This authorization has been set to have effect indefinitely until cancelled by you. I/We agree that if no transaction is performed on my/our account under such authorization for a continuous period of 30 months, the Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us.

My/Our Bank Name and Branch 本人(等)/本公司之銀行及行所名稱	Bank No. 銀行編號	Branch No. 分行編號	My/Our Account No. 本人(等)/本公司賬戶之號碼
Debtor Account Name 本人(等)/本公司之賬戶名稱	My/Our Address 本人(等)/本公司之地址		
Name of Debtor (if other than account holder) 債務人之姓名(若非賬戶持有人)	Limit for each payment 每次付款之限額		Debtor Reference No./ Company ID 公司編號
Contact Telephone No. 聯絡電話號碼	My/Our Signature & Chop 本人(等)/本公司之 簽名/公司蓋印		Date of Completion 填寫日期
Identification of Debtor (Personal ID/Company's BR/CI - Note a) 賬戶持有人證明文件號碼(個人身份證/公司商業登記/註冊證 - 附註 a)	X		
Type 類別: No. 號碼:			
Witnessed by (Full Name) 見證人	Witnessed HKID 見證人身份證號碼	Signature of Witness 見證人簽署	

附註:

a. 請註明及填寫閣下個人身份 / 公司證明文件類別及號碼

I = 香港身份證 P = 護照 B = 公司商業登記證 C = 有限公司註冊證 X = Others

Note:

a. Please specify and fill in your Identification Document Type and No.

I = HKID P = Passport B = Business Registration C = Certificate of Incorporation X = Others