



醫院管理局
HOSPITAL
AUTHORITY

**HOSPITAL AUTHORITY
AUTHORITY FOR PAYMENT TO A BANK**

PLEASE COMPLETE SECTIONS I, II AND III OF THIS FORM IN BLOCK CAPITALS
(This form will not be accepted if it contains any erasure or amendment)

醫院管理局
款項付予銀行授權書
請用正楷填寫本表格第 I, III 及 IV 欄
(本表格如有任何塗改, 本署概不受理)

<p>Section I</p> <p>See Notes 1 & 2 Overleaf 參閱背頁 註一及註二</p> <p>See Note 3 Overleaf 參閱背頁 註三</p>	<p>To:- Hospital Authority</p> <p>Please make all payments now or hereafter becoming due to me/us by paying into my/our bank account with the 請將現時或以後應付與我/我們的全部款項付入我/我們在上述銀行戶口</p> <p>BANK 銀行 <input type="text"/> BRANCH 分行 <input type="text"/></p> <p>This Authority applies to payments to us in respect of the following transaction(s) only:- 本授權書只適用於下述事務的付款:-</p> <p>.....</p> <p>The particulars necessary to effect payment to me/us are given in Section III below 付款與我/我們所須的資料詳情載於第 III 欄</p>		
<p>Section II</p> <p>See Note 4 Overleaf 參閱背頁 註四</p> <p>See Note 5 Overleaf 參閱背頁 註五</p> <p>See Note 6 Overleaf 參閱背頁 註六</p>	<p>Payee Name: In English – Surname first, then Other Name (Please print using a ball-point pen leaving a space between names) 收款人姓名：英文 – 先寫姓氏(請用原子筆以正楷填寫, 名字之間空一格)</p> <p>.....</p> <p>Address : In English 地址：英文</p> <p>.....</p> <p>Bank Code 銀行編號 <input type="text"/> Branch Code 分行編號 <input type="text"/> Account No. 戶口號碼 <input type="text"/> Currency 貨幣 <input type="text"/></p> <p>Name of Account (for joint account only) 戶口名稱(只適用於聯名戶口)</p> <p>.....</p>		
<p>Section III</p>	<p>I/We hereby agree :-</p> <ol style="list-style-type: none"> The Bank's acknowledgement to Hospital Authority will be sufficient discharge in lieu of acknowledgement by me/us. My/Our payment instructions on this form do not bind the Hospital Authority in regard to the manner in which payment may be made. Where, for any reason, insufficient details are furnished to the Bank to determine the account to be credited and the sum is held in suspense result of the bank account not being credited at the normal time. <p>我/我們同意:-</p> <ol style="list-style-type: none"> 銀行向醫院管理局表示收到款項的證明, 足以代替我/我們的收款證明。 我/我們填報在本表格內的付款辦法指示, 在付款方式方面, 對醫院管理局並無約束力。 無論屬於何等理由, 倘銀行未獲足夠資料確定收款的戶口, 以致款項在未收到進一步資料之前暫停支付, 醫院管理局並不負責我/我們因銀行戶口未能如期收到款項所遭受的任何損失或不便。 <p>Signature 簽署</p> <p>Name in BLOCK LETTERS (English) 姓名 (用英文正楷填寫).....</p> <p>Telephone No 電話號碼.....</p> <p>H.K.I.D. No. / Passport (for individual only) 香港身份證/護照號碼 (只適用於個人).....</p> <div data-bbox="1257 1756 1517 1906" style="border: 1px solid black; padding: 5px;"> <p>Official Stamp (For companies) 公司印章</p> </div>		
<p>Section IV</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%; text-align: center;"> <p>OFFICIAL USE ONLY (REQUESTING DEPARTMENT)</p> <p>I have checked the above and confirm that this authority has been properly completed.</p> <p>Signature</p> <p>Name in BLOCK LETTERS (English).....</p> <p>Designation.....</p> <p>Date.....</p> </td> <td style="width: 40%; text-align: center;"> <p>Section V - HOC Vendor Administrator Assistant</p> <p>Checked by.....</p> <p>Date</p> </td> </tr> </table>	<p>OFFICIAL USE ONLY (REQUESTING DEPARTMENT)</p> <p>I have checked the above and confirm that this authority has been properly completed.</p> <p>Signature</p> <p>Name in BLOCK LETTERS (English).....</p> <p>Designation.....</p> <p>Date.....</p>	<p>Section V - HOC Vendor Administrator Assistant</p> <p>Checked by.....</p> <p>Date</p>
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NOTES

For Payee's Use (Sections I, II and III)

1. a. If there is change in any of the details previously advised in Sections I and II, a new form must be completed.
b. In the case of a company, organization or business, this form must be accompanied by a covering letter on the official notepaper of the company, organization or business.
2. The payment instructions on this form will not be effective until this form has been processed by the HA Headquarters.
3. If this is desired to restrict this Authority to payments in respect of certain transactions only, please specify those transactions.
4. a. Do not use one space for more than one letter or one digit.
b. Where a complete word cannot be entered at the end of a row because of insufficient space, the whole word should be entered in the next row.
5. a. Please contact bank in case of doubt.
b. The name of the account must be exactly the same as the name of the payee given in Section III.
6. Where payment is to be made into a joint account, the full name of that account must be stated.

附註

只供收款人填寫(第 I, II 及 III 欄)

- 一、 甲、 如先前提供的第 I 及 II 欄資料有任何更改, 須另填一份新表格。
乙、 收款人如為公司、團體或商行, 在遞交本表格時, 須附交一封使用該公司、團體或商行的正式信紙的說明函件。
- 二、 本表格所載的繳款辦法, 在醫院管理局核辦本表格後, 始發生効力。
- 三、 如欲將本授權書的適用範圍限定於若干項事務, 請列明該等事務。
- 四、 甲、 切勿在一空格內填寫超過一個字或一個數字。
乙、 倘若篇幅所限而未能在行末填寫一個完整的詞彙, 須在下一行填上整個詞彙。
- 五、 甲、 如有疑問請與有關銀行接觸。
乙、 戶口持有人的姓名應與第 II 欄內收款人的姓名完全相符。
- 六、 款項如須付入聯名戶口, 應列明該戶口的全名。

For Official Use

Section I – Section Head, HA

Before passing the form to the payee for completion enter in the box beside the word 'To' the name AND address of the Section, or office to which the payee should return the completed form.

Section IV

To be completed by the Section Head, or Accountant authorized to sign on his behalf. This form when completed should be forwarded to the Procurement & Materials Management Section, HA Head Office together with the letter (if appropriate) mentioned in Note 1 above.