

華夏會員個資權利行使申請表(Sample)

Application Form for Member to Exercise of Personal Data Right

請填妥現有會員資料於下表，標示星號(*)的欄位請務必填寫。

Please fill out the currently member information in details and tick the box, fields marked with * are mandatory required to fill out.

* 會員卡號 Card No.	AB0000000	* 行動電話 Mobile Phone no.	0987654321
* 中文姓名 Chinese Name	陳筱玲	* 英文姓名 English Name	CHEN/HSLIAOLING
* 電子信箱 E-mail Address	template-chenhsiaoling@gamil.com		

■非經網路申請時，若上列之「行動電話」與「電子信箱」與系統留存資料不同時，本人同意由本公司以此資料更新系統紀錄。I, hereby, agree if my wording above is different from the data kept on the system, the company can update the system's records based on the content filled above if not apply online.

申請變更項目及內容 (Contents of the application)

以下更改請附上有持照人簽名之有效護照影本；於臨櫃申請變更電子信箱、電話號碼、郵寄地址可以有有效的護照影本或附照片俱身分證字號之有效證件影本提交辦理 This request must be accompanied with a copy of your passport with signature. When apply for a change of email address or mailing address and phone at the ticketing counter must provide a valid passport copy or a valid document with photos attached and ID number.

申請變更內容(Items of correction)	
<input type="checkbox"/> 更改姓名(Name change) _____	
<input checked="" type="checkbox"/> 更改電子信箱(Email address change) <u>template-chenhsiaoling@yahoo.com.tw</u>	
<input type="checkbox"/> 更改電話號碼(Phone change) _____	<input type="checkbox"/> 更改生日(Birthday change) _____
<input type="checkbox"/> 更改身分證/護照號碼(ID/Passport No change) _____	
<input type="checkbox"/> 其他(Other/Please specify) _____	

回覆方式(Method of Reply)

<input type="checkbox"/> 現場回覆(Reply at our handling counter)
<input checked="" type="checkbox"/> E-mail 回覆(Reply by email)

會員簽名 Member's Signature	Same as Passport	代理人簽名 Signature of applicant's agent	Same as Passport
監護人簽名 Guardian's signature	Same as Passport	監護會員卡號 Guardian's Card No.	CI1234567

1.申請人簽名需與持照人簽名相符以茲核對。The applicants must provide a photocopy of passport with their own signature on the copy The signature should be identical with member's signature.

2.代理人需提供有效之護照影本與當事人委託書或其身分證影本。The consignees or agents must present their identification documents such as valid photocopy passport or R.O.C. Identification Card, letters of attorney and Applicants' identification documents.

3.12歲以下(歐盟成員國為16歲以下)會員需獲得監護人簽名同意，且監護人必須與該會員電腦登錄資料相同及提供有效之護照影本。The Applicants whose age under 12 years old must have their Guardian's approval by signing this application and the guardian must be the same one as listed on this member's profile and provide valid photocopy passport

4.英文翻譯僅供參考，若中文與英文之內容不一致時，以中文為主。The English translation is only for reference, in the event of any discrepancy between Chinese and English texts hereof and thereof, the Chinese Version shall govern.

5.本人同意隨附申請單上之本人個人資料僅供中華航空作為華夏會員個資權利行使申請之目的使用。中華航空保證未經您的同意，將不會將您的個人資料揭露於本服務或交易無關之第三人。為了達到收集資訊之目的及中華航空法務與商業要求或為符合相關法律，華航將在必要的時間內繼續保留您的資料。在銷毀客戶資料時，我們會依據相關法律採取商業上之合理且技術上可行的措施，以確保個人資料不被回復或複製。I hereby agree that my personal data contained in the attached refund application form may be processed and used by China Airlines, Ltd. for the sole purpose of Member to Exercise of Personal Data Right China Airlines promise that we will not reveal your personal information to any third parties not related to this service or transaction without your consent. In order to satisfy the purpose of collecting information, and China Airlines' legal and commercial purposes or related laws, China Airlines will continue to keep your customer information for the necessary time. When destroying customer data, we will adopt commercially reasonable and technically feasible measures in accordance with relevant laws to ensure that the personal data cannot be returned or cannot be reproduced.

公務用欄位 For China Airlines use only (處理情形 Handling Situation)

<input type="checkbox"/> 無需處理(No need to process) ; <input type="checkbox"/> 已處理(Processed) ; <input type="checkbox"/> 拒絕辦理(Reject)
<input type="checkbox"/> 已更改姓名(Name changed) <input type="checkbox"/> 已更改生日(Birthday changed) <input type="checkbox"/> 已更改電子信箱(Email address changed) <input type="checkbox"/> 已更改電話號碼(Phone changed) <input type="checkbox"/> 已更改身分證/護照號碼(ID/Passport No changed) <input type="checkbox"/> 其他(Other/Please specify) _____

承辦人 Handling Staff DE/DM	申請日期 Date of Application : 申請編號 Application number :
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