



MAZDA Classic Car Club Application Form

- Full Membership
 Associate Membership

車牌 Registration No.: _____ 型號 Model: _____
車輛製造年份 首次登記日期
Manufacture Date: _____ First Registration Date: _____

登記車主全名
Full Name of Registered Owner

出生日期
Date of Birth: _____ 日Date _____ 月Month _____ 年Year

地址 Address: _____
_____ 香港 HK 九龍 KLN 新界 NT

電郵地址 Email Address: _____

手提電話 Mobile No.: _____ 住宅電話 Home Tel: _____

辦公室電話 Office Tel: _____ 傳真號碼 Fax No: _____

日期 Date: _____ 簽署 Signature: _____

* 備註 Remarks:

- 如登記車主現有之萬事得製造年份為1999或以前,將獲得全會會籍。
Full Membership will be entitled to the Mazda owner with manufacture year 1999 or before.
- 只有全會會籍會員方可以優惠享用服務。
Only Full Membership could enjoy the privilege services.
- 請提供牌簿副本作確認。
Please provide the Vehicle Registration Document copy for verification.
- 所有個人資料將根據個人資料(私隱)條例處理。
All personal data will be handled according to the Personal Data (Privacy) Ordinance.
- 填妥後請交回維修服務中心的維修顧問,或郵寄/傳真至客戶關係部。
地址:九龍灣宏照道15號7樓
傳真:3768 4808。
After completion please :
1. return to Service Advisors at our Service Centres, or
2. return by mail or fax to our Customer Relations Department.
Address : 7/F, 15 Wang Chiu Road, Kowloon Bay
Fax : 3768 4808
- 如對上述有任何查詢,請致電客戶關係部3768 4968。
If there are any enquiries regarding the above information, please contact our Customer Relations Department at 3768 4968.

Official Use Only:
Service Centre:

Receive Date : _____ Receive by CRM : _____