



Magazine Subscription Form 订阅单

健康 No. 1

S\$20.00 (4 期 issues - 1 年 year)

姓名 Name (先生 Mr/女士 Mdm/小姐 Ms): (中) _____ (英) _____

身份证号码 I/C No: _____ 年龄 Age: _____

出生日期 Date of Birth: _____ 职业 Profession: _____

地址 Address: _____

邮区编号 Postal Code: _____

电话 Tel (住家 H): _____ (办公室 O): _____ (手机 Hp): _____

电邮 Email Address: _____

付款方式 Mode of Payment

现金 Cash _____

支票- Enclosed Cheque No: _____

Made payable to: "Singapore Press Holdings Limited"

Mail to: Newspaper Services Division, Circulation Department, Subscription Section (Level 2)
82 Genting Lane, Level 2 Media Centre, Singapore 349567
Tel: (65) 6388 3838 Fax: (65) 6744 4875, (65) 6746 1925
Email: cires@sph.com.sg
Regn. No: 198402868E

Charge to my VISA/MASTERCARD/AMEX/DINERS

Card No: [] [] [] [] [] - [] [] [] [] [] - [] [] [] [] [] - [] [] [] [] []

Cardholder's Name: _____

Expiry Date: [] [] - [] [] (MM-YY)

签名 Signature: _____ 日期 Date: _____

For Office Use

New Renew

Start: _____ Stop: _____ Amount: _____

Account No: _____ Attended By: _____ Date: _____