AIA International Limited



營業員/經紀(即見證人)簽署

(Incorporated in Bermuda with limited liability)

DECLARATION OF CUSTOMERS' UNDERSTANDING ON PREMIUM INFORMATION 客戶對保費資訊理解之聲明

			•
Policy Number 保單號碼	Name of Applicant / Owner 申請人 / 持有人姓名	I.D. Card Number / Passport Number 身份證號碼 / 護照號碼	
Area Code 區域編號	Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼	
Operation 營運部 VIP	Agent / Broker's Name 營業員 / 經紀姓名	Agent / Broker's Tel. No 營業員 / 經紀聯絡電話	P3722024
the information contained in this de payment term, premium adjustment reimbursement benefits only). I have read and understood the product of a confirm that I am willing to pay the posterior of the product of the p	claration, and the product documents inclause (if applicable) and historical prefuct brochure and premium for the entire profermium for the entire premium for the entire premium mincrease rates page: cts/further-product-information/macau-mecrease as follow for your easy understated for the product of the	erm. dical-products/medical.html anding. Assume that: 0,000 x (100%+10%) = HKD11,000 [6] / 經紀的姓名)已為本人詳細解釋此聲明內 及過往保費增長率的資料*(只適用於提供醫	antire premium s with medical s with medical s with medical s 之資訊、產品 療補償保障的
Date 日期:(MM月/DD日/YYYY年)			
		e do not sign on blank form 請勿在空白表格上 ire of the Applicant / Owner	簽署)

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申請人/持有人簽署