




POS Supplementary Form

保戶服務申請補充表格

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名	 05312168
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	
Agency Code 營業員組別編號	Agent / TR's Name 營業員 / 業務代表姓名	Agent / TR's Tel. No. 營業員 / 業務代表聯絡電話	
TR Membership Number 業務代表會員號碼 (For Brokers only 僅供經紀使用)	<input type="checkbox"/> IA <input type="text"/>	<input type="checkbox"/> ANG <input type="text"/>	

TIPS: Check the checkbox (IA for HK; ANG for Macau) and input the reg. no. using standard format [for HK, it is 2 letters + 4 digits; for Macau, it is 3 letters + 4 digits]
提示：選取方格（IA-香港；ANG-澳門）並填入特定的登記號碼[香港號碼由2個英文字母 + 4位數字組成；澳門號碼由3個英文字母 + 4位數字組成]

Remark: If the stated AIA financial planner / broker / IFA on this form is not my current servicing AIA financial planner / broker / IFA, I give consent to him/her to handle and follow up my request.
備註：倘若在上述表格上填寫的財務策劃顧問 / 經紀 / 獨立理財顧問並不是本人目前的財務策劃顧問 / 經紀 / 獨立理財顧問，本人同意他/她處理並跟進我的要求。

I, _____ hereby supplement to my POS request form dated _____
本人 特此補充於 (MM月/DD日/YYYY年)

as follows:

簽署的保戶服務申請表，有關補充如下：

Please make declaration below if the supplementary information is applicable to the submitted Health Certificate

(如就遞交了的健康證明書作補充健康資料，請作以下聲明)

I certify that the statements made in my Health Certificate dated _____ are still true and there has been no change in my and / or Insured's condition of health since then.

本人謹聲明由健康證明書簽署日_____至現在，本人 / 受保人在健康證明書內申報的一切記錄資料，仍屬正確，健康狀況並無變更。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read, understood and agreed to the Personal Information Collection Statement(s) of my / our policy issuer(s) and/or pension scheme provider(s), i.e. AIA International Limited (Hong Kong Branch), AIA International Limited (Macau Branch) and / or AIA Company Limited where applicable, (the "PICS") which is available for download:

<https://www.aia.com.hk/en/privacy-statement-main>.

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies), account(s) or investments contained in this application or collected, obtained, compiled or held by my / our policy issuer(s) and / or pension scheme provider(s) by any means from time to time may be collected and utilized in accordance with the PICS.

I / We acknowledge and consent to the transfer of my / our personal data to parties within or outside Hong Kong (for policy(ies) / pension scheme(s) issued in Hong Kong) or Macau (for policy(ies) / pension scheme(s) issued in Macau), as the case may be, for the purposes as set out in the PICS.

The latest version of the PICS which complies with the relevant rules and regulations is / are available for download from the above website and upon request.

個人資料收集及使用

我 / 我們確認我 / 我們已閱讀、明白及同意我 / 我們的保單繕發人及 / 或退休金計劃服務提供者（即友邦(國際)有限公司（香港分行）、友邦(國際)有限公司（澳門分行）及/或友邦保險有限公司（如適用））的個人資料收集聲明（「該聲明」），該聲明可在以下網址下載<https://www.aia.com.hk/zh-hk/privacy-statement-main>。

我 / 我們聲明及同意在本申請所載或我 / 我們的保單繕發人及 / 或退休金計劃服務提供者不時以任何方法收集、獲得、編製或持有的任何個人資料及關於我 / 我們的保單、帳戶或投資的其他資料，可根據該聲明收集及使用。

我 / 我們知悉及同意就該聲明所述目的轉移我 / 我們的個人資料至香港境外 / 境內（如保單 / 退休金計劃在香港繕發）或澳門境外 / 境內（如保單 / 退休金計劃在澳門繕發）（視乎情況而定）予該聲明所載的資料承讓人。

該聲明的符合相關守則及法規之最新版本可於以上網址下載及可供索取。

_____ Signature of Insured (if different from the Owner) 受保人簽署（倘非持有人）	on 於	_____ MM月/DD日/YYYY年	_____ Signature of Witness (if applicable) 見證人簽署（如適用）	on 於	_____ MM月/DD日/YYYY年
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_____ Signature of Owner 持有人簽署	on 於	_____ MM月/DD日/YYYY年	_____ Signature of Assignee (if applicable) 受讓人簽署（如適用）	on 於	_____ MM月/DD日/YYYY年
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Prior to the submission of this form, a POS Request Form must have been submitted.
在遞交此表格前，POS申請表必須已提交。

PLEASE SIGN & RETURN IMMEDIATELY BUT NO LATER THAN 14 DAYS 請簽署後即時但不遲於14天內遞交
PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署



Download our AIA+ mobile app to manage your policy!
下載 AIA+ 手機應用程式以便輕鬆管理您的保單！