

AIA International Limited

(Incorporated in Bermuda with limited liability)

DIRECT DEBIT AUTHORIZATION (Specific form) 直接付款授權書(專用表格)

Policy Number 保單號碼	Agent /Broker Code 營業員/經紀組別編號	Area Code 區域編號								
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	(4) (4) (4) (4)	Agent / Financi		Name						
	5 5 5 5	營業員/理財團	間姓名							
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	8 8 8 8	Agent / Finance 營業員/理財亂					Fo	r Office L	Jse	
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	00000									
Name of Insured 受保人姓名										
Please complete and return this form to th		ited. 請依次								
Name of party to be credited (The Beneficiary) 收款之一方(受益人) AIA INTERNATIONAL I			3	count I	No. to b	e credite 5 4	d 收款則	長戶之號	虎碼) 7	
I/We/Our company hereby authorize OCBC Bank (Macau) Limited. (hereinafter referred to as	"the Bank") to effect transfers from n		count specified			f the above na		0 0		
beneficiary (hereinafter referred to as "the Beneficiary"), details of which are specified below, st IWe/Our company further agree that: 1. The Bank may effect transfers from my/our /our company said account such sums or sums.	_	•		. This autho	rization shal	I remain valid	until further	notice.		
 Under no circumstances shall the Bank be held responsible for any consequence(s) as a res Any variation or cancellation of this authorization has to be given by notice in writing. This au 	sult of unsuccessful transfer of fund(thorization shall remain valid unless	s) from my/our /our con	npany account s	specified be the Bank.	low.					
4. Service charge of the Bank may be debited from my/our /our company account specified bel 5. The Bank may disclose details of my/our /our company said account to any other third party 6. The Bank shall be entitled to convert the sum or sums to be transferred into the currency ac	if the Bank finds it necessary and ap									
 The Bank shall not be obliged to ascertain whether or not notice of any such transfer has bee Full responsibility for any overdraft (or increase in existing overdraft) on my/our /our compar 	en given to me/us/our company. ny's account which may arise as a re	sult of any such transfe	r(s) sha ll be joir							
 If this "Direct Debit Authorization Form" is not directly sent to the Bank, I/We/our company a no circumstances shall the Bank be responsible. I/We/Our company confirm the below concerned information. 	igree to take all the legal or/and ecor	omical responsibilities	caused by discl	osing the d	etails of the	said form to ai	ny other thin	d party. Und	er	
本人(等)/本公司茲授權華僑銀行(澳門)股份有限公司(以下簡稱貴銀行)·根據友邦保險(國際)有公司的有關費用,直至另行書面通知為止。	「限公司(以下簡稱公司)不時給予	銀行之指示, 在本人(等)/本公司於	貴銀行開立	之賬戶(賬戶	与號碼附誌如下)內支取款項	頁,繳付上过	<u>lt</u>	
本人(等)/本公司知悉及遵守下述條款辦理: 1. 責銀行接到公司的付款通知即可支付,款項按公司所提供之金額扣除。 2. 如該賬款未能自本人(等)/本公司之銀行賬戶內支付,一切責任及後果、概與 青銀行	無涉。									
 如有任何令授權書失效之變更·本人(等)/本公司必須書面通知 貴銀行。 貴銀行在 貴銀行有權徵收服務費用,並可由本人(等)/本公司之銀行賬戶內支配 5. 貴銀行認為必要和適當時,不必通知或取得本人(等)/本公司同意有權將有關的賬戶資 	收到書面通知前,本授權書繼續有效 料披露給其他機構。	0								
6. 本人(等)/本公司授權 貴銀行可根據自動扣限當天 貴銀行所指定的匯率將轉賬款項 7. 本人(等)/本公司同意 貴銀行無義務確定該等支款通知是否已交予本人(等)/本公 8. 本人(等)/本公司颇共同及個別承機因該等支款而令本人(等)/本公司之銀行賬戶出	兑换成受益人指定之收款貨幣。 司。 現透支(或令現時透支増加)之全部	責任。								
本人(等)/本公司对态及证可,Ykwakmata: 1. 實行接對公司的付款違和即可支付,款項按公司所提供之金額扣除。 2. 如該賬款末能自本人(等)/本公司之銀行賬戶內支付。一切責任及後果,概與 實銀行無涉。 3. 如有任何令授權者交立變更,本人(等)/本公司必書商面到知 實銀行。 實銀行在稅到書面通知前,本授權書繼續有效。										
My/Our Bank Name 本人/吾等之銀行 OCBC Bank (Macau) Limited			My/Our Account No. 本人/吾等之賬戶號碼							
華僑銀行(澳門)股份有限公司										
My/Our Name as recorded on Statement / Passbook. Separate he	older's names with "/". 本	人/吾等在結單/	存摺上所約	3錄之名	稱。請用]"/"分隔	聯名戶口] •		
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Delational is with (Degranad) because of Anglicant *Sir	gnature of (Proposed) Insu	ured / M	ly/Our Sign	aturo(e)	未 厂 五	空 ラ ダ タ				
與(準)受保人/申請人之關係: Ap	plicant i)受保 人/申請人 <i>之</i> 簽名	irea /	iy/Our Sign	ature(3)	华八/日	寸 人 双 仁				
Applicant (Proposed) Insured Beneficiary 要益人	/文体 八/中胡八 心競石									
Other 其他 (Please specify 請註明)										
*(Proposed) Insured / Applicant sign on the right column *(準)受保人/申請人須於右方格內簽署		Plea	ase read the terr 後署前細閱背頁	ms carefu ll y i ウ 体 動	as stated or	the back pag	e before sig	ning the form	n.	
Remarks			or Bank Use		下由銀行	福寫 5	Signature	e Verifie		
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NOTE		附註		M月	DD	□	YYYY ¹	F		

Please ensure that you sign the form in the usual way that you would sign on your Bank Account. Please use a separate form for each policy number.

開起: 請保證貴戶在此授權書內之簽名,與銀行賬戶所簽者完全相同。 請每一份保單填寫一份銀行戶口直接付款授權書。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC"). I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Macau for the purposes and to the types of transferee as set out in the AIA PIC.

The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

個人資料收集及使用

本人/我們確認本人/我們已閱讀及明白AIA個人資料收集聲明(「AIA個人資料收集聲明」)。本人/我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人/我們或本人/我們的保單或投資的其他資料,可根據AIA個人資料收集聲明收集及使用。本人/我們知悉及同意就AIA個人資料收集聲明所述目的轉讓本人/我們的個人資料至澳門境外予AIA個人資料收集聲明所載的資料承讓人。

AIA個人資料收集聲明的最新版本可於以下網址下載: www. aia, com, hk, 及可向貴公司索取。

