



	Policy Number 保單號碼 <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	Agent / Broker Code 營業員/經紀組別編號 <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	Area Code 區域編號 <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>																																																																																																																																																				
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Name of Insured 受保人姓名 <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>																																																																																																																																																							

Name of party to be credited (The Beneficiary) 收款之一方(受益人)

Account No. to be credited 收款賬戶之號碼

3 0 0 4 5 4 - 0 0 7

1. The Bank may effect transfers from my/our /our company said account such sums or sums as advised by the Beneficiary at any time with immediate effect.
2. Under no circumstances shall the Bank be held responsible for any consequence(s) as a result of unsuccessful transfer of fund(s) from my/our /our company account specified below.
3. Any variation or cancellation of this authorization has to be given by notice in writing. This authorization shall remain valid unless such notice is given to and received by the Bank.
4. Service charge of the Bank may be debited from my/our /our company account specified below.
5. The Bank may disclose details of my/our /our company said account to any other third party if the Bank finds it necessary and appropriate.
6. The Bank shall be entitled to convert the sum or sums to be transferred into the currency accepted by the Beneficiary at a rate determined by the Bank.
7. The Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us/our company.
8. Full responsibility for any overdraft (or any overdraft) on my/our /our company's account which may arise as a result of any such transfer(s) shall be jointly and severally accepted by me/us/our company.
9. If this "Direct Debit Authorization Form" is not directly sent to the Bank, I/We/our company agree to take all the legal and/or economic responsibilities caused by disclosing the details of the said form to any other third party. Under no circumstances shall the Bank be responsible.
10. I/We/Our company confirm the below concerned information.

1. 貴銀行按公司的付款通知即可支付，款項撥付公司所提供之全額扣除。
2. 如果該款未能自本人（等）本公司之銀行賬戶內支付，一切責任及後果，概與 貴銀行無涉。
3. 貴銀行應向本人（等）本公司之銀行賬戶內支付，一切責任及後果，概與 貴銀行無涉。
4. 如有任何付款遭銀行失效之變態，本人（等）本公司必須通知 貴銀行。 貴銀行在收到通知前，本授權書將有效。
5. 貴銀行應向本人（等）本公司之銀行賬戶內支付，一切責任及後果，概與 貴銀行無涉。
6. 本人（等）必須向貴銀行提供必要之資料，以便貴銀行能將款項撥付至本人（等）本公司之銀行賬戶內。
7. 本人（等）本公司授權 貴銀行可根據任何自動扣賬通知 貴銀行所指定之匯率將轉賬款項兌換成受本人指定之收收貨幣。
8. 本人（等）本公司授權 貴銀行無義務確定該等付款通知是否已支付本人（等）本公司。
9. 本人（等）本公司同意及分別承認前述各款之支付及本人（等）本公司之銀行賬戶內出現透支（或令現透支增加）之全部責任。
10. 本人（等）本公司同意及分別承認前述各款之支付及本人（等）本公司之銀行賬戶內出現透支（或令現透支增加）之全部責任。
11. 本人（等）本公司同意及分別承認前述各款之支付及本人（等）本公司之銀行賬戶內出現透支（或令現透支增加）之全部責任。

My/Our Account No. 本人/吾等之賬戶號碼

OCBC Bank (Macau) Limited
華僑銀行(澳門)股份有限公司

My/Our Name as recorded on Statement / Passbook. Separate holder's names with "/". 本人/吾等在結單/存摺上所紀錄之名稱。請用 "/" 分隔聯名戶口。

[illegible]Relationship with (Proposed) Insured / Applicant
與(準)受保人/申請人之關係:

☐ Applicant ☐ (Proposed) Insured
申請人 (準) 受保人

☐ 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

*Signature of (Proposed) Insured /
Applicant
*(準)受保人/申請人之簽名

*(準)受保人/申請人之簽名

My/Our Signature(s) 本人/吾等之簽名

Please read the terms carefully as stated on the back page before signing the form.
請於簽署前細閱背頁之條款

Remarks
備註:

For Bank Use Only 以下由銀行填寫

Signature Verified

Date日期

MM月 DD日 YYYY年

NOTE
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.

附註：
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 個人資料收集及使用

I / We confirm that I / We have read, understood and agreed to the Personal Information Collection Statement of AIA International Limited (Macau Branch) (“AIA Macau”) (the “PICS”). I / We declare and agree that any personal data and other information relating to me / us and/or our employees or my / our / our employees’ policy(ies), account(s) or investment(s) contained in this application or collected, obtained, compiled or held by AIA Macau by any means from time to time may be collected and utilized in accordance with the PICS. I / We acknowledge and consent to, and confirm that we have obtained our employees’ consent to (if applicable), the transfer of my / our / our employees’ personal data to parties within or outside Macau for the purposes and to the transferees as set out in the PICS. The updated version of the PICS which complies with the relevant rules and regulations is available for download: <https://www.aia.com.hk/content/dam/hk-wise/pdf/privacy-statement/AIAMO-PICS-English.pdf>, and is also available upon request.

我/ 我們確認我/ 我們已閱讀、明白及同意 友邦保險（國際）有限公司（澳門分行）（「友邦澳門」）的個人資料收集聲明（「該聲明」）。我/ 我們聲明及同意在本申請所載或友邦澳門不時以任何方法收集、獲得、編製或持有的任何關於我/ 我們/我們的僱員的個人資料及關於我/ 我們/我們的僱員的保單、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，及確認我們已獲我們的僱員同意(如適用)，就該聲明所述目的及向有關各方轉移我/ 我們/我們的僱員的個人資料至澳門境內或境外各方。該聲明符合相關守則及法規的最新版本可於此下載：

<https://www.aia.com.hk/content/dam/hk-wise/pdf/privacy-statement/AIAMO-PICS-Traditional-Chinese.pdf>，及可向友邦澳門索取。

我/ 我们确认我/ 我们已阅读、明白及同意 友邦保险（国际）有限公司（澳门分行）（「友邦澳门」）的个人资料收集声明（「该声明」）。我/ 我们声明及同意在本申请所载或友邦澳门不时以任何方法收集、获得、编制或持有的任何关于我/ 我们/我们的雇员的个人资料及关于我/ 我们/我们的雇员的保单、帐户或投资的其他资料，可 根据该声明收集及使用。我/ 我们知悉及同意，及确认我们已获我们的雇员同意(如适用)，就该声明所述目的及向有关各方转移我/ 我们/我们的雇员的个人资料至澳门境内或境外各方。该声明符合相关守则及法规的最新版本可于此下载：

<https://www.aia.com.hk/content/dam/hk-wise/pdf/privacy-statement/AIAMO-PICS-Simplified-Chinese.pdf>，及可向友邦澳门索取。