



AIA International Limited
(Incorporated in Bermuda
with limited liability)

1903, AIA Tower, 251A-301,
Avenida Comercial de Macau
Macau
T: 0800 183 (Employer)
T: 0800 272 (Member)
F: (853) 2872 2782

MACAU CPF

AIA Macau Non-Mandatory Central Provident Fund (“AIA Macau CPF”)
澳門友邦保險非強制性中央公積金（「澳門友邦中央積金」）
Change of Authorized Signatory List
授權人簽名式樣清單之修訂

Plan No. 計劃編號 : _____

Employer Name 僱主名稱 : _____

Part A 甲部分

I/ We hereby confirm to add the authorized signature(s) of the following persons(s) to the existing Authorized Signatory List.
吾等現確定於現有之授權人簽名式樣清單中加入下列獲授權人士之簽署。

(1) Name 姓名 : _____ Signature
Position 職銜 : _____ Specimen
簽署式樣 : _____

(2) Name 姓名 : _____ Signature
Position 職銜 : _____ Specimen
簽署式樣 : _____

Effective Date 生效日期 : _____

Part B 乙部分

We hereby confirm to remove the following persons(s) from the Authorized Signatory List.
吾等現確定刪除下列人士之授權簽署。

(1) Name 姓名 : _____ Position 職銜 : _____

(2) Name 姓名 : _____ Position 職銜 : _____

Effective Date 生效日期 : _____

Part C 丙部分

Declaration 聲明

I/We declare and confirm that I am/we are duly authorised by the above person(s) to release the information of the above person(s) provided by me/us in this form to the Fund Management Entity for the purpose of processing this form accordingly. I/We confirm that all such information provided herein is verified by me/us as correct and complete.

本人/吾等聲明及確認本人/吾等獲上述人士授權以本表格向基金管理實體發放上述人士之資料以用作處理本表格之用途。本人/吾等確認在此提供的所有該等資料經本人/吾等核實均為正確及完整。

I/We hereby authorise and acknowledge that the Fund Management Entity has the right to accept, process, execute and rely upon instructions issued in my/our names with my/our signatures which have been sent to the Fund Management Entity by facsimile or other means. I/We understand and agree that I/we shall not be required to provide further documentation or original copies to confirm or furnish as evidence of the said instructions sent to the Fund Management Entity. I/We agree to be bound by any such instructions sent to the Fund Management Entity under my/our names and my/our signatures.

本人/吾等謹此授權基金管理實體依據以本人/吾等名義簽署發出以圖文傳真形式或其他傳遞形式, 送往基金管理實體之代表本人/吾等的指示以接納、處理及執行有關事宜。本人/吾等明白並同意本人/吾等將毋須提供進一步文件或正本作為確實或補充上述送往基金管理實體的指示之證明。本人/吾等同意及接受以本人/吾等名義及簽署至基金管理實體之任何指示約束。

PERSONAL DATA COLLECTION AND USE 個人資料收集及使用

I/We confirm that I/we have read and understood the AIA Macau Branch Personal Information Collection Statement ("AIA PIC"). I/We declare and agree, and the above person(s) agree, that any personal data and other information relating to me/us or the above person(s) contained in this form or collected, obtained, compiled or held by the Fund Management Entity by any means from time to time may be collected and utilized in accordance with the AIA PIC. I/We acknowledge and consent, and I/we confirmed that I/we have been duly authorized to make such consents on behalf of the above person(s), to the transfer of personal data and other information relating to me/us or the above person(s) in or 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 aia.com.hk, and is made available upon request.

本人/吾等確認本人/吾等已閱讀及明白AIA澳門分行個人資料收集聲明（「AIA個人資料收集聲明」）。本人/吾等聲明及同意，以及上述人士同意在本表格所載或基金管理實體不時以任何方法收集所得、編製或持有關於本人/吾等或上述人士的任何個人資料及其他資料，可根據AIA個人資料收集聲明收集及使用。本人/吾等知悉及同意，以及本人/吾等確認本人/吾等已獲正式授權代表上述人士表示同意就AIA個人資料收集聲明所述目的在澳門境內轉移關於本人/吾等或上述人士的個人資料及其他資料或轉移有關資料至澳門境外，及轉移予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aia.com.hk下載或向基金管理實體索取。

I/ we agree to indemnify and keep the Fund Management Entity and its affiliates indemnified against any and all losses, costs, expenses, actions, proceedings and liabilities suffered by the Fund Management Entity and/or its affiliates as a result of any inaccurate information provided by me/us or the above person(s) or my/our agent or intermediary, and/or upon the Fund Management Entity's or its affiliates' execution of any such instructions except where there is proven (to the satisfaction of the Fund Management Entity or its relevant affiliate) willful default, gross negligence or fraud on the part of the Fund Management Entity or its relevant affiliate.

除因基金管理實體或其相關關聯公司被證明故意失責、嚴重疏忽或欺詐外（此證明須得基金管理實體或其相關關聯公司信納），倘若本人/吾等或上述人士或本人/吾等之代理人或中介人所提供之資料錯誤及/或基金管理實體或其關聯公司因執行相關指示，而導致基金管理實體及/或其關聯公司需要承擔任何損失、支出、責任，或需要進行任何行動或訴訟，本人/吾等同意作出有關賠償予基金管理實體及其關聯公司。

I/We understand that the Fund Management Entity may be unable to process this form if I/we fail to provide any information or consent requested in this form.

本人/吾等明白若本人/吾等未能按此表格要求提供有關資料或同意給予基金管理實體，基金管理實體可能無法處理此表格。

I/We confirm that I/we have read, understood and agreed to the note and declaration stated above.

本人/吾等確認已參閱、瞭解及同意上述事項及聲明。

Authorized signature*
授權人簽署*

Company chop
公司印鑑

Name 姓名 : _____

Position 職銜 : _____

Date 日期 : _____

* For Corporation, this list needs to be signed by a Company Director
For Sole Proprietorship, this list needs to be signed by the Sole Proprietor
For Partnership, this list needs to be signed by any one of the partners

倘為法人公司，本清單必須由公司董事簽署
倘為獨資經營公司，本清單必須由獨資經營者簽署
倘為合夥經營公司，本清單必須由任何一位合夥人簽署