



AIA International Limited

(Incorporated in Bermuda with limited liability)

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

MACAU PPF

AIA Macau Private Pension Fund ("AIA MACAU PPF")

澳門友邦保險私人退休金計劃(「澳門友邦私退金」)

Change of Authorised Signatory/ Director, Administrator and Beneficial Owner# Data Form

更改授權人簽名式樣 / 董事, 行政管理機關成員及實益擁有人#資料表

Plan No. 計劃編號 : _____

Employer Name 僱主名稱 : _____

Part A 甲部分: Details of Authorised Persons, Director/Administrator, Beneficial Owner# and Business Nature 獲授權人士, 董事/行政管理機關成員, 實益擁有人#及業務性質詳情

Part A MUST be completed. 請必須填寫甲部分。 If there is no nominated Authorised Person, please complete Part A by the Authorised Person signed in Part B. 如無人士被獲授權, 請由簽署乙部分之授權人填寫甲部分。 Fields marked with * are mandatory 附有*之欄目必須填寫

I. Authorised Persons and Signature Specimens 獲授權人士及簽署式樣

I/ We hereby confirm that any one of the following person(s) is authorised to sign on behalf of our Company for all AIA Macau PPF related matters.

我/我們現確定授權下列任何一位人士代表本公司簽署所有有關澳門友邦私退金事宜。

Either one of the following signatories are authorised to issue any correspondences (including e-mail) and give instructions on behalf of the Employer.

下列任何一位人士獲授權代表僱主發出任何文件(包括電郵)及指示。

Table with 7 columns: Name, Nationality, Job Title, Macau/HK Permanent ID Card / Passport copy attached?, Signature Specimen, Residential Address. It contains 3 rows for authorized persons with fields for Last Name or Surname, First or Given Name, and Appendix No.

4. (if any 如有)	Last Name or Surname 姓氏: <hr/> First or Given Name 名字: <hr/>			Appendix No. 附件編號: <input type="checkbox"/>		<hr/> <hr/> <hr/> <hr/>
5. (if any 如有)	Last Name or Surname 姓氏: <hr/> First or Given Name 名字: <hr/>			Appendix No. 附件編號: <input type="checkbox"/>		<hr/> <hr/> <hr/> <hr/>
6. (if any 如有)	Last Name or Surname 姓氏: <hr/> First or Given Name 名字: <hr/>			Appendix No. 附件編號: <input type="checkbox"/>		<hr/> <hr/> <hr/> <hr/>
7. (if any 如有)	Last Name or Surname 姓氏: <hr/> First or Given Name 名字: <hr/>			Appendix No. 附件編號: <input type="checkbox"/>		<hr/> <hr/> <hr/> <hr/>
8. (if any 如有)	Last Name or Surname 姓氏: <hr/> First or Given Name 名字: <hr/>			Appendix No. 附件編號: <input type="checkbox"/>		<hr/> <hr/> <hr/> <hr/>

Effective Date 生效日期 : _____

II. Director 董事/Administrator 行政管理機關成員

I/ We hereby declare the following information about the Director/Administrator of the participating company:
我/我們茲聲明以下有關參與公司之董事/行政管理機關成員之資料:

	*Name 姓名 <i>(same as that shown on your Macau/HK Permanent ID Card/Passport 與澳門/香港永久性居民身份證/護照上的名字相同)</i> <i>please provide a copy(ies) of Macau /HK Permanent ID Card. If the person without Macau/ HK permanent ID, please provide a copy of passport 請附上澳門/香港永久性居民身份證副本。如你沒有澳門/香港永久性居民身份證, 請提供護照副本</i>	*Nationality 國籍	Macau/HK Permanent ID Card / Passport copy attached? (please indicate the Appendix No. in the box) 已附上澳門/香港永久性居民身份證/護照副本? (請在方格內填上附件編號)	*Residential Address 居住地址
*1	Last Name or Surname 姓氏: _____ First or Given Name 名字: _____		Appendix No. 附件編號: <input type="checkbox"/>	_____ _____ _____ _____
2 (if any 如有)	Last Name or Surname 姓氏: _____ First or Given Name 名字: _____		Appendix No. 附件編號: <input type="checkbox"/>	_____ _____ _____ _____
3 (if any 如有)	Last Name or Surname 姓氏: _____ First or Given Name 名字: _____		Appendix No. 附件編號: <input type="checkbox"/>	_____ _____ _____ _____
4 (if any 如有)	Last Name or Surname 姓氏: _____ First or Given Name 名字: _____		Appendix No. 附件編號: <input type="checkbox"/>	_____ _____ _____ _____
5 (if any 如有)	Last Name or Surname 姓氏: _____ First or Given Name 名字: _____		Appendix No. 附件編號: <input type="checkbox"/>	_____ _____ _____ _____

<p>6 (if any 如有)</p>	<p>Last Name or Surname 姓氏: _____</p> <p>First or Given Name 名字: _____</p>		<p>Appendix No. 附件編號: <input type="checkbox"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>7 (if any 如有)</p>	<p>Last Name or Surname 姓氏: _____</p> <p>First or Given Name 名字: _____</p>		<p>Appendix No. 附件編號: <input type="checkbox"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>8 (if any 如有)</p>	<p>Last Name or Surname 姓氏: _____</p> <p>First or Given Name 名字: _____</p>		<p>Appendix No. 附件編號: <input type="checkbox"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>9 (if any 如有)</p>	<p>Last Name or Surname 姓氏: _____</p> <p>First or Given Name 名字: _____</p>		<p>Appendix No. 附件編號: <input type="checkbox"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>10 (if any 如有)</p>	<p>Last Name or Surname 姓氏: _____</p> <p>First or Given Name 名字: _____</p>		<p>Appendix No. 附件編號: <input type="checkbox"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

III. Beneficial Owner#實益擁有人#

I/ We hereby declare the following information about the Beneficial Owner# of the participating company:
我/我們茲聲明以下有關參與公司之實益擁有人#之資料:

Please select one of the following 請選擇以下其中一項:

Please complete below information for all Beneficial Owners#. 請於以下填寫所有實益擁有人#的資料。

OR 或

Please complete below information for person(s) who holds the position of senior managing official of the participating company other than Director/Administrator mentioned above (applicable when there is no Beneficial Owner#). 除上述董事/行政管理機關成員外, 請填寫擔任參與公司高級管理人員之資料 (適用於沒有實益擁有人#的情況)。

	Percentage of issued share capital/ voting right held 持有已發行股本/投票權的百分比 (Applicable to Beneficial Owners# 適用於實益擁有人#)	*Name 姓名 <i>(same as that shown on your Macau/HK Permanent ID Card/Passport</i> <i>與澳門/香港永久性居民身份證/護照上的名字相同)</i> <i>please provide a copy(ies) of Macau /HK Permanent ID Card. If the person without Macau/ HK permanent ID, please provide a copy of passport</i> <i>請附上澳門/香港永久性居民身份證副本。如你沒有澳門/香港永久性居民身份證, 請提供護照副本</i>	*Nationality 國籍	Macau/HK Permanent ID Card / Passport copy attached? (please indicate the Appendix No. in the box) 已附上澳門/香港永久性居民身份證/護照副本? (請在方格內填上附件編號)	Position/ Title 職稱 <i>(Applicable if there is no Beneficial Owner#)</i> <i>(如沒有實益擁有人#)</i>	*Residential Address 居住地址 (and Permanent Address if different 及永久地址如與居住地址不相同)
*1		Last Name or Surname 姓氏: _____ First or Given Name 名字: _____		Appendix No. 附件編號: <input type="checkbox"/>		_____ _____ _____ _____
2 (if any 如有)		Last Name or Surname 姓氏: _____ First or Given Name 名字: _____		Appendix No. 附件編號: <input type="checkbox"/>		_____ _____ _____ _____
3 (if any 如有)		Last Name or Surname 姓氏: _____ First or Given Name 名字: _____		Appendix No. 附件編號: <input type="checkbox"/>		_____ _____ _____ _____
4 (if any 如有)		Last Name or Surname 姓氏: _____ First or Given Name 名字: _____		Appendix No. 附件編號: <input type="checkbox"/>		_____ _____ _____ _____

5 (if any 如有)		Last Name or Surname 姓氏： _____ First or Given Name 名字： _____		Appendix No. 附件編號： <input type="checkbox"/>		_____ _____ _____ _____
6 (if any 如有)		Last Name or Surname 姓氏： _____ First or Given Name 名字： _____		Appendix No. 附件編號： <input type="checkbox"/>		_____ _____ _____ _____
7 (if any 如有)		Last Name or Surname 姓氏： _____ First or Given Name 名字： _____		Appendix No. 附件編號： <input type="checkbox"/>		_____ _____ _____ _____

Remarks 註：

Beneficial Owner(s) in relation to a corporation, means an individual who fulfils any of the following criteria: # 實益擁有人就法團而言指符合以下任何一項說明的個人：

- owns or controls, directly or indirectly, including through a trust or bearer share holding 10% or more of the issued share capital of the corporation; or 直接或間接地擁有或控制 (包括透過信託或不記名股票形式所持有) 該法團已發行的 10% 以上的股本；或
- is, directly or indirectly, entitled to exercise or control the exercise of 10% or more of the voting rights at general meetings of the corporation; or 直接或間接地有權行使在該法團的成員大會上的 10% 或以上的投票權；或支配該比重的投票權的行使；或
- exercises ultimate control over the management of the corporation; or 行使對該法團的管理最終的控制權；或
- if the corporation is acting on behalf of another person, means the other person. 如該法團是代表另一人行事是指該另一人。

Please also provide copies of identification document for the following person(s) 請提交下列人士之身份證文件副本：

- (i) all directors/administrators;
所有董事/行政管理機關成員；
- (ii) all shareholders holding 10% or more of issued share capital or voting right, or
所有持有 10% 或以上已發行股本或投票權的股東；或
- (iii) any individual who exercise ultimate control over the management of the company, or
對公司的管理層作出最終控制的任何個人；或
- (iv) any individual who holds the position of senior managing official of the company (if (ii) or (iii) is not applicable).
於公司擔任高級管理人員職位之人士 (如果 (ii) 或 (iii) 不適用)。

IV. Business Nature 業務性質

I / We hereby confirm the company's business nature as follow. (Please select one and put a "✓" in the box before the item.
本人 / 我們確認本公司業務性質及商業登記證號碼如下。(請選擇一項並在該項前的方格內填上「✓」。)

✓	Item No. 編號	Industry 行業	✓	Item No. 編號	Industry 行業
	1	Agriculture & Fisheries 漁農業		21	Mining and quarrying 採礦及採石
	2	Audio, Visual and Music Industry (including film, television, music production) 影視及音樂產業 (包括電影、電視、音樂製作)		22	Money Service Businesses or Money exchanger 金錢服務業或貨幣兌換商
	3	Automobile dealerships 汽車經銷商		23	Pawn 典當業
	4	Broadcasting, Media, Printing & Publishing 廣播、傳媒、印刷及出版		24	Public Utilities (Including Oil, Gas, Coal, Electricity and Telecom) 公用事業 (包括石油、天然氣、煤炭、電力及電訊)
	5	Building Construction & Maintenance 建造及建築物維修		25	Real Estate & Property Management 地產及物業管理
	6	Charities and Non-Profit Organizations 慈善機構和非牟利組織		26	Transportation and Logistic (Including Aviation, Maritime) 運輸及物流 (包括航空、海運)
	7	Crypto Currency / Digital Currency Service Providers 加密貨幣 / 電子貨幣服務商		27	Trusts 信託
	8	Dealers in precious metals, stones, artworks, antiques 貴金屬、寶石、藝術品、古董的經銷商		28	Wholesale / Retail / Trades (except precious metals, stones, artworks, antiques, Automobile) 批發 / 零售 / 貿易 (貴金屬、寶石、藝術品、古董、汽車除外)
	9	Education 教育		29	Accounting Services 會計服務
	10	Entertainment venue (limited to casino, baths, masseur, snooker centre, mahjong school, TV game centre, disco, night club) 娛樂場所 (只限賭場、浴室、按摩院、桌球中心、麻雀館、電子遊戲機中心、的士高、夜總會)		30	Chemicals 化工業
	11	Finance & Banking 銀行及金融業		31	Environmental Science 環境科學
	12	Food & Drink Retails 飲食業		32	HR, Research & Consulting Services 人力資源、研究與諮詢服務
	13	Governmental Departments 政府部門		33	Labor Organizations 勞工組織
	14	Hotel and Tourism 酒店及旅遊業		34	Legal Services 法律服務
	15	Info Technology 資訊科技		35	Museums Botanical & Geological Gardens 博物館、植物園和地質園
	16	Leisure Facilities (e.g. cinema, beauty / hairstyling salon & fitness center) 休閒設施 (例如戲院、美容院、理髮店及健身中心)		36	Religious Organizations 宗教組織
	17	Manufacturing 製造業		37	Scientific Research & Services 科學研究與服務
	18	Medical, Dental & Veterinary 醫療、牙科及獸醫		38	Security Services 保安服務
	19	Metal Working 金屬、五金業		39	Social Services 社會服務
	20	Military Force, Arms Dealers and Military Firms 軍隊、軍火商或軍事公司	Please DO NOT fill in this space 請不要填寫此欄		

If the business nature of your company is CONGLOMERATE, please tick all the types of business above that are engaged.
如貴公司的業務為聯合企業，請於上表選擇所有從事的業務。

Part B 乙部分

I/We hereby confirm to remove the following persons(s) from the Authorized Signatory List.
我/ 我們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: _____

(3) Name 姓名 : _____ Position 職銜: _____

(4) Name 姓名 : _____ Position 職銜: _____

Effective Date 生效日期 : _____

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 Management Company 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.

我/我們聲明及確認我/我們獲上述人士授權以本表格向管理公司發放上述人士之資料以用作處理本表格之用途。我/我們確認在此提供的所有該等資料經我/我們核實均為正確及完整。

I/We hereby authorise and acknowledge that the Management Company 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 Management Company 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 Management Company. I/We agree to be bound by any such instructions sent to the Management Company under my/our names and my/our signatures.

我/我們謹此授權管理公司依據以我/我們名義簽署發出以圖文傳真形式或其他傳遞形式, 送往管理公司之代表我/我們的指示以接納、處理及執行有關事宜。我/我們明白並同意我/我們將毋須提供進一步文件或正本作為確實或補充上述送往管理公司的指示之證明。我/我們同意及接受以我/我們名義及簽署至管理公司之任何指示約束。

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

I / We confirm that I / We have read, 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。

I/ we agree to indemnify and keep the Management Company and its affiliates indemnified against any and all losses, costs, expenses, actions, proceedings and liabilities suffered by the Management Company 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 Management Company's or its affiliates' execution of any such instructions except where there is proven (to the satisfaction of the Management Company or its relevant affiliate) willful default, gross negligence or fraud on the part of the Management Company or its relevant affiliate.

除因管理公司或其相關關聯公司被證明故意失責、嚴重疏忽或欺詐外(此證明須得管理公司或其相關關聯公司信納)，倘若我/我們或上述人士或我/我們之代理人或中介人所提供之資料錯誤及/或管理公司或其關聯公司因執行相關指示，而導致管理公司及/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，我/我們同意作出有關賠償予管理公司及其關聯公司。

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

我/我們明白若我/我們未能按此表格要求提供有關資料或同意給予管理公司，管理公司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.

我/我們確認已參閱、瞭解及同意上述事項及聲明。

Authorised signature**
授權人簽署**

Company chop
公司印鑑

Name 姓名 : _____

(same as that shown on your Macau/HK Permanent ID Card/Passport 與澳門/香港永久性居民身份證/護照上的名字相同)

Position 職銜 : _____

Copy of Macau Business Registration issued within 3 months / Constitution or relevant supporting documents showing the identity of the ultimate owner / controller
最近三個月之澳門商業登記 / 組織章程或相關證明文件顯示最終擁有人/管理人副本

attached? (please ✓ the box)
已附上? (請在方格內填上 ✓ 號)

Date 日期 : _____

**For Corporation, this list needs to be signed by the designated person and match with Signature method "Forma de obrigar" stated on the Macau Business Registration; and by the ultimate owner or any one of the ultimate controller for other types of organisation. For Partnership and other unincorporated business, a mandate from the partnership authorizing the opening of an account and conferring authority on those who will operate it should be obtained.

**就公司而言，本表格必須由澳門商業登記證明上之指定人士簽署，並與「簽名方式」相符；其他類別的機構，則須由最終擁有人或任何一位管理人簽署。合夥業務及非法團的業務機構，需提交由該合夥業務發出，以授權開戶和授權有關人士管理該帳戶的授權書。

Appendix No.附件編號: _____

**Please paste your Macau/HK Front and Back
Permanent ID Card / Passport copy here**
請在此貼上澳門/香港永久性居民正面及背面身份證/護照
副本

Appendix No.附件編號: _____

**Please paste your Macau/HK Front and Back
Permanent ID Card / Passport copy here**
請在此貼上澳門/香港永久性居民正面及背面身份證/護照
副本

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**Please paste your Macau/HK Front and Back
Permanent ID Card / Passport copy here**
請在此貼上澳門/香港永久性居民正面及背面身份證/護照
副本

Appendix No.附件編號: _____

**Please paste your Macau/HK Front and Back
Permanent ID Card / Passport copy here**
請在此貼上澳門/香港永久性居民正面及背面身份證/護照
副本