

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	
*				
o		1 1 1 1	Agency / Broker Name 營業員/經紀組別	
		2 2 2 2 2 3 3 3 3 3		
8	4 4 4 4 4 4 4 4		Agent / Financial Advisor's Name	
ø ø		5 5 5 5	營業員/理財顧問姓名	
		(6) (6) (6) (6) (7) (7) (7) (7)		
	8 8 8 8 8 8	8 8 8 8	Agent / Financial Advisor's Tel. No. 管業員/理財顧問電話號碼 CS	ice Use
	9 9 9 9 9 9 9 9	9 9 9 9		
*	0 0 0 0 0 0 0 0 0 0 0 0 0 0			
Diagon on	受保人姓名	a navivta ha avad		<u> </u>
	<i>mplete and return this form to th</i> credited (The Beneficiary) 收款之一方(受益人)		<i>DITEO. 前伙火填舄业將此投權貴交給收款之一方</i> Int No. to be credited 收款賬戶之號碼	7
Α	A INTERNATIONAL LIMITED		<u> 1 9 1 0 0 0 0 0 0 0 1 6 1 </u>	3 9
I/We/Our company hereby au named beneficiary (hereinafte	r referred to as "the Beneficiary"), details of which are specified I		ank") to effect transfers from my /our /our company account specified below to the account of eneficiary may from time to time advise the Bank. This authorization shall remain valid until fur	
Under no circumstances s	fers from my/our /our company said account such sums or sums nall the Bank be held responsible for any consequence(s) as a res	sult of unsuccessful transfer of fund(d(s) from my/our /our company account specified below.	
 Service charge of the Bank The Bank may disclose de 	n of this authorization has to be given by notice in writing. This au may be debited from my/our /our company account specified be tails of my/our /our company said account to any other third party	low. if the Bank finds it necessary and ap	appropriate.	
 The Bank shall not be oblig Full responsibility for any 		en given to me/us/our company. ny's account which may arise as a re	result of any such transfer(s) shall be jointly and severally accepted by me/us/our company.	
circumstances shall the B	ank be responsible.		onomical responsibilities caused by disclosing the details of the said form to any other third par	
が、中央で一部のでは、 数: 中國工商銀行(漁門)股份有限公司 本人(等)/本公司な授権中国国商銀行(漁門)股份有限公司(以下簡稱貴銀行)・根據友邦保險(國際)有限公司(以下簡稱公司)不時給予 貴銀行之指示・在本人(等)/本公司於 貴銀行開立之賬戶(賬戶號碼附誌如下) 内支取款項・銀行上巡公司的有關費用、重監另行書面通知為止。				
内支取影項。撤付上述公司的有關費用、直至另行書面通知為止。 本人(等)/本公司知及遵守下述複数辦理。 1.				
4. 貴銀行有權徵收服務費 5. 貴銀行認為必要和適當 6. 本人(等)/本公司原	用,並可由本人(等)/本公司之銀行賬戶內支付。 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 責銀行可根據自動和賬當天 表現行無差效率完整等主義。通知是不日本之本上/	料披露給其他機構。 兌換成受益人指定之收款貨幣。		
7. 本人(等)/本公司原 8. 本人(等)/本公司原 9. 本人(等)/本公司后 10. 本人(等)/本公司確	恩 自載行無義務権に該寺支款通知定台に父予本人(寺)/本公 共同及個別承擔因該等支款而令本人(等)/本公司之銀行賬戶出 意如由於本授權書並非直接交予 貴銀行以致本授權書上所載之資 認如下資料之內容。	司。 現透支(或令現時透支増加)之全部 料披露予第三者知悉,由此引起之任	部責任。 任何法律或其他經濟責任由本人(等)/本公司承擔機與 貴銀行無涉。	
My/Our Bank Name 本		My/Our Account No. 本。	人/吾等之賬戶號碼	
	mercial Bank of China (Macau) Limited 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。				
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				Ш
Relationship with (F 與(準)受保人/申請	人之關係:	*Signature of (Proposed) Applicant	, , , , , , , , , , , , , , , , , , , ,	
Applicant 申請人	(Proposed) Insured Beneficiary (準)受保人	*(準)受保人/申請人之簽>	名	
Other 其他 (Please specify 請註明)				
*(Proposed) Insu *(準)受保 人 /申請	red / Applicant sign on the right column 引人 須於右方格內簽署		Please read the terms carefully as stated on the back page before signing th 請於簽署前細閱背頁之條款	ne form.
For Bank use only 銀行東田	主管覆核	經辨	I/Our company confirm the policy details and witness the account holder si form. 本人/本公司已核對上述保單資料正確及見證賬戶持有人簽署本授權	-
銀行專用				_
備註:			Signature of Witness 見證人簽名	
			Date _{日期}	

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.

開記: 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。

