

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	營業員/經紀組		區域編號	;			
*								
■			1 1	Agency / I 營業員/編	Broker Name 壓紀組別			
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		5 5 5			TV1 MM L-1/TT H			
		777		Agent / Fi	nancial Advisor's Tel. No.		For O	ffice Use
-	8 8 8 8 8 8 8	8 8 8		營業員/理	里財顧問電話號碼		1	0
0	9 9 9 9 9 9 9 9	9 9 9						
*	Name of Insured 受保人姓名							
Please con	nplete and return this form to t	he party to	be cred	ited. 請	依次填寫並將此授權	書交給收款	次之一方	ケ
Name of party to be cr	edited (The Beneficiary) 收款之一方(受益 <i>)</i> AIA INTERNATIONAL LIN				Account No. to be credite 0 1 - 1 1 1 - 2			41015
TO: BANK OF CHINA LIMITED	MACAU BRANCH		k") to offeet trans	efore from my lo				
(hereinafter referred to as "the E I/We/Our company further agree	orize The Bank of China Limited Macau Branch (hereinafter in Beneficiary"), details of which are specified below, such sum of that:	or sums as the Benefic	ciary may from ti	ne to time advis	e the Bank. This authorization shall remain	n valid until further r	otice.	Deneticiary
Under no circumstances sha Any variation or cancellation	rs from my/our /our company said account such sums or sun II the Bank be held responsible for any consequence(s) as a of this authorization has to be given by notice in writing. This	result of unsuccessful authorization shall rem	transfer of fund(s) from my/our /	our company account specified below.			
 The Bank may disclose detains. The Bank shall be entitled to 	may be debited from my/our /our company account specified ils of my/our /our company said account to any other third pa convert the sum or sums to be transferred into the currency	ty if the Bank finds it n accepted by the Benef	ficiary at a rate d	opropriate. etermined by the	e Bank.			
Full responsibility for any over If this "Direct Debit Authorized	d to ascertain whether or not notice of any such transfer has erdraft (or increase in existing overdraft) on my/our /our comp ation Form" is not directly sent to the Bank, I/We/our compan	any's account which n	nay arise as a re	sult of any such nomical respons	transfer(s) shall be jointly and severally adibilities caused by disclosing the details of	ccepted by me/us/or the said form to an	ur company. y other third pa	arty. Under no
	the below concerned information.							
本人(等)/本公司茲授權中國 內支取款項,繳付上述公司的有 本人(等)/本公司知悉及遵守	けがけ 銀行股份有限公司澳門分行(以下簡稱貴銀行),根 據 友 邦 : 朝費用,直至另行書面通知為止。 下述條款辦理:	呆險(國際)有限2	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 貴銀行開立之朋	「 馬戸號碼	附誌如下)
真銀行接到公司的竹款进 如該賬款未能自本人(等 3. 如有任何令授權書失效之 4 青銀行有權衡收服務費用	は知即り入り、就頃夜公司所提供之盃額和味。。 ・)/本公司之銀行賬戶內支付,一切責任及後果,概與貴銀行 「變更,本人(等)/本公司必須書面通知 貴銀行。 貴銀行 り、並可由本人(等)/本公司之銀行賬戶內支付。	無涉。 在收到書面通知前,本	授權書繼續有效	0				
5. 貴銀行認為必要和適當時 6. 本人(等)/本公司授權 7. 本人(等)/本公司同意	·不必通知或取得本人(等)/本公司同意有權將有關的賬戶 貴銀行可根據自動扣賬當天 貴銀行所指定的匯率將轉賬款 :貴銀行無義務確定該等支款通知是否已交予本人(等)//本	資料披露給其他機構。 項兌換成受益人指定之 公司。		± 1/2				
8. 本人(等)/本公司願共 9. 本人(等)/本公司同意 10. 本人(等)/本公司確認	下述條款辦理: (如即可支付,款項接公司所提供之金額扣除。)/本公司之銀行賬戶內支付,一切責任及後果,概與貴銀行。)/本公司之銀行無戶內支付,一切責任及後果,概與貴銀行。一章銀行,立可由本人(等)/本公司之銀行賬戶內支付。一次。 ,並可由本人(等)/本公司之銀行賬戶內支付。 ,並可由本人(等)/本公司之銀行賬戶內支付。 ,並可由本人(等)/本公司司息有權將有關的賬戶 ,市必過知取得本人(等)/本公司息有權將有關的賬戶 青銀行可根據自動扣賬當天 貴銀行所指定的匯率將轉賬割 ,實銀行無稅確定該等支款無知是否已至。 同及個別承據因該等支款而令本人(等)/本公司之銀行賬戶 如由於本稅權書並非直接交予 貴銀行以致本稅權書上所載之 如下資料之內容。	資料披露予第三者知悉	· 由此引起之任	貝柱。 何法律或其他經	齊責任由本人(等)/本公司承擔概與 貴	銀行無渉。		
My/Our Bank Name z Bank of China	I .			(/吾等之賬戶號碼				
	可限公司澳門分行							Ш
My/Our Name as red	corded on Statement / Passbook. Separate	holder's names	with "/". 本	人/吾等在約	結單/存摺上所紀錄之名稱。請	青用"/"分隔耶	#名戶口。	
		\Box	\Box					$\Box\Box$
Relationship with (Pr	oposed) Insured / Applicant	*Signature of ((Proposed)	Insured /	My/Our Signature(s) 本人/	上 吾等之簽名		
與(準)受保人/申請人之關係: Applicant 								
Applicant 申請人	(Proposed) Insured Beneficiary 受益人							
Other 其他 (Please speci	fy 請註明) ed / Applicant sign on the right column							
*(準)受保人/申請/				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				
For Bank use only 銀行專用	主管 覆核		經辦		I/Our company confirm the policy details and witness the account holder sign on this 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書			
					Signature of Witness 見證人簽名			
上述申請已由系統自動取消。取消日期:。					Date日期 /			$\neg \neg \mid$
	与要求取消。取消表格附後。取消日期: _		•		/3	DD H	YYYY年	
NOTE				T.	付註:			

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。