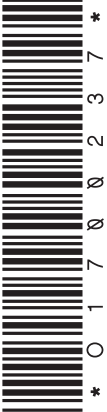




**DIRECT DEBIT AUTHORIZATION (Specific form) 直接付款授權書(專用表格)**

	<b>Policy Number 保單號碼</b> <input type="text"/>	<b>Agent / Broker Code 營業員/經紀組別編號</b> <input type="text"/>	<b>Area Code 區域編號</b> <input type="text"/>	<b>Agency / Broker Name 營業員/經紀組別</b> <input type="text"/>  <b>Agent / Financial Advisor's Name 營業員/理財顧問姓名</b> <input type="text"/>  <b>Agent / Financial Advisor's Tel. No. 營業員/理財顧問電話號碼</b> <input type="text"/>	<b>For Office Use</b> CS <input type="radio"/>
	(B) 1 1 1 1 1 1 1 1 1 (E) 2 2 2 2 2 2 2 2 2 (P) 3 3 3 3 3 3 3 3 3 (A) 4 4 4 4 4 4 4 4 4 (M) 5 5 5 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 7 7 7 7 7 7 7 7 7 8 8 8 8 8 8 8 8 8 9 9 9 9 9 9 9 9 9 0 0 0 0 0 0 0 0 0	1 1 1 1 1 2 2 2 2 2 3 3 3 3 3 4 4 4 4 4 5 5 5 5 5 6 6 6 6 6 7 7 7 7 7 8 8 8 8 8 9 9 9 9 9 0 0 0 0 0			
<b>Name of Insured 受保人姓名</b> <input type="text"/>					

Please complete and return this form to the party to be credited. 請依次填寫並將此授權書交給收款之一方

<b>Name of party to be credited (The Beneficiary) 收款之一方(受益人)</b> <b>AIA INTERNATIONAL LIMITED</b>	<b>Account No. to be credited 收款賬戶之號碼</b> 0 0 1 0 9 2 3 6 0 0 0 1
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I/We/Our company hereby authorize The Hongkong and Shanghai Banking Corporation Limited (hereinafter referred to as "the Bank") to effect transfers from my/our company MOP account specified below to the account of the above named beneficiary (hereinafter referred to as "the Beneficiary"), details of which are specified below, such sum or sums as the Beneficiary may from time to time advise the Bank. This authorization shall remain valid until further notice. I/We/Our company further agree that:

- The Bank may effect transfers from my/our company said account such sums or sums as advised by the Beneficiary at any time with immediate effect.
- 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 company account specified below.
- 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.
- Service charge of the Bank may be debited from my/our company account specified below.
- The Bank may disclose details of my/our company said account to any other third party if the Bank finds it necessary and appropriate.
- 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.
- The Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us/our company.
- Full responsibility for any overdraft (or increase in existing overdraft) on my/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.
- If this "Direct Debit Authorization Form" is not directly sent to the Bank, I/We/our company agree to take all the legal or/and economical responsibilities caused by disclosing the details of the said form to any other third party. Under no circumstances shall the Bank be responsible.
- I/We/Our company confirm the below concerned information.

本人(等)/本公司茲授權香港上海匯豐銀行有限公司(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澳門幣賬戶(賬戶號碼附註如下)內支取款項,繳付上述公司的有關費用,直至另行書面通知為止。本人(等)/本公司知悉及遵守下述條款辦理:

- 貴銀行接到公司的付款通知即可支付,款項按公司所提供之金額扣除。
- 如該賬款未能自本人(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。
- 如有任何令授權書失效之變更,本人(等)/本公司必須書面通知貴銀行。貴銀行在收到書面通知前,本授權書繼續有效。
- 貴銀行有權徵收服務費用,並可由本人(等)/本公司之銀行賬戶內支付。
- 貴銀行認為必要和適當時,不必通知或取得本人(等)/本公司同意有權將有關的賬戶資料披露給其他機構。
- 本人(等)/本公司授權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項兌換成受益人指定之收款貨幣。
- 本人(等)/本公司同意貴銀行無義務確定該等支款通知是否已交付本人(等)/本公司。
- 本人(等)/本公司願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現透支(或令現時透支增加)之全部責任。
- 本人(等)/本公司同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料披露予第三者知悉,由此引起之任何法律或其他經濟責任由本人(等)/本公司承擔概與貴銀行無涉。
- 本人(等)/本公司確認如下資料之內容。

<b>My/Our Bank Name 本人/吾等之銀行</b> <b>The Hongkong and Shanghai Banking Corporation Limited</b> <b>香港上海匯豐銀行有限公司</b>		<b>My/Our MOP Account No. 本人/吾等之澳門幣賬戶號碼</b> <input type="text"/>	
<b>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。</b> <input type="text"/>			
<b>Relationship with (Proposed) Insured / Applicant 與(準)受保人/申請人之關係:</b> <input type="checkbox"/> Applicant 申請人 <input type="checkbox"/> (Proposed) Insured (準)受保人 <input type="checkbox"/> Beneficiary 受益人 <input type="checkbox"/> 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		<b>*Signature of (Proposed) Insured / Applicant *(準)受保人/申請人之簽名</b> <input type="text"/>	
<b>Remarks 備註:</b> <input type="text"/>		<b>My/Our Signature(s) 本人/吾等之簽名</b> <input type="text"/>  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	
<b>Payment Set 付款代號</b> (Life: D92) (CPA: D91)		<b>For Bank Use Only 以下由銀行填寫</b> <b>Signature Verified</b> Date 日期 <input type="text"/> / <input type="text"/> / <input type="text"/>	

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。