Direct Debit Authorisation
直接付款授權書

Please complete and return this form to the Party to be credited.
請填寫並將此授權書交給收款之一方。

The expression the "Company" used in this application form refers to "AXA China Region Insurance Company (Bermuda) Limited" (incorporated in Bermuda with limited liability) and AXA China Region Insurance Company Limited.
本申請書中所用之「本公司」或「貴公司」之表述指安盛保險 (百慕達) 有限公司 (於百慕達註冊成立的有限公司) 及安盛金融有限公司。

Proposed Owner 建議持有人 / Owner's Name 持有人姓名

In English 英文姓名	Surname 姓	Given Name 名

Financial Consultant Details 理財顧問資料

Financial Consultant's Code 理財顧問編號：	Financial Consultant's Name 理財顧問姓名：	Office Location 辦公室地址：

1. Direct Debit Authorisation and Declaration 直接付款授權和聲明

I/We HEREBY AUTHORISE my/our below named Bank to effect transfers from my/our account to that of the below named Beneficiary in accordance with such instructions as my/our Bank may receive from the Beneficiary from time to time.
本人 / 我們現授權本人 / 我們之下述銀行，（根據受益人不時給予本人 / 我們銀行之指示）自本人 / 我們之帳戶內轉帳予下述受益人。

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
本人 / 我們同意本人 / 我們之銀行毋須證實該等轉帳通知是否已交予本人 / 我們。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).
如因該等轉帳而令本人 / 我們之帳戶出現透支 (或令現時之透支增加)，本人 / 我們願共同及個別承擔全部責任。

I/We AGREE that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual charge to be paid by me/us and that it may cancel this authorisation at any time on one week's written notice.
本人 / 我們同意如本人 / 我們之帳戶並無足夠款項支付該等授權轉帳，本人 / 我們之銀行有權不予轉帳，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。

This authorisation shall have effect until further notice.
本授權書將生效直至另行通知為止。

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.
本人 / 我們同意，本人 / 我們取消或更改本授權書之任何通知，須於取消 / 更改生效日最少兩個工作天之前交予本人 / 我們之銀行。

I/We hereby declare that the below information is true, accurate and complete and agree to fully indemnify and hold the Company harmless from any loss, claim, damage, proceeding, cost, expense and liability directly or indirectly suffered or incurred by the Company in connection with the disclosure of any of the information contained herein or process any such transfer(s) or payment(s).
本人 / 我們謹此聲明下述之資料乃屬真實、準確及完整，並同意對貴公司作全面賠償擔保，不使貴公司因披露本授權書中之任何資料或處理任何該等轉帳或付款因而令貴公司直接或間接遭受或招致任何損失、申索、損害、訴訟、費用、支出及責任。

Name of Party to be Credit ("the Beneficiary") 收款之一方 (受益人) **AXA China Region Insurance Company Limited**	Bank No 銀行編號	Branch No 分行編號	Account No to be Credited 收款帳戶之號碼
	0 0 4	1 1 1	0 2 8 0 9 8 0 0 1

Please complete all the details shown below. 請填寫下列各項

2. Personal Bank Account Details 個人銀行帳戶資料 /Policy Information 保單資料

Name of Bank and Branch 銀行及分行之名稱

	Bank No 銀行編號	Branch No 分行編號	Bank Account No 銀行帳戶號碼

English Name of Bank Account Holder
銀行帳戶持有人英文姓名

English Name of Other Bank Account Holder (Applicable to Joint Account)
其他銀行帳戶持有人英文姓名 (適用於聯名戶口)

ID No. of Bank Account Holder
銀行帳戶持有人身份證明文件號碼 _____

Type 類別   ☐ HKID 香港身份證   ☐ Passport 護照
☐ Business Registration Certificate 商業登記證
☐ Certificate of Incorporation 公司註冊證書
☐ Other 其他 ( )

ID No. of Other Bank Account Holder
其他銀行帳戶持有人身份證明文件號碼 _____

Type 類別   ☐ HKID 香港身份證   ☐ Passport 護照
☐ Business Registration Certificate 商業登記證
☐ Certificate of Incorporation 公司註冊證書
☐ Other 其他 ( )

Policy Number (Debtor's Reference) 保單號碼 (債務人參考)	Proposed Owner/Owner's Name 建議持有人 / 持有人姓名	Relationship between Proposed Owner/Owner and Bank Account Holder 建議持有人 / 持有人與銀行帳戶持有人之關係
		☐ Owner 持有人 ☐ Insured 被保人 ☐ Beneficiary 受益人 ☐ Other (Please Specify) 其他 (請註明) _____
		☐ Owner 持有人 ☐ Insured 被保人 ☐ Beneficiary 受益人 ☐ Other (Please Specify) 其他 (請註明) _____
		☐ Owner 持有人 ☐ Insured 被保人 ☐ Beneficiary 受益人 ☐ Other (Please Specify) 其他 (請註明) _____

Note : All information provided in above must be consistent with that in your bank's record.
備註： 所有以上提供的資料必須與銀行紀錄相同。

3. Personal Information Collection Statement 收集個人資料的聲明

The Company recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (**"PDPO"**). Personal data will be collected only for lawful and relevant purposes and all practicable steps to be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes (**"Purposes"**), including:

1. processing and evaluating any applications or requests made by you for products/services offered by the Company and other companies of the AXA Group (**"our affiliates"**);
2. providing subsequent services to you, including but not limited to administering the policies issued;
3. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
4. evaluating your financial needs;
5. designing products/services for customers;
6. conducting market research for statistical or other purposes;
7. matching any data held which relates to you from time to time for any of the purposes listed herein;
8. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
9. conducting identity and/or credit checks and/or debt collection;
10. complying with the laws of any applicable jurisdiction;
11. carrying out other services in connection with the operation of the Company's business; and
12. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA China Region Insurance Company Limited
Suite 2001, 20/F, Tower Two, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong
A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

本公司明白其就《個人資料 (私隱) 條例》(香港法例第 486 章)(**"條例"**) 收集、持有、處理、使用和 / 或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的： 本公司不時有必要收集閣下的個人資料，並可能因下列各項目的 (**"有關目的"**) 而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 處理和評估閣下就本公司及安盛集團的其他公司 (**"安盛關聯方"**) 所提供之產品 / 服務提出的任何申請或要求；
2. 向閣下提供後續服務，包括但不限於執行 / 管理已發出的保單；
3. 與就本公司和 / 或安盛關聯方提供的任何產品 / 服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
4. 評估閣下的財務需求；
5. 為客戶設計產品 / 服務；
6. 為統計或其他目的進行市場研究；
7. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
8. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
9. 進行身份和 / 或信用核查和 / 或債務追收；
10. 遵守任何適用的司法管轄區的法律；
11. 開展與本公司業務經營有關的其他服務；及
12. 與上述任何目的直接有關的其他目的。

個人資料的轉移： 個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. 與就本公司和 / 或安盛關聯方提供的任何產品 / 服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士 (包括私家偵探)；
3. 在香港或香港以外其他地方向本公司和 / 或安盛關聯方提供行政，技術或其他服務並對個人資料負有保密義務的任何代理、承包商或第三方；
4. 信貸資料機構或 (在出現拖欠還款的情況下) 追討欠款公司；
5. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；及
6. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

個人資料的查閱和更正： 根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

個人資料保護主任
安盛金融有限公司
香港銅鑼灣勿地臣街 1 號時代廣場 2 座 20 樓 2001 室
本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement (**"PICS"**). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS.

本人 / 我們確認本人 / 我們已閱讀並明白收集個人資料的聲明《該聲明》。本人 / 我們確認本人 / 我們已被通知本人 / 我們須詳細閱讀《該聲明》，而本人 / 我們已詳細閱讀《該聲明》對貴公司所收集或持有之本人 / 我們的個人資料的影響 (不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人 / 我們特此確認並同意貴公司根據《該聲明》使用及轉移本人 / 我們的個人資料。

IMPORTANT : PLEASE DO NOT SIGN ON BLANK FORM
請勿在空白表格上簽署

Signature(s) of Bank Account Holder(s) (must be consistent with signature(s) of your bank account) 銀行帳戶持有人簽署 (須與銀行帳戶記錄相符)	Signature of Proposed Owner/Owner 建議持有人 / 持有人簽署	Date(YYYY/MM/DD) 日期 (年 / 月 / 日)

Broker Name 保險經紀公司名稱　　　　：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Broker code 保險經紀公司編號　　　　：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Item 種類	Description 詳情
Payment Method 付款方式	□ Cheque 支票 □ Bank draft 銀行支票 (Please provide Remittance Advice 請提供銀行通知書) □ TT 電匯 / Online Banking Transfer 網上銀行繳費 　(Please provide TT Advice/ Online Payment Record 請提供銀行通知書 / 網上銀行繳費收據) □ Direct Bank in with Cash Deposit 直接銀行轉賬 　(Please provide Original Bank Deposit Slip 請提供銀行入數紙正本) □ Credit Card 信用卡 (for new business only 只限新生意)
Payor 付款人 * Please circle the correct answer 請圈出正確答案	□ Policy owner 保單持有人　□ Insured 保單受保人　□ Beneficiary 保單受益人 □ Direct Family Member to Policy Owner / Insured * (Relationship: 　＿＿＿＿＿＿＿＿＿＿＿＿＿)與 持有人/ 受保人 * 為直系親屬 (關係: ＿＿＿＿＿＿＿＿＿＿＿＿) 　Please provide relationship proof if needed 如適用，請提供關係證明 □ Others 其他 (Please provide Third party payment Form 請提出第三者付款聲明)
Currency & Amount 貨幣及金額	□ HKD 港元　$＿＿＿＿＿＿＿＿　　□ USD 美元 $＿＿＿＿＿＿＿＿ □ Others 其他 (貨幣: ＿＿＿＿＿＿) $＿＿＿＿＿＿＿＿
Policies Information 保單資料	□ 1 policy 1 張保單 　　　Policy no 保單號碼:＿＿＿＿＿＿＿＿＿＿＿　　　Amount 金額 $＿＿＿＿＿＿＿ □ Total ＿＿＿＿ Policies / 合共 ＿＿＿＿＿ 張保單 　　　Policy no 保單號碼:＿＿＿＿＿＿＿＿＿＿＿　　　Amount 金額 $＿＿＿＿＿＿＿ 　　　Policy no 保單號碼:＿＿＿＿＿＿＿＿＿＿＿　　　Amount 金額 $＿＿＿＿＿＿＿ 　　　Policy no 保單號碼:＿＿＿＿＿＿＿＿＿＿＿　　　Amount 金額 $＿＿＿＿＿＿＿ 　　　Policy no 保單號碼:＿＿＿＿＿＿＿＿＿＿＿　　　Amount 金額 $＿＿＿＿＿＿＿
Type of Premium 保費類別	□ New Business 新生意 □ Renewal premium with IIE 續期保費(接受指數增值抗衡通脹選項) □ Renewal premium without IIE 續期保費(不接受指數增值抗衡通脹選項) □ Reinstatement / redating / loan repayment 保單復效 / 更改保單生效日期 / 償還貸款 □ Premium shortage 保費缺額 □ For policy change, please State 保單更改, 請說明 ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Please attach cheque/ bank draft/ TT advice/ credit card slip/ original bank deposit slip together with the form.
請把支票**/** 匯票**/** 電匯單**/** 信用卡繳費紙**/** 銀行入數紙正本連同此表格一併交回。

Please Attached

<Please staple the payment together 請把付款文件釘在一起>

Remarks

a) Post-date payment is not accepted and will be returned to broker.
　不接受事後日期的任何付款，有關文件會被退回保險經紀公司。

b) For excess premium, excess amount will be deposit into future premium deposit (FPD) account for life policy and will be refunded to payor for ILAS policy.
　非投資保單：本公司會把多付保費放到保單內的預繳保費戶口。投資保單：本公司會把多付保費直接退還給付款人。

c) For premium shortage, payment received will be deposit into deposit for change (DFC) account for both life and ILAS policy and notify broker via "Request for change notification" report
　所有投資及非投資保單，如有保費缺額，有關保費將會放到保單內的等待更改戶口，保險經紀公司可在"Request for change Notification"通知書上查閱。