



安盛



Policy Number 保單編號：

# Application Form for Supplement Addition (Applicable to CareForAll Hospital Cash Supplement)

## 附加契約投保申請書 (適用於盛滿愛住院現金保障附加契約)

**Important note:**

- This form is to be completed by the Owner/Trustee/Collateral Assignee in BLOCK LETTERS and signed with the signature same as recorded in the policy file.
- If your application is submitted through your Financial Consultant, please state his/her consultant code, name and contact number.
- Please submit a copy of the identification document of the Owner, unless submitted before, together with this form.**
- For any changes on your identification information, please complete and submit the "Policy Service Application Form I" or "Supplement to Application - For Corporate Owner" to apply for the information change. We shall treat the relevant customer information unchanged from our latest record unless we receive your notice on the change of the information.
- We reserve the right to ask for additional identification documents where necessary.
- Please do not sign on blank form.
- The original of this form and supporting documents submitted will not be returned.

**重要事項：**

- 此申請書應由持有人/信託人/抵押轉讓受讓人以正楷填寫及簽名，簽名式樣須與保單上的記錄相符。
- 如此申請書經理財顧問遞交，請註明理財顧問編號、姓名及聯絡號碼。
- 如在之前未有遞交身份證明文件，請隨此申請書一併遞交持有人的身份證明文件副本。**
- 如閣下的身分識別資料有所更改，請填寫並提交「保單服務申請書」或「投保/保單服務申請資料補充 - 持有人為公司團體專用」以辦理有關資料更改手續。倘若本公司未有收到閣下之申請，有關的資料將視作與本公司最近之記錄維持不變。
- 本公司有權因應需要要求持有人遞交其他文件。
- 請勿在空白申請書上簽署。
- 所遞交之正本申請書及所需文件將不獲退還。

"The Company" or "AXA":  
“本公司”、“貴公司”或“AXA 安盛”：  
AXA China Region Insurance Company (Hong Kong) Limited  
安盛金融保險（香港）有限公司 /  
AXA China Region Insurance Company Limited  
安盛金融有限公司

### Personal Details of Insured/Owner/Trustee/Collateral Assignee 被保人/持有人/信託人/抵押轉讓受讓人個人資料

|   | <b>Insured<br/>被保人</b>  | <b>Owner (Leave blank if Owner is the Insured)<br/>持有人 (如持有人為被保人則無須填寫)</b> |   |  |
|---|---|--|---|--|
| Name<br>姓名  |   |  |   |  |
| Name of Trustee/Collateral Assignee (if any)<br>信託人/抵押轉讓受讓人姓名<br>(如有)   | Not Applicable<br>不適用   |  |   |  |
| Name of Employer<br>僱主名稱  |   |  |   |  |
| Office Address<br>辦事處地址   |   |  |   |  |
| Note 註：<br>If the address is located in the Mainland China, please complete Section 8 of this form.<br>如地址位於中國大陸，請完成本表格的第8部份。   | Room/Flat 室/單位<br>Floor 層數<br>Block 座   | Room/Flat 室/單位<br>Floor 層數<br>Block 座                                      |   |  |
|   | Name of Building/Estate 大廈或屋邨名稱   | Name of Building/Estate 大廈或屋邨名稱  |   |  |
|   | Street No. & Name 街道名稱及號碼   | Street No. & Name 街道名稱及號碼  |   |  |
|   | City/District 城市/地區   | City/District 城市/地區  |   |  |
|   | Postal Code 郵寄代號  | Country 國家   | Postal Code 郵寄代號  | Country 國家   |
| Office Contact Number<br>辦公室聯絡號碼  |   |  |   |  |
| Employer's Business Nature<br>僱主業務性質  |   |  |   |  |
| Occupation<br>職業  | Title 職位  | Main Duties 主要職務   | Title 職位  | Main Duties 主要職務   |
| Current Monthly Income (HK\$)<br>現時每月收入 (港幣)  |   |  |   |  |
| Education<br>教育程度   | <input type="checkbox"/> Primary or below<br>小學或以下                                    | <input type="checkbox"/> Secondary/Advanced Level<br>中學/預科                 | <input type="checkbox"/> Primary or below<br>小學或以下                                    | <input type="checkbox"/> Secondary/Advanced Level<br>中學/預科 |
|   | <input type="checkbox"/> Tertiary or above<br>大專或以上                                   |  | <input type="checkbox"/> Tertiary or above<br>大專或以上                                   |  |
| Have you resided outside the country/city of the provided Residential Address for more than 6 months during the last 12 months?<br>您曾否於過去十二個月內在所提供之住宅地址的國家/城市以外居留超過六個月？ | <input type="checkbox"/> Yes (Please provide the country and city):<br>有 (請註明國家及城市) : |  | <input type="checkbox"/> Yes (Please provide the country and city):<br>有 (請註明國家及城市) : |  |
|   | <hr/>   |  | <hr/>   |  |
|   | <input type="checkbox"/> No<br>否  |  | <input type="checkbox"/> No<br>否  |  |

\* NHK1CHCHDC\*

LFUW264-2511

## 1. Addition of Supplementary Benefit

### 新增附加契約

Addition  
新增      Supplement Name  
附加契約名稱

CareForAll Hospital Cash Supplement  
盛滿愛住院現金保障附加契約

## 2. Personal Statement: Other Insurance Information

### 個人聲明：其他保險資料

Insurance in force and amount (including currently applied for) on Insured. Please complete the table below if applicable.  
 被保人所有現行生效 (包括在申請中) 之保險保障。如適用，請於下列表格內註明。

| Insurance Company<br>Name<br>承保公司名稱 | Sum Insured/Protection Amount/Notional Amount/Benefit (HK\$)<br>保額/保障金額/名義金額/保障 (港幣) |                             |   |                           |                                     | Date of Issuance<br>(YYYY/MM)<br>簽發日期 (年/月) |
|-------------------------------------|--|-----------------------------|---|---------------------------|-------------------------------------|---|
|                                     | Life Insurance (Including<br>Lifetime Annuity)<br>人壽保險 (包括終身年金)                      | Disability Income<br>傷病入息保障 | Critical Illness<br>Insurance<br>嚴重疾病保險 | Personal Accident<br>個人意外 | Hospital Cash/<br>Income<br>住院現金/入息 |   |
|                                     |  |                             |   |                           |                                     |   |
|                                     |  |                             |   |                           |                                     |   |
|                                     |  |                             |   |                           |                                     |   |
|                                     |  |                             |   |                           |                                     |   |

## 3. Health Check-Up Consent and Declaration

### 身體檢查同意書及聲明

The "I" and "my" shall refer to Owner and the "you" and "your" shall refer to Insured under session 3 Health Check-Up Consent and Declaration in this application. (For the avoidance of doubt, the expressions "We", "Our" or "Us" include Owner and Insured.)

第3部份身體檢查同意書及聲明所提及的「本人」乃指有關此投保申請的持有人；「您」及「您的」乃指有關此投保申請的被保人。(為免存疑，「我們」指包括持有人及被保人)

| Health Check-up Consent 參與身體檢查同意書   | Agree<br>同意              | Disagree<br>不同意          |
|---|--------------------------|--------------------------|
| I/We ACKNOWLEDGE AND CONFIRM that I/We have read and understood the Terms and Conditions of Free Medical Check-up Services of Plans under CareForAll Series (the "Term & Conditions"). I/We confirm that I/We have been advised to read carefully the Terms and Conditions, and I/We have read it carefully and fully understand its effect and impact in respect of the health data of the Insured collected or held by AXA. Based on the foregoing, I/We hereby give my/Our acknowledgement, and agree to participate in the free medical check-up services of plans under CareForAll Series and the use of the health data of the Insured by AXA in accordance with the Terms and Conditions.<br>本人/我們確認本人/我們已閱讀並明白盛滿愛系列產品免費身體檢查服務之條款及細則 (「條款及細則」)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀條款及細則，而本人/我們已詳細閱讀及充分明白條款及細則對AXA安盛所收集或持有之被保人的健康資料的效果及影響。根據以上所述，本人/我們特此確認同意參與盛滿愛系列產品免費身體檢查服務，並同意AXA安盛根據條款及細則使用被保人的健康資料。 | <input type="checkbox"/> | <input type="checkbox"/> |

| Underwriting Questions & Answers 核保問題及答案   | Insured<br>被保人  |                          |
|--|---|--------------------------|
| Yes<br>是   | No<br>否   |                          |
| 1. In the past 3 months, have you undergone medical consultations/investigations, and been recommended to have medical follow-up as below:<br><ul style="list-style-type: none"> <li>• hospitalisation; or</li> <li>• surgery; or</li> <li>• follow-up consultations/investigations?</li> </ul> If in the past 3 months, <ul style="list-style-type: none"> <li>• you have been recommended to have investigations/hospitalisation/surgery but have not completed doing so OR</li> <li>• if you experienced symptoms or signs (including but not limited to lump, tumour, any kind of growth, coughing up blood, blood in stool or in urine, exertional or recurrent chest pain, sudden onset of weakness and/or numbness, or memory loss that disrupts daily activities) even if you have not consulted a medical practitioner, please answer yes.</li> </ul> 在過去3個月內，您是否曾經接受診治/檢查，及被建議接受以下醫學跟進：<br><ul style="list-style-type: none"> <li>• 入住醫院；或</li> <li>• 手術；或</li> <li>• 跟進診治/檢查？</li> </ul> 在過去3個月內，<br><ul style="list-style-type: none"> <li>• 若您曾經被建議接受任何檢查/入住醫院/進行任何手術，但尚未完成；或</li> <li>• 若您出現病徵及症狀 (包括但不限於腫塊、腫瘤、任何其他贅生物、咳血、糞便或尿液帶血、誘發性或反覆性胸痛、突發的虛弱及/或麻痺感或記憶喪失影響日常生活)，而您未尋求醫療意見，請回答是。</li> </ul> | If your answer is "Yes", you are not eligible for this Supplement.<br>如回答「是」則不符合是次新增此附加契約的條件。 | <input type="checkbox"/> |
| 2. In the past 2 years, have you:<br><ul style="list-style-type: none"> <li>• been admitted into a hospital for more than 3 consecutive days; or</li> <li>• undergone any surgery (including day case procedure) requiring ongoing or regular follow-up consultations or medical care (such as monthly, every 2 months, half-yearly or annually)?</li> </ul> 在過去2年內，您是否曾經：<br><ul style="list-style-type: none"> <li>• 入住醫院多於連續3日；或</li> <li>• 進行任何手術 (包括日間手術) 後需要持續或定期接受跟進診治或醫療護理 (例如每月、每兩個月、每半年或每年)？</li> </ul>  | If your answer is "Yes", you are not eligible for this Supplement.<br>如回答「是」則不符合是次新增此附加契約的條件。 | <input type="checkbox"/> |

# Application Form for Supplement Addition (Applicable to CareForAll Hospital Cash Supplement) 附加契約投保申請書 (適用於盛滿愛住院現金保障附加契約)

|   | Yes<br>是  | No<br>否                  |
|---|---|--------------------------|
| 3. Have you ever been diagnosed with any one of the following diseases?<br>您是否曾被確診患有下列任何一種疾病？   | If your answer is "Yes", you are not eligible for this Supplement.<br>如回答「是」則不符合是次新增此附加契約的條件。 | <input type="checkbox"/> |
| • cancer or carcinoma-in-situ, malignant neoplasm, leukaemia and other blood tumours<br>癌症或原位癌、惡性腫瘤、白血病及其他血液腫瘤  |   | <input type="checkbox"/> |
| • heart disease (angina, myocardial infarction, coronary artery disease, heart failure, cardiomyopathy, heart valve diseases, heart defects) or undergone heart surgery (including angioplasty)<br>心臟疾病 (心絞痛、心臟病發作、冠狀動脈疾病、心臟衰竭、心肌病、心瓣疾病、心臟缺陷) 或接受心臟手術 (包括血管成形術) |   | <input type="checkbox"/> |
| • stroke (including transient ischaemic attack, also known as mini stroke)<br>中風 (包括短暫性腦缺血，俗稱「小中風」)   |   | <input type="checkbox"/> |
| • liver cirrhosis<br>肝硬化  |   | <input type="checkbox"/> |
| • chronic renal failure<br>慢性腎衰竭  |   | <input type="checkbox"/> |
| • chronic obstructive pulmonary disease that required hospitalisation or emergency visits<br>慢性阻塞性肺病而曾需要入院或緊急就診   |   | <input type="checkbox"/> |
| • cognitive disorders (including dementia, mild cognitive impairment) or other neurological disorders<br>認知功能障礙 (包括認知障礙症、輕度認知障礙) 或其他神經系統疾病  |   | <input type="checkbox"/> |

## 4. Change of Personal Information

### 更新個人資料

If the identity document and/or address of Owner has/have been changed since last submission, please put a '✓' to the related box(es) below.  
若持有人的身份證件和/或地址自上次提交後有所更改，請在下列相關的空格內加上「✓」號。

Change of Identity Document (Please also submit copy of the latest identification proof)  
更改身份證件 (請同時提交最新身份證明文件副本)

Change of Residential Address/Business Address/Registered Office Address in Place of Incorporation (Please also submit copy of address proof issued within 3 months from the date of submission and "Policy Service Application Form I")  
更改住宅地址/公司業務地址/於成立註冊地點之公司註冊辦事處地址 (請同時提交於申請遞交日期3個月內發出之地址證明副本及「保單服務申請書 I」)

## 5. Declarations and Agreement

### 聲明及協議

I HEREBY CONFIRM that I am not acting on behalf of any other person for this policy change/service application unless otherwise expressly indicated in this application form or any other documents provided to the Company for this application.

I HEREBY DECLARE that I understand that the Company may deduct any outstanding amount applicable from the payout and/or sum received by the Company under the Policy according to the applicable statutory and/or regulatory requirement(s), including levy collected by the Insurance Authority.

I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred to in this application and in the relevant policy contract(s) (hereinafter referred to as "Relevant Persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself and such other persons) that

- (1) my policy shall be changed in accordance with the particulars set in this application;
- (2) the application(s) shall only take effect provided all of the following conditions are met: (i) any required payment for the application(s) is paid in full; (ii) the application(s) is/are approved by the Company at the Company's office (as defined in the policy contract of the above policy) during the lifetime of the person(s) insured by the above policy;
- (3) the application(s) shall be effective from the date of this request unless a later date is specifically indicated, but only if the change is provided by the policy or is allowed by the Company under the policy;
- (4) the Incontestability Provision and Suicide Exclusion Provision in the policy shall apply upon reinstatement, changes or addition of sum insured/protection amount/ notional amount or supplements and the period of time specified in the said provisions shall run from the date of approval of this application by the Company;
- (5) the application(s) as indicated above is/are based on my own judgement and I have not relied on any advice provided by Financial Consultant;
- (6) in the case of an investment-linked plan, I fully understand that investment in investment-linked plan involves risks. Value of units in investment options may rise or fall. The benefits payable under such plan are, depending on the policy features, in whole or in part, linked to the performance of the investment options in my investment option allocation instruction;
- (7) all information, statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true;
- (8) all statements and answers to such questions, together with this application, shall form the basis for policy change/service and become a part of the policy;
- (9) the Company is not bound by any statement which I may have made to any person if not written or printed here;
- (10) I have to reimburse the fees as charged by medical service providers if I apply to obtain the results of any Medical Examination Report/Laboratory Tests.

I HEREBY AUTHORISE on behalf of the Relevant Persons

- (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the Relevant Persons and/or who has attended or may hereafter attend to me/the Relevant Persons to disclose such information to the Company as the Company may request;
- (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/the Relevant Persons in relation to this application and any claim arising therefrom.
- (3) the Company to give either the Insurance Authority or other parties, as required for relevant records or information.

This authorisation shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.

If we fail to provide any information requested in this application, it may result in the Company's inability to accept or process this application.

I HEREBY DECLARE AND AGREE that I have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorisations.

本人謹此確認本人並沒有代表任何其他人士提出此保單更改/服務申請；如在此申請書或就此申請提交的任何其他文件上另有註明則除外。

本人謹此聲明本人明白貴公司或會從保單的給付金額及/或貴公司為保單所收金額中，根據適用法定及/或規管要求扣除任何逾期金額，包括保險業監管局收取的徵費。

本人謹此代表本人及其他在此申請書上及有關的保單合約內提及之人士 (下稱「相關人士」或「我們」) (為免存疑，「相關人士」或「我們」指包括本人及此申請書提及之其他人士) 聲明及同意

- (1) 本人之保單依照本申請書之選擇作出更改；
- (2) 申請需符合下列條件後方可生效；(i) 繳清所有申請所需之款項；(ii) 申請是於上述保單被保人生之情況下經貴公司在公司辦事處 (根據上述保單合約內之定義) 批核；
- (3) 更改之要求由申請日期生效，除非特別指定一較遲日期，但該更改必須是保單內列為可更改事項或經貴公司許可；
- (4) 保單內之不得異議條款及自殺豁免條款將應用於所有復效、更改或增加保額/保障金額/名義金額或附加保險之申請，但條款內指定之時限將由公司批核日期起計；
- (5) 上述之申請是基於本人之個人判斷，並沒有依賴任何理財顧問所提供的意見；
- (6) 如投資連繫式壽險計劃，本人完全明白投資在投資連繫式壽險計劃涉及風險，投資選擇單位價值可升亦可跌，投資連繫式壽險計劃的全部或部分可支付利益將視乎保單的特點與本人之投資選擇分配指示中所揀選之投資選擇的表現連繫；
- (7) 上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所言，均為事實之全部並確實無訛；
- (8) 上述問題的所有答案 (如適用) 及此申請書，將成為更改保單的根據，並作為保單一部份；
- (9) 本人對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，貴公司不須受其約束；
- (10) 如本人申請獲取有關體格檢驗/化驗所測試報告的結論，本人必須向本公司補償由醫生/化驗所收取的費用。

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本人謹此代表相關人士授權

- (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士，凡知道或持有任何有關本人/相關人士之記錄，及/或曾診驗或可能將會診驗本人/相關人士者，均可應貴公司要求將該等資料提供給貴公司；
- (2) 貴公司或任何其指定之驗身醫生、醫療人員或化驗所，可就此申請或任何與此有關之賠償申請替本人/相關人士進行所需之醫療評估及測試，作為審核本人/相關人士之健康狀況；
- (3) 貴公司於有需要時，向保險業監管局或其他機構提供相關紀錄或資料。

此授權對相關人士之繼承人及受讓人具有約束力；即使相關人士死亡或無行為能力時，此授權仍具效力。此授權書的影印本與正本均有同等效力。

如我們不能提供任何此申請所需的資料，貴公司或不能接受或處理此申請。

本人謹此聲明及同意已獲相關人士授權及同意本人作出以上聲明、協議及授權。

## 6. Personal Information Collection Statement

### 收集個人資料的聲明

Please visit our website ([www.axa.com.hk](http://www.axa.com.hk) > Customer Service > Downloads > Life Insurance > Personal Information Collection Statement) and read carefully the details of the Personal Information Collection Statement ("PICS") which can also be made available upon request.

For our policy on using your personal data for marketing purposes, please see the section below "Use and provision of personal data in direct marketing".

**Use and provision of personal data in direct marketing:** The Company intends to:

- (1) use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
- (2) conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer: (a) insurance, banking, provident fund or scheme, financial services, securities and related products and services; (b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
- (3) the above products and services may be provided by the Company and/or: (a) any of our affiliates; (b) third party financial institutions; (c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above;
- (d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities;
- (4) in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose.

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

**Important:** If you do not agree to the use and provision of your personal data for direct marketing as set out in the section "Use and provision of personal data in direct marketing", please indicate your request by ticking the box below. Once your opt-out instruction is recorded, we will not use your personal data for direct marketing.

**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, including the use and provision of my/Our personal data for the purpose of direct marketing.

I/We do not agree with the use and provision of my/Our personal data for direct marketing purposes as set out above in the **Personal Information Collection Statement** (see "Use and provision of personal data in direct marketing") and do not wish to receive any promotional and direct marketing materials.

請登入本公司網頁 ([www.axa.com.hk](http://www.axa.com.hk) > 客戶服務 > 下載區 > 人壽保險 > 收集個人資料聲明) 下載或向本公司索取收集個人資料的聲明 ("該聲明")，並細閱《該聲明》的詳細資料。如欲了解本公司為促銷目的使用閣下的個人資料的政策，請參閱下文 "在直接促銷中使用及將其個人資料提供予其他人士" 部份。

**在直接促銷中使用及將其個人資料提供予其他人士：**本公司有意：

- (1) 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；(2) 就本公司，安盛關聯方，本公司合作者夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷 (包括但不限於提供獎賞、客戶或會員或優惠計劃)：(a) 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；(b) 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品；(3) 以上服務及產品將會由本公司及/或以下機構提供：(a) 任何安盛關聯方；(b) 第三方金融機構；(c) 提供上文(2)所列之服務及產品之本公司及/或安盛關聯方的商業合作夥伴或合作品牌夥伴；(d) 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；(4) 除由本公司促銷上述服務及產品外，本公司亦有意將上文(1)段部份所述的資料提供予上文(3)段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意 (包括表示不反對)。

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

**重要通知：**如閣下不同意根據 "收集個人資料的聲明" 使用和轉移閣下的個人資料作直接促銷用途 (參閱 "在直接促銷中使用及將其個人資料提供予其他人士" 部份)，請在下列方格內加上刷號 ("✓")。當閣下拒絕直接促銷的指示被紀錄後，本公司將不會使用閣下的個人資料作為直接促銷用途。

**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，包括在直接促銷中使用及將本人 / 我們個人資料提供予其他人士。

本人 / 我們不同意貴公司根據 "收集個人資料的聲明" 使用和轉移本人 / 我們的個人資料作直接促銷用途 (參閱 "在直接促銷中使用及將其個人資料提供予其他人士" 部份) 及並不願意接收任何貴公司的推廣及直接促銷的材料。

## 7. Commission Disclosure Declaration (Applicable to Policy's Financial Consultant as Insurance Broker) 佣金披露聲明 (適用於保單之理財顧問為保險經紀)

I/We understand, acknowledge and agree that, as a result of my/Our application for change/reinstatement in relation to the policy issued/to be reinstated by the Company, the Company will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where I/We am/are a body corporate, the authorised person who signs on my/Our behalf further confirms to the Company that he or she is authorised to do so.

I/We further understand that the above agreement is necessary for the Company to proceed with the application.

本人 / 我們明白、確知及同意，貴公司會就本人 / 我們就貴公司已簽發 / 復效的保單所申請的保單更改 / 保單復效，於保單有效期內 (包括續保期) 向負責安排有關保單的獲授權保險經紀支付佣金。假如本人 / 我們為法人團體，代表本人 / 我們簽署的獲授權人員並向貴公司確認他 / 她已獲法人團體授權簽署。

本人 / 我們亦明白貴公司必須取得本人 / 我們以上的同意，才可以處理有關申請。

**8. Consents to Data Processing Pursuant to AXA Privacy Policy (Applicable to individual signatory(ies) with any declared address in the Mainland China only)**  
同意根據AXA 安盛的私隱政策進行資料處理 (只適用於任何申報地址位於中國大陸的個人簽署)

Please sign below to ACKNOWLEDGE and CONFIRM you agree to the following statements and grant **each** of the separate consents below. If you do not agree to grant any one of the consents below, the Company and/or other companies of the AXA Group may not be able to provide the information, products or services you need or process your request.

請在下方簽署，以確悉及確認您同意以下聲明，並對下列每一項作出單獨同意。如果您不同意對下列任何一項作出同意，AXA 安盛及/或AXA 安盛集團的其他公司可能無法提供您所需的資料、產品或服務或處理您的請求。

- I/We have read and consent to the Privacy Policy<sup>#</sup>; and  
本人 / 我們已經閱讀並同意私隱政策<sup>#</sup>；及
- I/We agree to the processing and/or management of my/Our personal data, sensitive personal data, and that of minors under my/Our guardianship (if applicable) outside of Mainland China as prescribed in the Privacy Policy.  
本人 / 我們同意本人 / 我們的個人資料、敏感個人資料及由本人 / 我們監護的未成年人 (如適用) 之敏感個人資料依照私隱政策於中國大陸境外處理及 / 或管理。

In the case that the Insured is aged below 18, I/We grant **each** of the above separate consents on behalf of the Insured as his/her guardian or authorised person (as the case may be).

若被保人未滿 18 歲，本人 / 我們以其監護人或獲授權人 (視情況而定) 的身份，代表被保人對上述每一項作出單獨同意。

<sup>#</sup> The Privacy policy is available here: <https://www.axa.com.hk/en/legal>

<sup>#</sup> 在此取得私隱政策：<https://www.axa.com.hk/zh/legal>

Signature of Insured (If aged 18 or above)/the Guardian or authorised person of Insured (If Insured is aged below 18)  
被保人簽署 (如十八歲或以上) / 被保人的監護人或獲授權人簽署  
(如被保人未滿十八歲)

Signature of Owner/Trustee/Collateral Assignee/Irrevocable Beneficiary  
持有人 / 信託人 / 抵押轉讓受讓人 / 不可更換受益人簽署

**9. Signature**

簽署

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

Signature of Insured (If aged 18 or above)  
被保人簽署 (如十八歲或以上)

Signature of Owner/Trustee/Collateral Assignee/Irrevocable Beneficiary  
持有人 / 信託人 / 抵押轉讓受讓人 / 不可更換受益人簽署

Signature of Witness/Financial Consultant  
見證人 / 理財顧問簽署

Sign Date (YYYY/MM/DD)  
簽署日期 (年 / 月 / 日)

Full Name of Witness/Financial Consultant  
見證人 / 理財顧問之姓名

**Financial Consultant Details 理財顧問資料**

|            |  |                        |
|------------|--|------------------------|
| Name<br>姓名 |  |                        |
| Code<br>編號 |  | Contact Number<br>聯絡號碼 |