



## Policy Owner Declaration Form – Corporate Payment

### 保單持有人聲明書 - 公司付款

#### Important note:

This form is to be filled by the Policy Owner / Trustee / Assignee in BLOCK LETTERS and signed with the signature same as recorded in the policy file. The Corporate Payer is also required to sign.

#### 重要事項：

此申請書應由保單持有人／信託人／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。公司付款人亦需填寫及簽名。

#### 1. Policy owner / Applicant details 保單持有人／申請人資料

Full name of Policy owner / Applicant :

保單持有人／申請人姓名：

HKID / Passport number:

香港身份證／護照號碼：

Financial Consultant Code:

理財顧問編號：

Financial Consultant Name:

理財顧問姓名：

Financial Consultant Contact No.:

理財顧問聯絡號碼：

#### 2. Payment details 付款資料

##### 1. Means of payment 付款方式

☐ Cheque  
支票

Cheque No.:

支票編號：

☐ Credit Card  
信用卡

Credit Card No.

信用卡編號：

☐ Direct Debit Authorisation  
直接付款授權書

Account No.:

賬戶編號：

☐ Others  
其他

##### 2. Policy(ies) / application(s) to be settled and respective amount 需支付之保單／投保申請及相應金額

Count 項數	Policy / Application No. 保單／申請編號	Amount Paid (in HK\$/US\$) 付款金額(港幣／美金)
1		
2		
3		
4		
5		
	Grand Total 付款總額：	

##### 3. Source of funds 資金來源

Brief description of the main source(s) of funds from the payer for this payment 簡述付款人資金之主要來源

☐ Investment 投資

☐ Company profits 公司利潤

☐ Obtained from policy owner 從保單持有人取得

☐ Others (please specify) 其他(請必須註明)

#### Note 注意：

If means of payment is more than one type, please complete a separate form 如付款方式多於一種，請另填寫表格。

#### Note 注意：

All policies must be owned by same policy owner 所有保單須屬同一保單持有人

**3. Corporate payment details 公司付款資料**Name of company / institution  
公司 / 機構名稱Contact number  
聯絡號碼

Company / Institution address 公司 / 機構地址

Name of person acting on behalf of the company / institution  
公司 / 機構代表姓名HKID / Passport number  
香港身份證 / 護照號碼Designation  
職銜Contact number  
聯絡號碼Percentage of shares of the Company held by the Policy Owner / Life Insured  
保單持有人或受保人持有公司股份百分比 %**Note 注意:**

Please submit this form together with the supporting document showing the Policy Owner / Life Insured holding 50% or above shares of the company.

必須連同證明文件一同提交已顯示保單持有人或受保人持有公司50%或以上股份。

**4. Reason for Corporate payment 公司付款之原因**Please provide reason for payment by Corporate Payer on behalf of the Policy Owner / Applicant  
請提供付款人代表保單持有人 / 申請人付款之原因

**5. Declaration of Policy Owner / Applicant 保單持有人/ 申請人聲明**

I/We, hereby consent to providing personal data collected in this form for use by AXA China Region Insurance Company Limited, AXA China Region Insurance Company (Hong Kong) Limited, AXA Wealth Management (HK) Limited or any of its affiliated companies or associated individual/organisations ("the Company") for the purpose of gathering relevant data in respect of the internal guidelines of the Company on the prevention of money laundering and terrorist financing. Data collected from this Declaration form relating to the Corporate Payer may be used and/or held (whether electronically or otherwise) and/or, disclosed and/or transferred (whether within or outside Hong Kong) to any individual/ organisations for the purpose of processing the payment of premium and levy of the aforementioned policy number(s) stated in Section 2.2 above and/ or communicating with me/us and/ or complying with the Company's internal guidelines on the prevention of money laundering and terrorist financing and the requirements of any law or statutory authority binding on the Company and/or other means the Company deems appropriate. Failure to supply the requested data may result in the Company being unable to accept money from the Corporate Payer. I/We hereby confirm that proper consent has been obtained from the Corporate Payer and further undertake to notify the Corporate Payer of the purpose of providing his/ her personal data to the Company and his/ her right to access and amend this information.

I/We hereby declare that I have given my consent to the corporate payment for the sums payable for the premium and levy of the aforementioned policy number(s) stated in Section 2.2 and that the funds from the Corporate Payer are from legitimate source/s under the laws of Hong Kong or any other jurisdiction.

I/We hereby declare that the above information is true and complete and agree to fully indemnify and hold the Company harmless from any loss, claim, damage, proceeding, cost, expense and liability suffered or incurred by the Company in connection with the disclosure of any of the information contained herein or process the forementioned payment.

I/We 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.

本人/ 我們同意安盛金融有限公司、安盛金融保險（香港）有限公司，安盛財富管理（香港）有限公司或其關聯或其個別人士/ 組織合作伙伴（統稱“公司”）根據其內部指引要求蒐集有關防止洗黑錢及恐怖份子集資活動資料，提供本人/ 我們之個人資料並予以使用。本聲明書內所收集有關公司付款人之資料將會使用及/ 或存檔（不論以電子或其他形式）及/ 或披露及/ 或移交予個別人士/ 組織（不論香港境內或境外）用以處理入帳上述第二部(2)所列保單號碼之保費及徵費及/ 或與本人聯絡及/ 或表示遵從公司防止洗黑錢及/ 或恐怖份子集資活動之內部指引及/ 或符合任何對公司具約束力之法律或法定組織之要求及/ 或任何其他公司認為恰當之用途。若所需資料不被提供，公司將不能接受公司付款人所支付之款項。本人/ 我們確定已獲得公司付款人之正式同意並保證告知公司付款人有關公司要求其提供個人資料的目的及其查閱及更改之權利。

本人/ 我們謹此聲明本人同意以公司付款方式繳付上述第二部(2)所列保單號碼之應付保費及徵費並聲明由公司付款人所繳付之款項根據香港法例或司法管轄範圍內是從合法途徑獲得。

本人/ 我們謹此聲明上述之資料乃屬正確及完整並同意倘若公司因披露本聲明書中之任何資料或處理上述所指之付款因而衍生令公司遭受損失、申索、損害、訴訟、訴訟費用、支出及需承擔或涉及任何責任，本人/ 我們將全部負責並作出補償。

本人/ 我們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。

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

Signature of Policy Owner/ Applicant/ Trustee/ Assignee 保單持有人/ 申請人簽署/ 信託人/ 受讓人 (same as the insurance application form) (與投保申請表格一致)	Place of Signature 簽署地	Date of Signature (D/M/Y) 簽署日期(日/月/年)
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**6. Declaration of Corporate Payer 公司付款人聲明**

I/We hereby declare that this corporate payment is being made with the consent of the Policy Owner/Applicant and such payment is being made solely for and on behalf of the Policy Owner/Applicant for payment of premium and levy of the aforementioned policy number(s) stated in Section 2.2 above and no interest and/or any legal right is vested or will be vested to me as a result of such corporate payment made by me/us.

I/We, hereby consent to providing personal data collected in this form for use by AXA China Region Insurance Company Limited, AXA China Region Insurance Company (Hong Kong) Limited, AXA Wealth Management (HK) Limited or any of its affiliated companies or associated individual/organisations ("the Company") for the purpose of gathering relevant data in respect of the internal guidelines of the Company on the prevention of money laundering and terrorist financing. Data collected from this declaration form may be used and/or held (whether electronically or otherwise) and/or, disclosed and/or transferred (whether within or outside Hong Kong) to any individual/organisations for the purpose of processing the payment of premium and levy of the aforementioned policy number(s) stated in Section 2.2 above and/ or communicating with me/us and/ or complying with the Company's internal guidelines and the requirements of any law or statutory authority binding on the Company and/or other means the Company deems appropriate. Failure to supply the requested data may result in the Company being unable to accept money. I/we hereby confirm that I/we are aware of my/our right to access and amend this information.

I/We hereby confirm that the sums payable for the premium and levy of the aforementioned policy number(s) stated in Section 2.2 are from legitimate source/s under the laws of Hong Kong or any other jurisdiction.

I/We hereby declare that the above information is true and complete and agree to indemnify and hold the Company harmless from any loss, claim, damage, proceeding, cost, expense and liability suffered or incurred by the Company in connection with the disclosure of any of the information contained herein or process the aforementioned payment.

I/We 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.

本人/ 我們謹此聲明以公司付款方式繳付上述第二部(2)所列保單號碼之應付保費及徵費已獲保單持有人/ 申請人的同意並且純粹代表保單持有人/ 申請人繳付上述之保費，是項繳款並沒有獲委任何利益或合法權益而本人/ 我們並沒有因作為公司付款人而獲委任何利益或合作權益。

本人/ 我們同意安盛金融有限公司、安盛金融保險（香港）有限公司，安盛財富管理（香港）有限公司或其關聯或其個別人士/ 組織合作伙伴（統稱“公司”）根據其內部指引要求蒐集有關防止洗黑錢及恐怖份子集資活動資料，提供本人/ 我們之個人資料並予以使用。本聲明書內所收集之資料將會使用及/ 或存檔（不論以電子或其他形式）及/ 或披露及/ 或移交予個別人士/ 組織（不論香港境內或境外）用以處理入帳上述第二部(2)所列保單號碼之保費及徵費及/ 或與本人聯絡及/ 或表示遵從公司防止洗黑錢及/ 或恐怖份子集資活動之內部指引及/ 或符合任何對公司具其約束力之法例或法定組織之要求及/ 或任何其他公司認為恰當之用途。若所需資料不被提供，公司將不能接受此款項。本人/ 我們確定已得悉本人/ 我們查閱及更改之有關資料之權利。

本人/ 我們謹此確認用以繳付上述第二部(2)所列保單號碼之應付保費及徵費之款項根據香港法例或司法管轄範圍內是從合法途徑獲得。

本人/ 我們謹此聲明上述之資料乃屬正確及完整並同意倘若公司因披露本聲明書中之任何資料或處理上述所指之付款因而衍生令公司遭受損失、申索、損害、訴訟、訴訟費用、支出及需承擔或涉及任何責任，本人/ 我們將全部負責並作出補償。

本人/ 我們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。

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

Signature of Corporate Payer 公司付款人簽署	Place of Signature 簽署地	Date of Signature (D/M/Y) 簽署日期(日/月/年)

For Company Endorsement Use Only 公司批註專用
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