



redefining / standards



Policy Number 保單編號 :

## Policy Service Application Form II 保單服務申請書 II

### Full name of Insured 被保人姓名

In English Surname 英文姓名 姓	Given Name 名
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### Full name of Owner / Trustee / Collateral Assignee 持有人 / 信託人 / 抵押轉讓受讓人姓名

In English Surname 英文姓名 姓	Given Name 名
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### Financial Consultant Details 理財顧問資料

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 :
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The expression "the Company" used in this application form refers to "AXA China Region Insurance Company (Bermuda) Limited", a company incorporated in Bermuda with limited liability / "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）/ 安盛金融有限公司。

## Application of Change Type & Important Note 更改項目申請及重要事項

**Note 注意:** This is required to tick the box(es) below to indicate your change application(s). Please read "Important note" and complete related section(s).  
請在下列所需更改項目的空格內加上「✓」號。請細閱「重要事項」並填寫相關部分。

<input type="checkbox"/> Coverage Changes 保障更改	<input type="checkbox"/> Policy Reinstatement 保單復效	<input type="checkbox"/> Removal / Reduction of Occupational Rating 剔除 / 減低職業額外風險	<input type="checkbox"/> Other Service Request 其他更改
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### 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 – 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 tick in the box to indicate the change(s) you want to apply.
- Please do not sign on blank form.

### 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、職銜及聯絡電話。
- 如在此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 I」或「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。
- 請於方格內以「✓」來表示所申請的更改項目。
- 請勿在空白申請書上簽署。

## Occupation Details of Insured / Owner / Trustee 被保人 / 持有人 / 信託人職業資料

<input type="checkbox"/> Insured 被保人	<input type="checkbox"/> Owner / Payor (for policy with Applicant's Waiver of Premium / Payor Benefit only) 持有人 / 付款人 (只適用於申請人豁免保費保障 / 付款人豁免付費權益保障)	<input type="checkbox"/> Insured's Spouse (for Spouse Benefit only) 被保人配偶 (只適用於配偶保障)
Current Occupation Title 現時職位	Main Duties 主要職務	
Name of Employer & Office Address 僱主名稱及辦事處地址	Name of Employer 僱主名稱	
	Room 室 / Flat 單位	Floor 樓層
	Name of Building/Estate 大廈或屋邨名稱	
	Street No. & Name 街道名稱及號碼	
District 地區	Postal Code 郵寄代碼	Country 國家
Nature of Employer's Business 僱主業務性質	Office Contact Number 辦公室聯絡號碼	Current Monthly Income (HK\$) 現時每月收入 (港幣)



\*LWUFPOS\*

**1. Coverage Changes 保障更改**

**Note 注意:** If you wish to change the coverage, please complete sections 5-6. 如閣下欲更改保障，請繼續填寫第五至六部份。

Change of plan 更改計劃

Change from 由 \_\_\_\_\_ to 改為 \_\_\_\_\_

Increase sum insured of Basic Plan 提高基本投保額

New Amount (in policy currency) 更改後之基本投保額 (保單貨幣) \_\_\_\_\_

Change of Supplementary Benefit (Please state the details below) 更改附加契約 (請於下列填寫有關的更改)

Supplement Name 附加契約名稱	Addition 新增	Increase / Upgrade 加大 / 提高	Sum insured after addition / increase (in policy currency) 新增 / 加大後投保額 / 保障 (保單貨幣)
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

**2. Policy Reinstatement 保單復效**

**Note 注意:** If you wish to perform policy reinstatement, please complete sections 5-7. 如閣下欲申請保單復效，請繼續填寫第五至七部份。

In accordance with policy provision 根據保單條款

By forwarding (Redating) the Policy Date 移前(更改)保單生效日期

**3. Removal / Reduction of Occupational Rating 剔除 / 減低職業額外風險**

**Note 注意:** Current occupation details must be provided on "Occupation details of Insured / Owner / Trustee".  
必須於「被保人 / 持有人 / 信託人職業資料」提供新工作資料。

Started New Job on (YYYY年/MM月/DD日)  
轉職 / 就職日期

**4. Other Service Request 其他更改**

**5. Personal Statement 個人聲明**

**Important Note 重要資料:**

The "you" and "your" under this section shall refer to Insured in this application. If Applicant's Waiver of Premium is applied, the "you" and "your" shall refer to both the Owner and the Insured unless otherwise stated. If any of the answers to the questions in this section is/are yes, or the space provided is insufficient, please indicate the section and question number and provide the details in Section 6.

此部份所提及的「您」及「您的」，乃指有關此投保申請的被保人。如同時申請申請人之豁免保費，除非另有說明，否則「您」及「您的」乃指持有人及被保人。若此部份任何問題之答案為「有」或所提供之空位不敷應用，請於第六部份列明題號及註明詳情。

1 Insurance in force and amount (including currently applied for) on Insured (If yes, please state.) 被保人所有現行生效 (包括在申請中) 之保險保障 (如有, 請說明。)						Yes 有 <input type="checkbox"/>	No 否 <input type="checkbox"/>								
Name of Insurance Company 承保公司名稱	Sum Insured / Benefit (HK\$) 投保額 / 保障 (港幣)					Date of Issuance (YYYY/MM) 簽發日期 (年 / 月)									
	Life Insurance 人壽保險	Disability Income 傷病入息保障	Critical Illness Insurance 嚴重疾病保險	Personal Accident 個人意外	Hospital Benefit/Income 醫療 / 住院入息保障										
						<table border="1"> <thead> <tr> <th colspan="2">Insured 被保人</th> <th colspan="2">Owner 持有人</th> </tr> <tr> <th>Yes 有</th> <th>No 否</th> <th>Yes 有</th> <th>No 否</th> </tr> </thead> </table>		Insured 被保人		Owner 持有人		Yes 有	No 否	Yes 有	No 否
Insured 被保人		Owner 持有人													
Yes 有	No 否	Yes 有	No 否												
2 Has any previous application for or reinstatement of life, disability, health or other insurance for you been declined, postponed, rated or in any way modified? 您在過去投購人壽、傷病、醫療或其他保險時，又或在要求復效該類保單時，曾否遭拒絕、延期、加費或更改受保條件？						<input type="checkbox"/>	<input type="checkbox"/>								
3 Have you ever made a claim for accident, disability, health insurance and/or social welfare benefits? 您曾否因意外、傷病或健康理由而申請保險賠償及 / 或社會福利？						<input type="checkbox"/>	<input type="checkbox"/>								
4 (A) Do you use or have you ever used any tobacco products in the past 12 months? If yes, please state average daily consumption and number of years. 您有否或曾在過去十二個月內吸食任何煙草產品？若有，請註明每天平均消耗量及吸煙年期。						<input type="checkbox"/>	<input type="checkbox"/>								
(B) Do you drink alcohol? If yes, please state type and consumption per week. 您有否飲用酒精飲品？如有，請註明種類及每週的飲用量。						<input type="checkbox"/>	<input type="checkbox"/>								
(C) Have you ever taken drugs or narcotics as a habit? If yes, please state type and quantity. 您曾否慣性服用藥物或麻醉劑？如有，請註明種類及數量。						<input type="checkbox"/>	<input type="checkbox"/>								
5 Do you participate or intend to participate in any hazardous activities related to your occupation or recreation such as diving, mountaineering, motor sports or aviation (excluding flying as a passenger on a regular schedules airline)? If yes, please complete appropriate questionnaire/Personal Statement. 您有否參與或打算參與任何與工作或娛樂有關之危險性活動？例如：潛水、爬山、賽車或飛行（以乘客身份乘搭商業性之民航客機除外）。如有，請填妥有關問卷 / 個人聲明。						<input type="checkbox"/>	<input type="checkbox"/>								
6 Have you resided outside Hong Kong for more than 6 months during the last 12 months? If yes, please state the country and city, duration and reason. 您曾否於過去十二個月內在香以外居留超過六個月？如有，請註明國家及城市，停留時間及原因。						<input type="checkbox"/>	<input type="checkbox"/>								
7 (A) Please state the height and weight of the Life to be assured. 請註明被保人及持有人之身高及體重。						Height 身高	/								
* Please circle as appropriate 請圈出適當的答案						*m 米 / inches 吋	*m 米 / inches 吋								
						Weight 體重	/								
(B) Any weight change of more than 10lbs/5kg in the past 12 months? If yes, please provide exact amount and reason. 過去十二個月內，您的體重有否增減超過十磅 / 五公斤？如有，請提供增減之重量及原因。						*kg 公斤 / lbs 磅	*kg 公斤 / lbs 磅								
8 Have you ever had or received counseling, medical advice or treatment for any of the following? 您曾否因下列任何一種狀況而接受輔導、醫療諮詢或治療？						<input type="checkbox"/>	<input type="checkbox"/>								
(A) Cardiovascular or circulatory system, heart or blood disorder, e.g. chest pain, high blood pressure, heart attack, stroke, palpitation, murmur, blood lipid problem or anaemia. 心臟血管或循環系統、心臟或血液疾病，如：胸痛、高血壓、心肌梗塞、中風、心悸、心臟雜音、血脂問題或貧血。						<input type="checkbox"/>	<input type="checkbox"/>								
(B) Respiratory system, e.g. tuberculosis, asthma or pneumonia. 呼吸系統疾病，如：肺結核、哮喘或肺炎。						<input type="checkbox"/>	<input type="checkbox"/>								
(C) Gastrointestinal system, e.g. liver disorder (including hepatitis or hepatitis carrier B or C), ulcer, intestinal or stomach disease, biliary disorder. 腸胃系統疾病，如：肝臟疾病或功能失常 (包括乙型或丙型肝炎或肝炎帶菌)、潰瘍、腸胃不適、膽道異常。						<input type="checkbox"/>	<input type="checkbox"/>								
(D) Kidney and genitourinary systems e.g. stones, disorder(s) of urinary bladder, prostate, breasts, uterus, uterus cervix or other reproductive organs or complication of pregnancy, e.g. ectopic pregnancy, disseminated intravascular coagulation, gestational diabetes or hypertension etc. 腎臟及泌尿系統疾病，如：結石、膀胱之疾病或功能失常、前列腺、乳房、子宮、子宮頸或其他生殖器官疾病；或懷孕期間之併發症，如：宮外孕、瀰漫性血管內凝血、糖尿病或高血壓等。						<input type="checkbox"/>	<input type="checkbox"/>								
(E) Metabolic and endocrine system, e.g. diabetes, thyroid disorder. 代謝及內分泌系統疾病，如：糖尿病、甲狀腺失調。						<input type="checkbox"/>	<input type="checkbox"/>								
(F) Nervous system, psychiatric disorder or impairment of the sense organ(s), e.g. cerebral palsy, epilepsy, convulsion, stroke, other neurological disorder, depression, other psychiatric disorder, or disorder of the eyes, nose, throat and ears. 神經系統、精神異常或感官疾病，如：大腦性麻痺、癲癇症、抽搐、中風、其他神經疾病、抑鬱、其他精神失常；眼睛、鼻、喉或耳朵之疾病或功能失常。						<input type="checkbox"/>	<input type="checkbox"/>								
(G) Musculoskeletal system, or skin, e.g. joint, limb or bone condition or any other physical defect. 肌肉及骨骼或皮膚病，如：關節、肢體、骨骼或任何其他身體缺損。						<input type="checkbox"/>	<input type="checkbox"/>								
(H) Tumour, e.g. cancer, melanoma, cyst, lump, polyp or growth of any kind. 腫瘤，如：癌症、黑色素瘤、囊腫、腫塊、息肉或任何其他贅生物。						<input type="checkbox"/>	<input type="checkbox"/>								
(I) Sexually transmitted disease, AIDS, AIDS related complex or any other AIDS related condition. 經性接觸傳染之疾病，愛滋病、愛滋病相關複合症或任何其他與愛滋病相關的狀況。						<input type="checkbox"/>	<input type="checkbox"/>								
9 Are you currently receiving or do you intend to seek or have been advised to seek any medical advice or treatment; or been prescribed medication for any other condition which has lasted for more than 14 days (apart from usual flu and colds); or are you waiting the results of any tests/investigations? 您是否現正、曾被建議或打算接受任何醫療諮詢或醫藥治療；或其他情況下被處方藥物超過十四天以上 (傷風、感冒除外)；或您是否現正等候任何檢驗或診斷結果？						<input type="checkbox"/>	<input type="checkbox"/>								
10 In the past Five years, have you had any diagnostic tests done e.g X-ray, ultrasound, MRI, CT scan, biopsy, pap smear (applicable to female only), electrocardiogram, blood or urine test(s)? If yes, please state type, reason, date of test done and results of test. Please provide copy of available. 過去五年內，您曾否接受診斷檢驗如X光、超聲波、磁力共振、電腦掃描、細胞組織化驗、子宮頸細胞塗片檢查 (只適用於女性)、心電圖、血液或尿液檢查？如有，請註明種類、檢查原因、日期及結果及提供副本以供參考。						<input type="checkbox"/>	<input type="checkbox"/>								
11 Has your biological mother, father, or any sister or brother been diagnosed prior to age 60 with any of the following? 您的親生父母、兄弟姊妹是否於六十歲前被診斷患有以下疾病？						<input type="checkbox"/>	<input type="checkbox"/>								
• Cancer, cardiovascular or circulatory disease or disorders, stroke, diabetes, hepatitis B or C, renal disease or disorders, blood diseases or disorders, psychiatric problem or any other inherited conditions. 癌症、心臟血管或循環系統疾病或功能失常、中風、糖尿病、乙型或丙型肝炎、腎病、血液疾病、精神病或其他任何遺傳疾病。						<input type="checkbox"/>	<input type="checkbox"/>								
12 For Female with aged 12 or above only: 只適用於十二歲或以上之女性： Are you now Pregnant? If yes, please advise pregnancy-related check up results and expected date of delivery. 您現在是否懷孕？如是，請提供妊娠檢查之結果及預產期						<input type="checkbox"/>	<input type="checkbox"/>								
						(YYYY 年 / MM 月 / DD 日)	<input type="checkbox"/>								

## 6. Supplementary Details 詳情補充

### Insured 被保人

Section & Question No. 部份及題號	Details 詳情

### Owner 持有人

Section & Question No. 部份及題號	Details 詳情

## 7. Personal Statement – Terminal Illness 個人健康聲明 — 末期疾病

	Insured 被保人	
	Yes 有	No 否
Had the Insured ever been hospitalized for observation, operation or medical treatment, or been advised to undergo treatment or investigation for cardiovascular or circulatory disease, stroke, any kind of tumour or cancer, disorder of the liver, kidneys or nervous system in the past 5 years? If yes, please provide details including dates, diagnosis, duration, treatment, result, names and addresses of all attending physicians. 在過去五年內，被保人曾否因任何腫瘤或癌症、心臟血管及循環系統、中風、肝、腎或神經系統的疾病而接受或被建議接受住院觀察、外科手術或治療？若有，請提供詳情，包括日期、診斷結果、持續時間、治療方法、治療結果、主診醫生姓名及地址。	<input type="checkbox"/>	<input type="checkbox"/>

## 8. 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 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

- my policy shall be changed in accordance with the particulars set in this application;
- 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;
- 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;
- the Incontestability Provision and Suicide Exclusion Provision in the policy shall apply upon reinstatement, changes or addition of sum insured 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;
- 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;
- 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;
- 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;
- 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;
- the Company is not bound by any statement which I may have made to any person if not written or printed here.

I HEREBY AUTHORISE on behalf of the Relevant Persons

- 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;
- 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.
- the Company to give either the Hong Kong Federation of Insurers or other parties, as required for proper administration of the Code of Practice for Life Insurance Replacement, a copy of the Customer Protection Declaration and any related 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

- 本人之保單依照本申請書之選擇作出更改；
- 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在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；
- 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；
- 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；
- 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；
- 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；
- 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；
- 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；
- 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。

本人謹此代表相關人士授權

- 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；
  - 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；
  - 貴公司於有需要時，向香港保險業聯會或其他執行壽險轉守則的機構，提供客戶保障聲明書副本，以及其他有關紀錄或資料；
- 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。

## 9. 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 will 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:

- offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("our affiliates") or our business partners (see "Use and provision of personal data in direct marketing" below), and administering, maintaining, managing and operating such products/services;
- processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
- providing subsequent services to you, including but not limited to administering the policies issued;
- 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;
- evaluating your financial needs;
- designing products/services for customers;
- conducting market research for statistical or other purposes;
- matching any data held which relates to you from time to time for any of the purposes listed herein;
- 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;
- conducting identity and/or credit checks and/or debt collection;
- complying with the laws of any applicable jurisdiction;

## Policy Service Application Form II 保單服務申請書 II

- (12) carrying out other services in connection with the operation of the Company's business; and
- (13) 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 (including direct marketing 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.

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"**.

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

**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.

If you wish to withdraw your consent, please inform us in writing to the address in the section on **"Access and correction of personal data"**. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

**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 1601-6, 16/F, Tower 1, 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) 向閣下推介、提供和營銷本公司、安盛集團的其他公司( "**安盛關聯方**") 或本公司的商業合作夥伴(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)之產品 / 服務，以及提供、維持、管理和操作該等產品 / 服務；
- (2) 處理和評估閣下就本公司及安盛關聯方所提供之產品 / 服務提出的任何申請或要求；
- (3) 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；
- (4) 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；
- (5) 評估閣下的財務需求；
- (6) 為客戶設計產品 / 服務；
- (7) 為統計或其他目的進行市場研究；
- (8) 不時就本條款所列的任何目的核對所持有的與閣下有關係的任何資料；
- (9) 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；
- (10) 進行身份和 / 或信用核查和 / 或債務追收；
- (11) 遵守任何適用的司法管轄區的法律；
- (12) 開展與本公司業務經營有關的其他服務；及
- (13) 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由本公司和 / 或安盛關聯方提供行政、技術或其他服務(包括直接促銷服務)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入、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。

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。

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。

**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，本公司合作品牌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。

閣下如欲撤回閣下給予本公司的同意，請發信至下文 "**個人資料的查閱和更正**" 部份所列的地址通知本公司。本公司會在不再收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

**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：

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1座16樓1601-6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。

## Policy Service Application Form II 保單服務申請書 II

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.

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。

[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 tick the box below and we will not use your personal data for direct marketing.]

[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  加上剔號 (“✓”)，本公司將不會使用閣下的個人資料作為直接促銷用途。]

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.

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。

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

Sign on _____ 簽署日期 (YYYY 年/ MM 月/ DD 日)	_____ Signature of Insured 被保人簽署
_____ Signature of witness / Financial Consultant 見證人 / 理財顧問簽署	_____ 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
(Name 姓名 : _____ )	