

(Incorporated in Bermuda with limited liability)

## DIRECT DEBIT AUTHORISATION FOR CREDIT CARD ACCOUNT

信用卡戶口直接付款授權書

Section 1: Policy / AIA Vitality I	Membership Information	第一部分:保單 /「AIA Vitality 健康	程式」會員資料
Policy Number or AIA Vitality Membership Number 保單號碼或「AIA Vitality 健康程式」 會籍編號	Name of Insured / AIA Vitality Me 受保人 /「AIA Vitality 健康程式」 會員姓名		190555
Agent / Broker Code 營業員 / 經紀號碼	Agent / Broker's Name 營業員 / 經紀姓名	Agent / Broker's Tel. No. 營業員 / 經紀聯絡電話	01710285
Direct Debit Authorisation Setup Request	(Ontion 1 will be assumed if this h	ooy is left blank)	
直接付款授權書設立要求(如此欄留空,將被視為選擇選項1)  1. Above-stated Policy / AIA Vitality Membership Number			
Section 2: Credit Card Details 第二部分:信用卡資料			
Card Number			
信用卡號碼 Name of Cardholder 信用卡持有人姓名			
Card Expiry Date		Issuing Place Hong Kong 上 卡發卡地 基準	non-Hong Kong
「信用卡到期日 MM月 YYYY年 信用卡競卡地 L」 香港 L」 非香港 Section 3: Declaration and Authorisation 第三部分:聲明及授權			
(1) Until further notice, please charge my abovementioned credit card account upon presentation of this slip in accordance with the payment			
mode of the abovementioned policy for premium payment, any prescribed levy (where applicable) and membership fee of AIA Vitality membership (where applicable). I understand that (a) the amount is subject to change in accordance with the provisions of the abovementioned policy / membership and / or the statutory requirements on levy; (b) the transaction will be debited in HKD. 直至另行通知為止,當貴公司收到此通知書時,請於我上述所提供的信用卡戶口內提取款項及按保單繳費模式,以繳付上述保單保費,任何保費徵費(如適用)及「AIA Vitality 健康程式」會費(如適用)之用。我明白(a)有關金額會根據保單 / 會籍的條款及 / 或保費徵費之法例要求而有所變更;(b)交易金額會使用港元扣賬。			
(2) I / We declare that the information contained herein and provided to AIA International Limited are in all respects true, correct and complete to the best of my / our knowledge and belief. 本人 / 我們現聲明,據本人 / 我們所知及所信,本表格所載之將提供予友邦保險(國際)有限公司,在所有方面均屬真實、準確及完整。			
(3) I / We confirm that I / we have read, understood, and hereby consent the *AIA Personal Information Collection Statement ("AIA PICS"). 本人 / 我們確認本人 / 我們已閱讀、明白、及同意 *AIA個人資料收集聲明(「AIA個人資料收集聲明」)。  (4) I / We confirm that I / we have read, understood, and hereby consent the **AIA Vitality Personal Information Collection Statement			
("AIA Vitality PICS"). 本人 / 我們確認本人 / 我們已閱讀、明白、及同意 **「AIA Vitality 健康程式」個人資料收集聲明(「AIA Vitality 健康程式」個人資料收集聲明」)。			
(5) If Cardholder is not the Policyowner or Insured, please state the relationship between the Cardholder and the Policyowner. Please also provide personal particulars of the Cardholder below and note that the Policyowner's signature is also required. If any of the following information is missing, this application may be rejected. 如信用卡持有人並非保單持有人或受保人,請註明信用卡持有人與保單持有人之關係,並填寫信用卡持有人的個人資料,而保單持有人亦必須加簽。如欠缺任何一項資料,此申請可能會被拒絕。			
Relationship with Policyholder 與保單持有人之關係		gnature of Policyowner 單持有人簽名	
Nationality	IVIGIO	ate of Birth 生日期 MM月 DD日 YYYY年	
Cardholder's Signature 信用卡持有人簽名		On	D目 YYYY年
* The updated version of AIA PICS which complies with the relevant rules and regulations is available for download from its website: https://www.aia.com.hk/en/privacy-statement-main, and is also available upon request. 符合相關守則及法例的AIA個人資料收集聲明的最新版本可於以下網址下載:https://www.aia.com.hk/zh-hk/privacy-statement-main,及可向貴公司索取。 *** The updated version of AIA Vitality PICS which complies with the relevant rules and regulations is available for download from its website: https://www.aia.com.hk/en/health-and-wellness/aia-vitality/privacy-statement, and is also available upon request. 符合相關守則及法例的「AIA Vitality 健康程式」個人資料收集聲明的最新版本可於以下網址下載:https://www.aia.com.hk/zh-hk/health-and-wellness/aia-vitality/privacy-statement,及可向貴公司索取。			
ANDRONA			



Download our mobile app AIA Connect to manage your policy anytime, anywhere! 下載AIA「友聯繫」手機應用程式以便輕鬆管理您的保單!