




Direct Debit Authorisation For Credit Card

信用卡戶口直接付款授權書

This form is applicable to Policy No. beginning with 'B27' or 'G37' (e.g. B27XXXXXXXX or G37XXXXXXXX)
此表格適用於以'B27'或'G37'開始的保單號碼 (例如B27XXXXXXXX或 G37XXXXXXXX)

Section 1: Policy Information 第一部分：保單資料

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名	 01712209
Area Code 區域編號	Agency Name 營業員組別名稱	Agent Code 營業員號碼	
Agency Code 營業員組別編號	Agent Name 營業員姓名	Agent Tel. No. 營業員聯絡電話	

Section 2: Credit Card Details 信用卡資料

VISA / Master Card No. VISA / 萬事達卡號碼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Cardholder 信用卡持有人姓名	<input type="text"/>			
Card Expiry Date 信用卡到期日	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card Issuing Place 信用卡發卡地	<input type="checkbox"/>	Hong Kong 香港	<input type="checkbox"/>	non-Hong Kong 非香港

Section 3: Declaration and Authorisation 第三部分：聲明及授權

- 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 and any prescribed levy (where applicable). I understand that the amount is subject to change in accordance with the provisions of the abovementioned policy and/or the statutory requirements on levy. I understand that 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，請按上述保單之繳費方式在我上述的信用卡戶口內提取款項，作為繳付上述保單保費及任何保費徵費（如適用）之用。我明白有關金額會根據保單的條款及 / 或保費徵費之法例要求而有所變更。我明白交易使用港元扣賬。
- 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	<input type="text"/>	Signature of Policyowner 保單持有人簽名	<input type="text"/>
Nationality 國籍	<input type="text"/>	Gender 性別	<input type="checkbox"/> Male 男性 <input type="checkbox"/> Female 女性
Date of Birth 出生日期	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder's Signature 信用卡持有人簽名	<input type="text"/>	On 於	<input type="text"/>

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / We have read and understood the AIA Everest Life Company Limited's (AIA Everest) Personal Information Collection Statement (the Statement).

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected, obtained, compiled or held by AIA Everest by any means from time to time may be collected and utilized in accordance with the Statement. I / We acknowledge and consent to the transfer of my / our personal data to parties within or outside Hong Kong for the purposes as set out in the Statement. The updated version of the Statement which complies with the relevant rules and regulations is available for download from its website: <https://www.aia.com.hk/content/dam/hk-wise/pdf/privacy-statement/AIAE-PICS-English.pdf>, and is also available upon request.

個人資料收集及使用

本人 / 我們確認本人 / 我們已閱讀及明白友邦人壽有限公司（友邦人壽）個人資料收集聲明（「該聲明」）。本人 / 我們聲明及同意在本申請所載或友邦人壽不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們的保單或投資的其他資料，可根據該聲明收集及使用。

本人 / 我們知悉及同意就該聲明所述目的轉讓本人 / 我們的個人資料至香港境內或境外各方。

該聲明符合相關守則及法例的最新版本可於以下網址下載：

<https://www.aia.com.hk/content/dam/hk-wise/pdf/privacy-statement/AIAE-PICS-Traditional-Chinese.pdf>，及可向貴公司索取。

Cardholder's Signature 信用卡持有人簽名	<input type="text"/>	On 於	<input type="text"/>
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