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在索取、列印或填寫表格前，請閣下先詳閱下文。

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免責聲明

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保單服務補充聲明書 (只適用於保單繕發後)
Supplementary Statement Form for Policy Services
(only applicable after policy issuance)

保單號碼
Policy Number

保險代理人姓名
Name of Insurance Agent

保單持有人姓名
Name of Policy Owner

保險代理人編號
Insurance Agent Code

受保人姓名
Name of Insured

保險代理人電話號碼
Insurance Agent Telephone No.

個人資料收集聲明 Personal Information Collection Statement

本人/我們確認本人/我們已閱讀及明白周大福人壽保險有限公司(以下簡稱“周大福人壽”)之個人資料收集聲明(“該聲明”)。本人/我們聲明及同意貴公司可根據該聲明所述的任何目的收集及/或持有、使用及/或披露/分享任何個人資料(不論是否從此表格或以其他方式獲得)。本人/我們明白本人/我們必須於此表格提供所須資料,否則貴公司將可能無法執行該聲明之目的及/或向本人/我們提供產品或服務。本人/我們確認及同意本人/我們的個人資料可能披露/共享給該聲明所指明的第三方;執法機構;保險業就現有資料而對所提供的資料作出分析和檢查而使用的數據庫或登記冊作出於該聲明所述的任何目的。本人/我們明白該聲明的最新版本可於周大福人壽的網址下載:www.ctflife.com.hk,及可向貴公司索取。

I /We confirm that I/we have read and understood Chow Tai Fook Life Insurance Company Limited (“CTF Life”)’s Personal Information Collection Statement (“PICS”). I/We declare and agree that any personal data CTF Life may collect and/or hold, use and/or disclose/share with (whether contained in this form or otherwise obtained) in accordance with the Purposes as set out in the PICS. I/We understand that if I/we do not provide the required personal data, CTF Life may not be able to perform the Purposes and/or provide products or services to me/us. I/We acknowledge and agree that my/our personal data may be disclosed/shared with specified parties in the PICS; law enforcement authorities; databases or registers used by the insurance industry to analyse and check information provided against existing information for any of the Purposes stated in the PICS. I/We understand the updated version of the PICS is available for download from CTF Life’s website: www.ctflife.com.hk, and will be made available upon request.

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聲明及授權 Declaration and Authorization

本人/我們(保單持有人)謹此代表本人/我們及所有受保人聲明及同意(1)上述一切資料、陳述及問題的所有答案，無論是否由本人/我們親手所寫，就本人/我們所知所信均為事實之全部並確實無訛；(2)所有該等資料、陳述及答案及本聲明，將(a)成為上述保單號碼所屬的保險內本人/我們的更改要求/再核保/索償(視乎情況而定)的根據，並(b)作為保單的一部份；(3)由服務申請書(如有)的簽署日起，除在本保單服務補充聲明書(只適用於保單繕發後)上另有註明者外，本人/我們或任何一位受保人在健康及其他方面的情況沒有任何變化，亦沒有接受任何治療、診斷或檢驗；(4)本人/我們在保單服務申請書(如有)上的所有資料、陳述及問題的所有答案仍是確實無訛。

本人/我們聲明及同意本人/我們已獲所有受保人指示、授權及同意本人/我們給予上述資料、陳述及答案和作出上述聲明、同意及授權。

I/We, (the Policy Owner), HEREBY DECLARE AND AGREE on behalf of myself/ourselves and all the Insured(s) that (1) all the above information, statements and answers to all the questions whether or not in my/our own handwriting are to be the best of my/our knowledge and belief, complete and true; (2) all such information, statements and answers, together with this declaration, shall (a) form the basis of my/our request for change/re-underwriting/claim under the abovenumbered policy (as the case may be) and (b) become a part of the policy; (3) there has been no change in the health condition or other circumstances of, and no medical attention, consultation or examination received by, me/us or any of the insured(s) since the last signed date on the service request form (if any) except as otherwise provided in this Supplementary Statement Form for Policy Services (only applicable after policy issuance); (4) all my/our information, statements and answers as written in the course of the said service request (if any) are still true.

I/We, DECLARE AND AGREE that I/We have the full instructions, authorities and consents from all the insured(s) to give the above information, statements, answers and to make the above declarations, agreements and authorizations.

本人明白若中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

I understand that if there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.

保單持有人 / 受讓人簽署
Signature of Policy Owner / Assignee

簽署日期 (日/月/年)
Signed on (DD/MM/YY)

見證人簽署
Signature of Witness

簽署日期 (日/月/年)
Signed on (DD/MM/YY)

受保人簽署
Signature of Insured

簽署日期 (日/月/年)
Signed on (DD/MM/YY)

見證人姓名
Name of the Witness

* 簽署式樣須與投保書或本公司的最後之紀錄相同

* Signature must be consistent with that on the application form or the company's latest record

