

Please read the following carefully before you retrieve, print or complete this form.
在索取、列印或填寫表格前，請閣下先詳閱下文。

Disclaimer

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For forms downloaded from the Internet (the “Internet Printed Form”), upon completing and signing the Internet Printed Form, you shall be deemed to have read and understood the contents of the form displayed on computer screen (the “Displayed Form”) which shall prevail in case there is any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form and have agreed to all provisions contained therein and to have agreed and undertaken not to raise any objection whatsoever in connection with any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form.

CTF Life reserves the right to update the forms from time to time as it sees fit and also reserves the right to accept or reject the form submitted by you.

免責聲明

閣下凡透過周大福人壽保險有限公司 [周大福人壽] 之電子收發渠道 [如公司網站、互動語音回應系統] 下載或列印任何表格，應自行考慮及衡量需承擔之風險。周大福人壽概不負責任何因下載或列印表格所引致的列印錯誤及其可能導致之任何損失或毀壞。若閣下提交之下載或列印表格有任何列印錯誤，周大福人壽有可能在處理閣下的申請前要求閣下填寫一份正確之表格。

當閣下填寫及簽署由網站下載之表格 [互聯網列印表格]，則被視作閣下已詳閱及明白電腦螢幕上出現之表格 [閱覽表格] 之內容，並同意表格內之所有條文。如該閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，閣下同意並承諾不會提出任何異議。如閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，概以閱覽表格為準。

周大福人壽有權隨時在認為適當情況下更新表格內容，並保留接受或拒絕閣下遞交之申請表格的權利。

信用卡直接付款授權書
Credit Card Direct Debit Authorization

保險代理人姓名
Insurance agent's Name

保險代理人編號
Insurance agent's Code

請填寫並將此授權書交給周大福人壽保險有限公司
Please complete and return this form to Chow Tai Fook Life Insurance Company Limited

收款之一方 (受益人)
Name of party to be credited (the Beneficiary) 周大福人壽保險有限公司
Chow Tai Fook Life Insurance Company Limited

付款貨幣 Payment Currency 港元 Hong Kong Dollar

請填寫詳情及在適當位置加上“√”剔號 Please complete the information and tick “√” where appropriate

信用卡類別及號碼 Type of Credit Card and the Card No.

Visa MasterCard

信用卡持有人的姓名 (與信用卡上的姓名相同) Name of Credit Card Holder (Same as that shown in your credit card)

信用卡到期日 Credit Card Expiry Date

信用卡持有人的證件號碼及類別 ID No. of Credit Card Holder & ID Type

香港身份證 HKID 公司註冊證明書 Certificate of Incorporation
 護照 Passport 商業登記証 Business Registration
 其他 Others: _____

(月mm / 年yyyy)

付款人備註 - 保單編號 Debtor Reference – Policy No.

- _____ (受保人姓名 Name of Insured)
- _____ (受保人姓名 Name of Insured)
- _____ (受保人姓名 Name of Insured)

若信用卡持有人為非保單持有人，則保單持有人必須填寫此部分。

If the credit card holder is not the Policyowner, the Policyowner must complete this part.

(有關第三者付款之指引，請參閱本公司最新之安排。Please refer to our company latest arrangement in regards to third party payment guidelines.)

信用卡持有人與保單持有人的關係 Relationship between Credit Card Holder & the Policyowner :

- 受保人 Insured
- 配偶 Spouse 祖父母 Grandparent 配偶的父母 Parent-in-law 父母 Parent
- 孫子女 Grandchild 子女的配偶 Son-in-Law / Daughter-in-Law 子女 Child 兄弟姊妹 Sibling
- 合法監護人 Legal Guardian
- 公司東主 / 董事 Company Owner / Director

簽署 Signature

本人，信用卡戶口的合法擁有人，以本人以下的簽署確認：

I, the lawful owner of the Credit Card Account, confirm by my signature below, that:

(1) 本人已細閱及明白，並自願同意接受本授權書內所有條款約束；及

I have read and understood, and voluntarily agree to be bound by all provisions of this form; and

(2) 在此收款授權書提供的或與其一起提供的所有資料及文件均為事實之全部、正確、準確及有法律效力；及

All information and documents provided in or with this Debit Authorization Form are true, accurate, complete and legally valid; and

(3) 本人明白若此收款授權書的中，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。

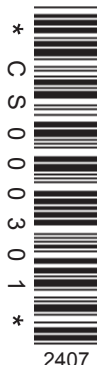
I understand that if there is any inconsistency or ambiguity between the English version and the Chinese version of this Debit Authorization Form, the English version shall prevail.

X _____
信用卡戶口持有人簽署
(請確定上述簽署與信用卡背面的簽署相同)
Signature of the Credit Card Account Holder
(Signature must be the same as that on the back of the Credit Card)

X _____
簽署日期 (日/月/年)
Date of Signature (DD/MM/YY)

X _____
保單持有人簽署
(必須與本公司紀錄的簽署相同)
Signature of Policy Owner
(Signature must be the same as that in our company's record)

X _____
簽署日期 (日/月/年)
Date of Signature (DD/MM/YY)



注意事項 Important Notes

1. 請勿在空白表格或尚未填妥的表格上簽署。
Please do not sign on blank or incomplete form.
2. 直至另行通告為止，本人茲授權周大福人壽保險有限公司（簡稱「受益人」）可按其不時給予信用卡公司指示，從本人下述信用卡賬戶內扣除下述保單之保費、保費徵費及行政費（如適用）並轉賬予受益人，及確認本人下述簽名與運作下述賬戶轉賬指示所須的簽署完全相同。
Until further notice, I hereby authorize Chow Tai Fook Life Insurance Company Limited (referred to as 'the Beneficiary') to debit and charge the premium, premium levy and administration fee (if applicable) for the below-listed policy from my following credit card account in accordance with the instructions that the Beneficiary may give to the credit card companies from time to time and confirm my signature is the same as that for operation of my account to be debited for the transfer.
3. 只接受VISA或MasterCard設立直接付款授權，信用卡到期日不能為本月或早於保費到期日。
Only Visa or MasterCard is accepted for direct debit authorization set up, the credit card expiry date must not be the current month or prior to premium due.
4. 此信用卡直接付款授權須於信用卡公司確認後方可生效。屆時，周大福人壽保險有限公司將自動取消於此授權生效前之信用卡直接付款授權記錄。
This Credit Card Authorization will only take effect after it has been validated by your bank, and you previous Credit Card Authorization, if any, will then be automatically cancelled in the record of Chow Tai Fook Life Insurance Company Limited.
5. 一切款項以港幣為單位。若需要轉換通用貨幣，匯率以周大福人壽保險有限公司釐定當時之匯率為準及閣下可能因兌換率的波動而帶來機會及風險。
All debits will be made in Hong Kong dollar. If currency conversion is necessary, the exchange rate shall be the prevailing rate determined by CTF Life Insurance Company Limited at the relevant time and you may be subject to the risk of Fluctuations in the exchange rate, which may provide both opportunities and risks.
6. 本人/我們明白若此授權書的中、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/We understand that if there is any inconsistency or ambiguity between the English version and the Chinese version of this form, the English version shall prevail.

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.

