

保費付款聲明書 PREMIUM PAYMENT DECLARATION FORM

保單號碼 Policy No. _____

身份證明文件 / 出生證明文件號碼 Identity Document / Birth Cert. No. _____

保單受保人 Insured _____

保單持有人 Policyowner _____

請於適當方格內加“√”號 Please put“√”in appropriate box

請注意 Important:		請填妥 Please complete:
1	如繳款單據上未能顯示付款人姓名而該保費/款項是由保單持有人/受保人/受益人/受讓人繳付 If the payor's name cannot be shown on the deposit slip and the premium / payment is paid by the Policyowner / Insured / Beneficiary / Assignee	第一部份 Part I
2	如以第三者的現金、本地支票、信用卡付款、銀行戶口轉賬、電匯**、電話理財**、網上理財**或購買本票作為付款。 If any payment is made by Third Party's Cash / Local Cheque / Credit Card / China Union Pay Card / Bank Account Transfer / Phone Banking** / Internet Banking** or purchase Local Cashier Order. (*不適用於新單繳付首期保費 Not applicable for premium payment of new business application) (本公司只接受指定類別人士之第三者付款，並保留索取付款/關係證明之權利 Only listed categories of third party payment will be accepted, our Company reserves the right to obtain payment/relationship proof.)	第一及二部份 Part I & II

第一部份 Part I: 繳款詳情 Payment Details

繳付金額 Payment Amount	(HK\$港元/US\$美元/CNY人民幣)	繳付日期 Payment Date	
繳款方法 Payment Method	<input type="checkbox"/> 現金存款/轉賬至本公司戶口 Cash deposit/Transfer deposit to the Company's Bank Account <input type="checkbox"/> 本地支票/本地本票 Local Cheque / Local Cashier Order 如繳交的本票達美元300,000元/港幣2,400,000元(或同等價值之幣值)或以上，請提供銀行收據或銀行確認資金的文件。 If the cashier order amount is USD300,000 / HKD2,400,000 (or equivalent) or above, please submit bank receipt or bank endorsement on source of fund. <input type="checkbox"/> 網上理財*/電話理財*/繳費靈*/電匯* Internet Banking* / Phone Banking* / Payment by Phone Services (PPS)*/Telegraph Transfer* <input type="checkbox"/> 信用卡/Credit Card <input type="checkbox"/> 銀行自動櫃員機轉賬* ATM Transfer <input type="checkbox"/> 其他Others(請註明Please specify): _____ *不適用於新單繳付首期保費 Not applicable for premium payment of new business application		
繳款用途 Use of Payment	<input type="checkbox"/> 首期保費 Initial Premium <input type="checkbox"/> 續保保費 Renewal Premium <input type="checkbox"/> 額外投資 Top Up Investment <input type="checkbox"/> 償還貸款 Loan Repayment <input type="checkbox"/> 保單更改 Policy Change <input type="checkbox"/> 其他Others(請註明Please specify): _____		
付款人 Payor	<input type="checkbox"/> 保單持有人 Policyowner <input type="checkbox"/> 受保人 Life Insured <input type="checkbox"/> 受益人 Beneficiary <input type="checkbox"/> 受讓人 Assignee 如繳付金額達港幣\$50,000元或以上(或同等價值之幣值)，請遞交付款人身份證明文件副本。 If payment amount is HK\$50,000(or equivalent) or above, please submit Payor's ID copy <input type="checkbox"/> 其他Others(請填寫第二部份 Please complete Part II.) 如繳付金額達港幣\$50,000元或以上(或同等價值之幣值)，請遞交付款人身份證明文件副本。 If payment amount is HK\$50,000(or equivalent) or above, please submit Payor's ID copy		
資金來源 Source of Payment	<input type="checkbox"/> 薪酬 Salary <input type="checkbox"/> 收入 Income <input type="checkbox"/> 儲蓄/存款 Savings/Deposit <input type="checkbox"/> 其他投資的收入 Income from other investments <input type="checkbox"/> 儲蓄及投資 Accumulated savings and investments <input type="checkbox"/> 其他Others(請註明Please specify): _____		

第二部份 Part II: 第三者付款人資料 Third Party Payor Information

付款人姓名 Name of Payor		付款人身份證明文件號碼 Identity Document No. of Payor	
第三者付款人與保單持有人之關係 Relationship between Third Party Payor and Policyowner	<input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 父母 Parent <input type="checkbox"/> 子女 Child <input type="checkbox"/> 兄弟姊妹 Sibling <input type="checkbox"/> 祖父母 Grandparent <input type="checkbox"/> 孫子女 Grandchild <input type="checkbox"/> 其他Others(請註明Please specify): _____		
第三者付款原因 Reason for 3 rd party payment	<input type="checkbox"/> 因保單持有人為學生 Policyowner is student. <input type="checkbox"/> 因保單持有人為家庭主婦 Policyowner is housewife. <input type="checkbox"/> 因保單持有人已退休 Policyowner is retired. <input type="checkbox"/> 其他原因 Others reason (請註明Please specify): _____ _____		

個人資料收集聲明

1. **目的：** 泰禾人壽保險有限公司/泰禾保險服務有限公司（「本公司」）就向閣下收集之個人資料（「個人資料」）乃為以下目的使用：
- (i) 處理、管理、落實及實行閣下提交予本公司的本文件或不時提交的任何其他文件中所表明的申請；
 - (ii) 提供與本文件和本保單相關的一切服務，包括推廣或改善本公司或其關聯公司提供的有關本次申請的服務或相關服務；
 - (iii) 就行政目的與閣下聯絡；
 - (iv) 調查、處理及繳付閣下保單的理賠申請；
 - (v) 依照在香港特別行政區境內或境外任何法律、監管、政府、稅務、執法或其他機關，或自律監管機構或行業組織的要求，配合調查及作出披露；
 - (vi) 將閣下的個人資料發送給任何保險公司聯會或類似組織（「聯會」）以及聯會的任何成員，以供其履行其監管職能及/或為保險行業或聯會的任何成員的合理利益所需的其他職能；
 - (vii) 統計或精算研究；
 - (viii) 其他直接與以上目的相關的目的；
- 就本公司使用閣下提供的個人資料作宣傳或市場推廣用途，請參閱「**使用個人資料作直接促銷用途**」一節。未能提供所需的個人資料可能導致本公司無法為閣下提供產品及服務、評估閣下的保單申請、處理保單索償、或處理任何閣下提出的要求、查詢或投訴。
2. **轉移：** 閣下提供的個人資料將保密處理，惟會因以上所述之目的將此等資料轉移給以下各方：
- (i) 本公司的任何成員公司，包括附屬公司及聯屬公司；
 - (ii) 任何其他從事保險、強制性公積金暫行受託人或再保險相關業務的非本公司成員公司；
 - (iii) 獲本公司授權以分銷本公司所提供之產品及服務的金融服務中介團體；
 - (iv) 提供與閣下的保單有關的索償、調查或其他服務的提供者；
 - (v) 現有或不時成立的相關行業協會及聯會；
 - (vi) 向閣下提供與本公司產品及服務有關的行政、電訊、電腦、付款、數據處理或其他服務的任何人士（包括代理商、承包商或第三方服務提供者）；
 - (vii) 於香港境內或境外任何法律、監管、政府、稅務、執法或其他機關，或自律監管機構或行業組織；
 - (viii) 與本公司業務的轉讓或擬議轉讓有關的任何第三方，當中部分受讓方或位於香港境內或境外。
 - (ix) 閣下的保險代理人或中介人或介紹人。
3. **查閱：** 閣下有權查明本公司持有個人資料的類別、本公司是否持有閣下的個人資料，如持有，閣下有權要求查閱本公司持有涉及閣下的個人資料以及要求對該等資料作出更正。閣下可向本公司的資料保障主任提出要求，地址為香港北角英皇道510號港運大廈20樓。本公司有權為處理閣下的個人資料查閱要求而收取合理費用。

使用個人資料作直接促銷用途

除了以上所述的用途，本公司擬把閣下的個人資料包括姓名、聯絡資料、產品及服務組合資料、交易模式及行爲、財務背景及人口統計數據透過郵寄、傳真、電郵、電話及短訊形式用於直接促銷，當中包括以下的服務、產品和類別：(a) 保險、財務及相關服務及產品；(b) 獎賞、年資獎勵或優惠計劃及相關服務和產品；(c) 本公司的聯名合作夥伴提供之服務和產品（有關服務和產品的申請表/宣傳單張/海報上會提供聯名合作夥伴的名稱，視屬何情況而定）；閣下的個人資料可提供予第三方金融機構、保險公司、醫療機構、電話服務公司、市場營銷或研究服務、獎賞、年資獎勵及優惠計劃服務及/或相關服務作直接促銷。

使用閣下的個人資料進行本公司或任何第三方直接促銷前，本公司必須得到閣下的同意及只有在本公司收到閣下的同意後，本公司才可使用或提供閣下的個人資料作直接促銷用途。

閣下將來可以撤回閣下對個人資料作本公司及第三方直接促銷用途的同意書。這項要求可向本公司的資料保障主任提出，地址為香港北角英皇道510號港運大廈20樓。此後，本公司須停止使用閣下的個人資料作直接促銷之用。

個人資料收集聲明的修訂

本公司保留權利可隨時且在無須通知的情況下，修訂本個人資料收集聲明，本公司亦可在本公司的網站或以書面形式知會閣下，閣下因而能得悉本公司如何收集閣下的個人資料、如何使用該資料及轉移該資料的情況。任何有關修訂將在刊登後即時生效。

Personal Information Collection Statement (“PICS”)

1. **Purpose:** Among the personal data collected from you to Tahoe Life Insurance Company Limited/Tahoe Insurance Services Limited (“Company”), it is collected for the purpose of:
- (i) processing, administering, implementing and effecting the requests indicated in this document or any documents that you may submit to the Company from time to time;
 - (ii) providing all services related to this document and the Policy, including promoting or improving such services or related services by the Company or its subsidiaries and affiliates;
 - (iii) communicating with you in relation to the administrative purposes;
 - (iv) investigating, processing and paying claims made under your insurance policy;
 - (v) co-operating with any investigation and meeting any disclosure requirements imposed by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies within or outside Hong Kong Special Administrative Region (“HKSAR”);
 - (vi) transferring your Personal Data to any federation or similar organization of insurance companies (“Federation”) and any members of the Federation to carry out its regulatory functions and/or in the interest of insurance industry or any members;
 - (vii) statistical or actuarial research;
 - (viii) other ancillary purposes which are directly related to the purposes set above.

For using the personal data provided by you for promotional / marketing purposes, please refer to the section titled “Use of Personal Data in Direct Marketing”.

The failure of providing the Personal Data by you may result in the Company being unable to provide products and services, assess your policy application, process claims under insurance policies issued by the Company, or process any other requests, enquiries, or complaints from you.

2. **Transfer:** Personal data provided by you to the Company will be kept in confidential but it may be transferred to parties mentioned below for

purposes set above:

- (i) any related company(ies), including subsidiaries or affiliates of the Company;
 - (ii) any other unrelated company carrying on insurance, provisional trustee of mandatory provident fund or reinsurance related business;
 - (iii) financial services intermediaries that are authorized by the Company for the distribution of products and services provided by the Company;
 - (iv) a claims, investigation or other services provider providing services relevant to your insurance policies;
 - (v) relevant industry association and federation that exists or is formed from time to time;
 - (vi) any person (including agents, contractors or third party service providers) who provides administrative, telecommunications, computer, payment, data processing or other services in connection with the operation of the Company's business and provision of products and services to you;
 - (vii) any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies within or outside HKSAR;
 - (viii) any third party in connection with a transfer or potential transfer of all or part of the business of the Company that some of the transferees may be located within or outside of HKSAR.
 - (ix) your insurance agents, intermediaries or referrers.
3. **Access:** You have the right to ascertain what type of personal data the Company holds, whether the Company holds your personal data and, if so, the right to request access to and to request correction of any personal data concerning you held by the Company. Such request can be made to the Data Protection Officer of the Company at 20/F, Island Place Tower, 510 King's Road, North Point, Hong Kong. The Company has the right to charge a reasonable fee for processing a request to access your personal data access request.

Use of Personal Data in Direct Marketing

Apart from the aforementioned purposes, the Company may use your personal data including name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data for direct marketing by mail, fax, email, telephone or SMS that may include the following classes of services, products and subjects: (a) insurance, financial and related services and products; (b) reward, loyalty or privileges programmes and related services and products; and (c) services and products offered by the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s) and/or advertising leaflet(s)/poster(s) for the relevant services and products, as the case may be). Your personal data may also be provided to third party providers of financial, insurance, medical/health, call centre, marketing or research services, rewards, loyalty or privileges program services and/or related services for their use in direct marketing.

Before using your personal data for the purposes of direct marketing conducted by the Company or any third parties indicated in this section, the Company must obtain your consent and only after your consent is received by the Company, the Company may use or provide your personal data for direct marketing purpose.

You may, in future, withdraw your consent to the use of your personal data by the Company and any third parties on direct marketing purposes. Such request can be made to the Data Protection Officer of the Company at 20/F, Island Place Tower, 510 King's Road, North Point, Hong Kong and the Company shall cease to use your personal data for direct marketing purposes.

Amendment to the PICS

The Company reserves the right at anytime, with or without notice, amends this PICS which will be found in our website or in writing to notify you how the Company will collect, use and transfers your personal data. Should there be any amendment to this PICS in the future, such amendment will become effective with immediate effect.

本人/我們謹此代表本人/我們及受保人聲明及同意上述一切資料(包括資金來源及第三者付款人資料), 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。本人/我們確認、明白及已細閱泰禾人壽保險有限公司(「貴公司」)所載有關「個人資料收集聲明」。	
I/we, hereby declare and agree on behalf of myself/ourselves and the insured that all the above information (including the Sources of Funds and Third Party Payor information, whether or not in my/our own handwriting are to be the best of my/our knowledge and belief, complete and true. I/we hereby confirm, understand and have read "Personal Information Collection Statement" ("PICS") issued by Tahoe Life Insurance Company Limited ("Company").	
本人/我們明白泰禾人壽保險有限公司(「貴公司」)在收到此聲明書及所需的文件(如有)前, 貴公司不會處理所收到的款項及相關指示(包括投資指示及償還貸款)。本人/我們亦明白貴公司會在合理時間內處理所收到的款項, 和毋須對任何延遲處理款項而引致的任何直接、間接、特別或相應損失或損害承擔責任。	
I/We understand that Tahoe Life Insurance Company Limited ("Company") will process any payment received and related instruction (including investment instructions or loan repayment) only after this form and the required documents (if any) have been received by the Company. I/We also understand that the Company will handle any payment received within reasonable time and shall not be liable for any direct, indirect, special or consequential loss or damages arising from any delay in handling the payment.	
本人/我們在此確認繳付保費之金錢屬本人/我們所有, 並不涉及任何非法活動。及在任何情況下, 付款人(如非保單持有人/受讓人)無權要求退回該款項。	
I/We hereby confirm that the money for the premiums is proceeds of mine or the above person, which are not related to any unlawful activities. And under no circumstance can the payor (if other than policyowner/assignee) can claim for refund of such payment.	
保單持有人/受讓人(如有)簽署 Signature of Policyowner / Assignee (if any) _____	付款人簽署(如非保單持有人/受讓人) Signature of Payor (if not Policyowner / Assignee) _____
簽署日期 _____ Sign Date	簽署日期 _____ Sign Date
保單持有人/受讓人聯絡電話 Contact Phone Number of Policyowner/Assignee _____	付款人聯絡電話 Contact Phone Number of Payor _____

公司批註 COMPANY ENDORSEMENT (公司專用 Company use only) Approved By: _____	業務顧問簽署聲明: 本人聲明已核對客人之身份證明文件 業務顧問簽署: _____ (編號: _____)
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