



Application/Policy Number 投保書/保單編號:

Declaration For Insurance Application - For Individual Proposed Owner 投保申請聲明書 - 建議持有人為個人 (Insurance Broker Version 保險經紀版本)

Important Notes:

1. This form is to be signed by the Proposed Owner/Owner.
2. Please read carefully before signing.

重要事項:

1. 此表格應由建議持有人 / 持有人簽署。
2. 請先行詳細閱讀方可簽署。

The "Company"
“本公司”或“貴公司”：

AXA China Region Insurance Company (Bermuda)
Limited (Incorporated in Bermuda with limited liability)
安盛保險 (百慕達) 有限公司
(於百慕達成立的有限公司) /
AXA China Region Insurance Company Limited
安盛金融有限公司 /
AXA Wealth Management (HK) Limited
安盛財富管理 (香港) 有限公司

Declaration and authorisation 聲明及授權

I/We, the Proposed Insured and the Proposed Owner, confirm that the entire marketing and selling process in respect of my/our insurance application has been conducted in Hong Kong, which includes but not limited to:

- i I/We received all of the insurance related marketing materials in Hong Kong; and
- ii The agent/sales staff has explained the details of my/our proposed insurance plan(s) in Hong Kong; and
- iii I/We have signed all the documents in respect of my/our insurance application (including but not limited to the Application Form) in Hong Kong.

I, on behalf of myself and other persons referred to in this application (hereinafter referred to as “We”, “Our” or “Us”), acknowledge that this form is supplemental to the application for insurance, change or reinstatement (the “Application Form”) in relation to the above Application No./Policy No. signed by me/Us. I agree and confirm that (1) to the best of my knowledge and belief the above statements and answers to all questions are true and complete; (2) We have not had any change in material facts and/or medical consultation since the date I/We signed the Application Form of the above mentioned application; (3) the declarations, agreements and authorisations made by me/Us under the Declaration & Authorisation Section and Personal Information Collection Statement Section of the Application Form shall also apply to this form; and (4) this statement shall form the basis and become a part of the policy to be issued/reinstated or issued by the Company.

本人 / 我們，被保人及保單持有人，證實有關本人 / 我們之投保申請之整個宣傳及銷售過程，包括但不限於以下各項，均在香港進行：

- i 本人 / 我們於香港收取所有關於保險之宣傳刊物；及
- ii 營業員 / 銷售人員於香港向本人 / 我們解釋本人 / 我們之擬訂投保之保險計劃；及
- iii 本人 / 我們於香港簽署關於本人 / 我們之投保申請之所有文件 (包括但不限於投保書)。

本人，代表本人及其他在此投保申請提及之人士 (下稱「我們」) 確認此表格補充本人 / 我們就有關上述投保書編號 / 保單編號已簽署的投保、保單更改或保單復效申請書 (「申請書」)。本人同意及確認 (1) 上述一切陳述及問題的所有答案，就本人所知所信，均為事實之全部及確實無訛；(2) 自簽署上述申請書，我們之重要事項並無轉變，亦沒有接受任何醫療診治；(3) 載於申請書上聲明及授權部份及收集個人資料的聲明部份內的聲明、協議及授權均適用於此表格；及 (4) 此聲明將作為貴公司發出 / 復效的保單的根據，並作為保單一部份。

Note 註：

Investment in investment-linked plan involves risks. Please refer to the relevant Principal Brochure for full details.
投資連繫式人壽保險計劃的投資涉及風險。詳情請參閱有關之主要銷售刊物。

Signature of Proposed Insured/Insured (If aged 18 or above)
建議持有人/被保人簽署 (如十八歲或以上)

Signature of Proposed Owner/Owner (If other than Proposed Insured/Insured)
建議持有人/持有人簽署 (如非建議被保人/被保人)

Name of Proposed Insured/Insured
建議被保人/被保人姓名

Name of Proposed Owner/Owner
建議持有人/持有人姓名

Passport No.
護照號碼

Passport No.
護照號碼

Date signed in Hong Kong (YYYY/MM/DD)
在香港簽署日期 (年/月/日)

Date signed in Hong Kong (YYYY/MM/DD)
在香港簽署日期 (年/月/日)