

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

CTF Life
周大福人壽

獨立理財顧問公司名稱
Name of the IFA Company

獨立理財顧問公司編號
IFA Company 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“✓”號 Please complete the information and tick “✓” where appropriate

信用卡類別 Type of Credit Card

☐

周大福人壽信用卡 CTF Life Credit Card

☐

海外VISA卡 Overseas VISA Card

☐

海外萬事達卡 Overseas MasterCard

信用卡號碼 Credit Card No.

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

____/____/____
(月mm / 年yyyy)

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:

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

1. _____ (受保人姓名 Name of Insured)
2. _____ (受保人姓名 Name of Insured)
3. _____ (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)

Chow Tai Fook Life Insurance Company Limited

(Incorporated in Bermuda with limited liability)

周大福人壽保險有限公司

(於百慕達註冊成立之有限公司)

* CS001001-IFA *

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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. 直至另行通知為止，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，從本人指定信用卡賬戶內扣除指定保單之保費、保費徵費及行政費（如適用）並轉賬予受益人及確證本人提供的簽名與運作指定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 designated policy from my 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 setup, the credit card expiry date must not be the current month or prior to premium due.
4. 本人同意如有任何更改、取消是項自動轉賬付款方式或更改本授權書之情況，需在最少七個工作天前以書面要求形式通知周大福人壽保險有限公司。
I agree to notify Chow Tai Fook Life Insurance Company Limited of any change, of cancellation of payment method or variation of this authorization by a written request at least seven working days in advance.
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.



中華人民共和國附錄（“本附錄”）
The People's Republic of China Addendum (this “Addendum”)

本聲明可能會不時更新，以反映我們因應個人資料保護和/或個人資料/數據私隱法律和法規變化而產生的政策變更。如有重大變更，我們將通知您並徵得您對變更、同意和/或選擇（必要或適用時）的許可。如果您不接受變更和/或提供您的許可，那麼我們可能無法執行目的和/或向您提供商品與服務。我們建議您定期查看應用程式和/或網站（視情況而定）以獲取本聲明的更新版本。

This Statement may be updated from time to time to reflect changes to our policy with respect to personal data protection and/or changes to personal data/data privacy laws and regulations. Where there are significant changes, we will notify you and obtain your acceptance of the changes, consents, and/or opt in (as necessary or applicable). If you do not accept the changes and/or provide your consent, then we may not be able to perform the Purposes and/or provide goods or services to you. You are advised to check the Application and/or the Website (as the case may be) for updates to this Statement on a regular basis.

本聲明中的任何內容均不限制您根據《私隱條例》所享有的權利。
Nothing in this Statement shall limit your rights under the PDPO.

如果您是：

If you are:

- (i) 位於中國內地的個人，於中國內地訪問周大福人壽相關網站或使用周大福人壽相關流動應用程式或從中國內地通過手機或任何其他方式使用周大福人壽產品及/或服務；及/或
an individual located in Mainland China who visits CTF Life's relevant website(s) or uses relevant mobile application(s) of CTF Life, or otherwise uses CTF Life's products and/or services by phone or any other means from Mainland China; and/or
- (ii) 持有中國內地護照及/或居民身份證的個人，到訪周大福人壽在香港的客服中心或其他實體場所或在香港通過手機或任何其他方式使用周大福人壽產品及/或服務，
an individual holding a Mainland China passport and/or resident identity card who visits the service centres or other physical premises of CTF Life in Hong Kong or otherwise uses CTF Life's products and/or services by phone or any other means in Hong Kong,

除(i)周大福人壽私隱政策和(ii)本聲明以及中國內地適用的數據保護法律和法規外，周大福人壽將根據“中華人民共和國附錄”處理您的個人資料。就此處目的而言，中國內地是指除香港、中華人民共和國澳門特別行政區和台灣以外的地區。

your personal data will be processed by CTF Life in accordance with the “People's Republic of China Addendum” in addition to the (i) CTF Life Privacy Policy Statement and (ii) this Statement, as well as the applicable data protection laws and regulations in Mainland China which, for the current purposes, excludes Hong Kong, the Macau Special Administrative Region of the People's Republic of China and Taiwan.

中華人民共和國附錄：<https://www.ctflife.com.hk/tc/disclaimer/prcaddendum>

The People's Republic of China Addendum: <https://www.ctflife.com.hk/en/disclaimer/prcaddendum>

中華人民共和國附錄之附件1：<https://www.ctflife.com.hk/tc/disclaimer/prcaddendum/appendix1>

Index 1 to the People's Republic of China Addendum: <https://www.ctflife.com.hk/en/disclaimer/prcaddendum/appendix1>

中華人民共和國附錄之附件2：<https://www.ctflife.com.hk/tc/disclaimer/prcaddendum/appendix2>

Index 2 to the People's Republic of China Addendum: <https://www.ctflife.com.hk/en/disclaimer/prcaddendum/appendix2>

中華人民共和國附錄之附件3：<https://www.ctflife.com.hk/tc/disclaimer/prcaddendum/appendix3>

Index 3 to the People's Republic of China Addendum: <https://www.ctflife.com.hk/en/disclaimer/prcaddendum/appendix3>

中華人民共和國附錄之附件A-關於處理未成年人個人資料的規則：<https://www.ctflife.com.hk/tc/disclaimer/prcaddendum/annexA>

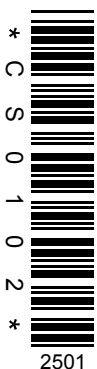
Annex A to the People's Republic of China Addendum – Rules on processing minors' personal data:

<https://www.ctflife.com.hk/en/disclaimer/prcaddendum/annexA>

我，作為保單持有人及/或受保人（如適用）及/或未成年人的父母或法定監護人（如適用）已閱讀理解並同意周大福人壽的中華人民共和國附錄（“附錄”）及附錄之附件A（“附件A”）（如適用）全部內容。

I, as the Policy Owner and/or the Insured (if applicable) and/or the parent or legal guardian of the Minor (if applicable), have read, understood and agreed to all content contained in the CTF Life's People's Republic of China Addendum (“Addendum”) and Annex A to the Addendum (“Annex A”) (where applicable).

保單持有人 Policy Owner	受保人 Insured	未成年人的父母 或法定監護人 Parent or legal guardian of the Minor	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	本人同意根據“附錄”及“附件A”（如適用）目的對本人及/或未成年人的個人信息（包括敏感個人信息）的收集、使用及處理。 I consent to the collection, use and processing of my and/or the Minor's personal data (including sensitive personal data) in connection with the Purposes set out in the “Addendum” and “Annex A” (if applicable).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	本人同意將本人及/或未成年人的個人信息（包括敏感個人信息）轉移至中國內地以外地區。 I consent to the transfer of my and/or the Minor's personal data (including sensitive personal data) to outside Mainland China.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	本人同意向第三方提供本人及/或未成年人的個人信息（包括敏感個人信息）。 I consent to providing my and/or the Minor's personal data (including sensitive personal data) to third parties.



我，作為保單持有人及/或受保人（如適用）及/或未成年人的父母或法定監護人（如適用），確認上述本人勾選“同意” (i) 有關根據“附錄”及“附件A”目的對本人作為保單持有人及/或受保人（如適用）及/或未成年人（如適用）的個人信息(包括敏感個人信息)的收集、使用及處理及/或 (ii) 轉移本人作為保單持有人及/或受保人（如適用）及/或未成年人（如適用）的個人信息(包括敏感個人信息)至中國內地以外地區及/或(iii) 向第三方提供本人作為保單持有人及/或受保人（如適用）及/或未成年人（如適用）的個人信息(包括敏感個人信息)，此等“同意”將適用於本人作為保單持有人及/或受保人（如適用）及/或未成年人（如適用）在周大福人壽作為保單持有人及/或受保人的所有現行生效及/或等候復效的保單（如適用）。

I, as the Policy Owner and/or the Insured (if applicable) and/or the parent or legal guardian of the Minor (if applicable), **confirm my respective consent given above in relation to** (i) the collection, use and processing of personal data (including sensitive personal data) of myself as the Policy Owner and/or the Insured (if applicable) and/or the Minor (if applicable) in connection with the Purposes set out in the “Addendum” and “Annex A” and/or (ii) the transfer of personal data (including sensitive personal data) of myself as the Policy Owner and/or the Insured (if applicable) and/or the Minor (if applicable) to outside Mainland China and/or (iii) providing personal data (including sensitive personal data) of myself as the Policy Owner and/or the Insured (if applicable) and/or the Minor (if applicable) to third parties, **shall be applicable to all existing policies which are in-force and/or waiting for reinstatement of myself as the Policy Owner and/or the Insured (if applicable) and/or the Minor (if applicable) as the Policy Owner and/or the Insured at CTF Life (if applicable).**

本聲明受香港法律約束並據其進行解釋。

This Statement shall be governed by, and construed in accordance with, the laws of Hong Kong.

我已閱讀並理解以上周大福人壽的《個人資料收集聲明》。

I have read and understood the above Personal Information Collection Statement of CTF Life.

☐ 我同意接收來自周大福人壽的直接促銷，詳情已載於上文所述的《個人資料收集聲明》。

I consent to receive direct marketing from CTF Life, details of which have been set out in the Personal Information Collection Statement mentioned above.

☐ 我同意接收來自周大福人壽的關聯公司和/或周大福人壽的營銷合作夥伴的直接促銷，詳情已載於上文所述的《個人資料收集聲明》。

I consent to receive direct marketing from CTF Life's Affiliates and/or from CTF Life's Marketing Partners, details of which have been set out in the Personal Information Collection Statement mentioned above.

申請人/保單持有人姓名 (如非準受保人/受保人)
Name of the Applicant / Policy Owner
(if other than the Proposed Insured / Insured)

X
申請人/保單持有人簽署 (如非準受保人/受保人)
Signature of the Applicant / Policy Owner
(if other than the Proposed Insured / Insured)

簽署日期 (日 / 月 / 年)
Signed on (DD / MM / YY)

準受保人/受保人姓名 (適用於18歲或以上)
Name of the Proposed Insured / Insured
(Applicable to age 18 or above)

X
準受保人/受保人簽署 (適用於18歲或以上)
Signature of the Proposed Insured / Insured
(Applicable to age 18 or above)

簽署日期 (日 / 月 / 年)
Signed on (DD / MM / YY)

準受保人/受保人父母姓名或法定監護人
(如準受保人/受保人18歲以下)
Name of Proposed Insured / Insured's parent
or legal guardian (if proposed insured / Insured
aged 18 below)

X
準受保人/受保人父母或法定監護人簽署
(如準受保人/受保人18歲以下)
Signature of Proposed Insured / Insured's
parent or legal guardian (if proposed insured /
Insured aged 18 below)

簽署日期 (日 / 月 / 年)
Signed on (DD / MM / YY)



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