

獨立理財顧問公司名稱 Name of IFA Company	<input type="text"/>	獨立理財顧問公司編號 IFA Company Code:	<input type="text"/>
保險經紀姓名 Insurance Broker Name	<input type="text"/>	保險經紀登記號碼 Insurance Broker Registration No.	<input type="text"/>
手提電話 Mobile No.	<input type="text"/>	申請/保單編號 Application/Policy No.	<input type="text"/>

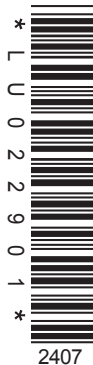
準受保人 Proposed Insured	<input type="text"/>	申請人(如與準受保人不同) Applicant (if different from Proposed Insured)	<input type="text"/>
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申請人是否現有客戶? Is applicant an existing Policy Owner? ☐ 是 Yes ☐ 否 No

如是, 請提供舊保單號碼: If Yes, please provide the Old Policy Number(s):

1. 投保申請背景資料 Background of Insurance Application 請在適當空格填上「√」 Please 「√」 in the appropriate box

1.1	<p>如申請人或準受保人為兒童、學生、家庭主婦、退休及待業等沒有收入人士, 請提供經濟支持者資料 if the Applicant or Proposed Insured is non-income earner, e.g. children, student, housewife, retired, unemployed, please provide financial supporter's information</p> <p>與申請人或準受保人之關係 Relationship with the Applicant or Proposed Insured: <input type="checkbox"/> 父母 Parent <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 子女 Children <input type="checkbox"/> 其他 Others _____</p> <p>經濟支持者的姓名 Name of Financial Supporter _____</p> <p>經濟支持者的公司名稱 Company Name of Financial Supporter _____</p> <p>經濟支持者的公司業務性質/職業 Nature of Business/Occupation of Financial Supporter _____</p> <p>經濟支持者公司的營運區域/僱主地址 Country of Operation/Address of Employer of Financial Supporter _____</p> <p>_____ 每年收入Annual Income (HK\$) _____</p>
1.2	<p>a. 你有否於申請時檢查所收集的申請書及補充聲明書*上或任何補充文件上有沒有與美國的聯繫或特定指標? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No Have you checked for US indicia or specific criteria on the Application Form and Supplementary Statement(s)* or any additional documentation gathered during application?</p> <p>b. 如發現與美國的聯繫或特定指標, 你有否收集所需的補充文件(例如W-8BEN表格)? 並對申請書、補充聲明書*及補充文件的資料進行一致性檢查? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No If US links or specific criteria are found, have you gathered the required additional documentation (e.g. Form W-8BEN)? Have you carried out consistency checking between the Application Form, Supplementary Statement(s)* and the additional documents?</p> <p><small>*如適用的話, 例如商業組織申請人/保單持有人。 * If applicable, e.g. Business Association Applicant/Policy Owner.</small></p>



根據監管要求進行保單售後電話服務
Post Sales Call to comply with regulatory requirement

請提供客人建議本公司使用的聯絡電話及聯絡時段，以便本公司安排保單售後跟進電話服務：
Please confirm customer's preferred contact telephone number and available time for us to conduct the Post Sales Call:

1. 建議本公司使用聯絡客人的電話號碼*: Preferred Contact Telephone Number*	<input type="checkbox"/> 住宅 Residential	<input type="checkbox"/> 手提 Mobile	<input type="checkbox"/> 公司 Office
2. 建議本公司聯絡客人的時段*: Preferred Contact Time*: (星期一至星期五 香港時間: 上午九時至下午六時) (Monday to Friday 09:00am - 06:00pm HKT)	<input type="checkbox"/> 09:00am - 10:00am <input type="checkbox"/> 10:00am - 11:00am <input type="checkbox"/> 11:00am - 12:00pm	<input type="checkbox"/> 12:00pm - 01:00pm <input type="checkbox"/> 01:00pm - 02:00pm <input type="checkbox"/> 02:00pm - 03:00pm	<input type="checkbox"/> 03:00pm - 04:00pm <input type="checkbox"/> 04:00pm - 05:00pm <input type="checkbox"/> 05:00pm - 06:00pm

***請注意 Please note:**

a. 假若本公司未能以所選擇的建議聯絡電話及 / 或在建議的時段聯絡客人，我們會嘗試使用投保申請書上的其他聯絡電話及 / 或在沒有揀選的時段致電客人進行保單售後跟進電話。
Our company will use the other unselected telephone number(s) provided on the insurance application form and / or another timeslot to conduct ILAS Post Sales Call if we are unable to contact customer by using the preferred contact telephone number and / or preferred contact time successfully.

b. 客人可選擇多個建議聯絡電話及 / 或聯絡時段(如適用)。
Customer can choose multiple preferred contact telephone number and / or preferred contact time (if applicable).

2. 客戶與顧問之關係 Client's Relationship with Advisor

		準受保人 Proposed Insured	申請人 (如與準受保人不同) Applicant (if different from Proposed Insured)
2.1	你已認識客戶多久? How long have you known the client(s)?	<input type="checkbox"/> 少於三個月 Less than 3 months <input type="checkbox"/> 三個月至一年 3 months to 1 year <input type="checkbox"/> 一年至兩年 1 year to 2 years <input type="checkbox"/> 兩年至五年 2 years to 5 years <input type="checkbox"/> 超過五年 more than 5 years	<input type="checkbox"/> 少於三個月 Less than 3 months <input type="checkbox"/> 三個月至一年 3 months to 1 year <input type="checkbox"/> 一年至兩年 1 year to 2 years <input type="checkbox"/> 兩年至五年 2 years to 5 years <input type="checkbox"/> 超過五年 more than 5 years
2.2	你是否客戶的家庭成員或親戚? (如否，請回答題目 2.3。) Are you a family member or a relative of the client(s)? (If no, please answer Q. 2.3)	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 關係 Relationship <input type="checkbox"/> 父母 Parent <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 子女 Children <input type="checkbox"/> 其他 Others: _____	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 關係 Relationship <input type="checkbox"/> 父母 Parent <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 子女 Children <input type="checkbox"/> 其他 Others: _____
2.3	你如何認識客戶? How did you know the client(s)?	<input type="checkbox"/> 客戶/ 朋友介紹 Referral <input type="checkbox"/> 隨機拜訪 Cold Call <input type="checkbox"/> 客戶主動聯絡 Walk-in Client <input type="checkbox"/> 現有客戶 Existing Client <input type="checkbox"/> 離職營業員之客戶 Client of Ex-agent <input type="checkbox"/> 朋友 Friend <input type="checkbox"/> 其他 Others: _____	<input type="checkbox"/> 客戶/ 朋友介紹 Referral <input type="checkbox"/> 隨機拜訪 Cold Call <input type="checkbox"/> 客戶主動聯絡 Walk-in Client <input type="checkbox"/> 現有客戶 Existing Client <input type="checkbox"/> 離職營業員之客戶 Client of Ex-agent <input type="checkbox"/> 朋友 Friend <input type="checkbox"/> 其他 Others: _____

本人謹此證明在銷售過程中本人曾親自詢問申請人及準受保人於人壽保險申請書、申請人資料分析表格上的所有問題；並見證申請人及準受保人在人壽保險申請書、申請人資料分析表格及銷售說明文件上的簽署。本人確認曾親自查閱申請人及準受保人的身份證明文件以核實其身份。本人亦謹此聲明，盡本人所知及所信，客戶的資金/財富/收入來源並非源自任何非法活動。

I hereby certify that I (i) have personally asked the Applicant and the Proposed Insured all questions on life insurance application form and applicant information analysis form; and (ii) have witnessed the Applicant's and the Proposed Insured's signatures to life insurance application form, applicant information analysis form and proposal during the sales process. I confirm that I have personally verified the identity of the Applicant and the Proposed Insured against their identification documents. I further declare that, to the best of my knowledge and belief, customer's source of fund/wealth/income are not derived from any illegal activities.

本人已查核本申請書及有關文件。

I have properly checked this application and the related documents.

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保險經紀簽署
Insurance Broker Signature

簽署日期：日 / 月 / 年
Sign on : dd/mm/yy