

Declaration Form for Insurance Application by Non Hong Kong Resident(s) 非香港居民投保申請聲明

Proposed Policy Owner 保單持有人:	ID/Passport No. 身份證/護照號碼:
Surname 姓 Given name 名	
Proposed Life Insured* 擬受保人*:	ID/Passport No. 身份證/護照號碼:
Surname 姓 Given name 名	
Name of Insurance Advisor 保險顧問:	
Surname 姓 Given name 名	

* *Applicable if the Policy Owner and Life Insured are not the same person* 適用於保單持有人及擬受保人非同一人

I/We, being the Proposed Policy Owner and/or the Proposed Life Insured, confirm that
本人(等)，作為保單持有人及／或擬受保人確認

- All meetings and discussions leading to signing of the Application took place in Hong Kong;
所有促使本人簽署投保申請書之會議及討論均在香港進行；
- All insurance marketing materials were received in Hong Kong;
所有關於投保申請之宣傳資料均在香港收取；
- All the documents relating to the Application were signed in Hong Kong; and
所有關於投保申請之文件均在香港簽署；及
- The above named Insurance Advisor has explained the details of my/our Application in Hong Kong.
以上填寫之保險顧問已在香港清楚解釋本申請之細則

I/We understand that it is my/our responsibility to ensure compliance with all relevant laws and regulations in my/our country of residence/citizenship in connection with the purchase of the insurance policy (to be issued), and that Manulife (International) Limited (“Manulife”) will not be responsible for any loss that I/we may suffer due to any non-compliance with the said laws and regulations. 本人(等)明白遵守本人居住地及國籍地就購買此將要簽發的保險單有關之所有法律和法規是本人(等)的責任，就本人(等)因未能遵守該等法律和法規所蒙受任何損失，貴公司將不會承擔任何責任。

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

I/We confirm that I/we have read and understand the provisions contained within the “Notice to Customers relating to the Personal Data (Privacy) Ordinance” (“Notice”) and the “Privacy Addendum for Personal Information Protection Law (For Mainland Chinese)” (“Privacy Addendum”). These provisions contain details of the purposes and methods of processing, types of personal information collected, cross-border personal data transfer, the names of overseas recipients, contact methods, and the procedures through which individuals may exercise their individual rights as defined under the law. 本人／吾等確認已閱畢並明白《有關〈個人資料(私隱)條例〉的客戶通知》(「通知」)以及《有關〈中華人民共和國個人信息保護法〉的私隱附錄(為內地居民設定)》(「私隱附錄」)內含的條款。該條款詳細說明了處理目的及方式，個人信息的種類，個人信息跨境轉移，境外接收方名稱，聯繫方式，以及個人行使法律規定權利的方式和程序的事項。

Privacy Addendum「私隱附錄」



For the Privacy Addendum, please scan the QR code to visit following website.
有關「私隱附錄」，請掃描二維碼以瀏覽以下網站。

<https://www.manulife.com.hk/en/individual/privacy-policy/privacy-addendum-for-personal-information-protection-law.html>

☐ I/We give consent to Manulife to process my/our personal information as described in the Notice and the Privacy Addendum. 本人／吾等同意宏利根據通知和私隱附錄中所描述的方式處理本人／吾等的個人信息。



For Policy Owner only 只適用於保單持有人:

I have chosen below for verification purpose.

本人選擇以下方式以作認證:

- ☐ In-person verification by Manulife Staff
由宏利職員親身認證
- ☐ By taking photo with Manulife's mobile application* where the process taken within Hong Kong, and provided below document via the application as well (Please provide at least one):
經宏利指定的流動應用程式*於香港境內拍照認證, 並提供以下身份證明文件(必須提供最少一項)
- ☐ China Identity Card
中華人民共和國居民身份證
- ☐ Entry permit / China Passport (Page with policy owner's picture)
往來港澳通行證 / 中國護照 (附有保單持有人照片一頁)

* All your information obtained from the mobile application, including your image and image of your identification document(s), is for the purpose of verifying that you are physically in Hong Kong Special Administrative Region ("HKSAR"). This is a regulatory requirement that your insurance application must be signed in HKSAR.
經流動應用程式所獲得的圖像, 包括你的個人影像及身份證明文件, 其目的為驗證閣下身在香港特別行政區並簽署相關保險申請表格, 以符合香港的監管要求。

Signed in Hong Kong on ____/____/____(DD/MM/YY).

於____/____/____(日/月/年)在香港簽署。

X

Signature of Policy Owner
保單持有人簽署

X

Signature of Proposed Life Insured
擬受保人簽署

I _____ agree with the above and confirm that all the copies of travel document submitted are true and correct.
(Name of insurance advisor)

本人 _____ 同意以上內容及確認準保單持有人所提交之旅遊證件副本是真實和正確。
(保險顧問姓名)

X

Signature of Insurance Advisor
保險顧問簽署

Date (DD/MM/YY)
日期 (日/月/年)

MCV Reference number:

認證參考編號:

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Internal Use for verification by staff and to be signed by the verification staff
只適用於職員親身認證時與內部使用, 並由進行認證之職員簽署

I have met the client in person for verification on the date the form was signed.
本人已在表格簽署當日親身會見客戶以進行認證。

X

Signature of verification staff with company chop
認證職員簽署及公司蓋印

Date (DD/MM/YY)
日期(日/月/年)