

Third Party Payment Declaration Form

第三者付款聲明書



☐ Please tick the appropriate box. 請在適當方格內填上√號。 * Please delete where appropriate. 請刪去不適用者。

Part 1 第一部分 Personal & Policy Details 個人及保單資料	
Proposal / Policy No. 投保書 / 保單號碼	
Billing No. 繳費編號	
Name of Life Proposed / Life Assured 受保人姓名	
Name of Proposer / Policyowner 投保人 / 保單持有人姓名	
English Full Name of Third Party Payor 第三者付款人英文全名	
Relationship between Third Party Payor and *Proposer / Policyowner / Life Proposed / Life Assured 第三者付款人與 *投保人 / 保單持有人 / 受保人的關係 Note 備註： For third party payments, only payments by person(s) in the specified categories will be accepted. 就第三者付款而言，只接受由指定類別人士之付款。	<input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Sibling 兄弟姊妹 <input type="checkbox"/> Parent 父母 <input type="checkbox"/> Grandparent 祖父母 <input type="checkbox"/> Child 子女 <input type="checkbox"/> Legal Guardian 合法監護人 ⁺ <input type="checkbox"/> Company owned by the Proposer 投保人擁有之公司 [#] <input type="checkbox"/> Company owned by the Policyowner 保單持有人擁有之公司 [#] ⁺ Please provide supporting document. 請提供證明文件。 [#] Only applicable when the company is the Proposer or Policyowner. Please provide (i) a copy of Business Registration Certificate or Certificate of Incorporation and (ii) a copy of latest Annual Return. 只適用於公司為投保人或保單持有人。請提供(i)商業登記證或公司註冊證明書之副本及(ii)最新周年申報表之副本。
*Identity Card / Passport / Travel Document No. of Third Party Payor 第三者付款人的*身份證 / 護照 / 旅行證件號碼	
Address & Contact No. of Third Party Payor 第三者付款人的地址及聯絡號碼	

Part 2 第二部分 Payment Amount & Method 繳款金額及方法	
a) Payment Amount 繳款金額	
Amount of Third Party Payment 第三者款項之金額	<input type="checkbox"/> HKD 港元 _____ <input type="checkbox"/> USD 美元 _____ <input type="checkbox"/> RMB 人民幣 _____
b) Payment Method 繳款方法	
<input type="checkbox"/> Cheque 支票 <input type="checkbox"/> *VISA / Master Credit Card *VISA / 萬事達信用卡 <input type="checkbox"/> UnionPay Credit Card 銀聯信用卡 <input type="checkbox"/> UnionPay Debit Card 銀聯借記卡 <input type="checkbox"/> EPS 易辦事 <input type="checkbox"/> Bank Transfer 銀行轉賬 (Only accept the banks which are designated by Prudential 只接受保誠指定之銀行) <input type="checkbox"/> Others 其他: _____	Cheque No. 支票號碼 _____ Name of Bank 銀行名稱 _____ *Card No. 卡號碼 / Account No. 戶口號碼 _____ Name of Bank 銀行名稱 _____ <input type="checkbox"/> Cash 現金
Note 備註: (1) We only accept HKD payment for HKD policy; HKD or USD payment for USD policy. The currency that we accept for RMB policy depends on the terms and conditions of specific product. 港元保單只接受以港元付款；美元保單只接受以港元或美元付款。人民幣保單之付款貨幣受個別計劃之條款及細則所規限。 (2) If payment was made by credit / debit card and there is subsequently a refund, such refund will be directly credited to the credit card account of the credit cardholder / bank account of the debit cardholder (as the case may be). 如以信用卡/借記卡繳款而其後發生退款，該退款將直接退回予信用卡卡主之信用卡賬戶內/借記卡卡主之銀行賬戶內(視乎情況而定)。 (3) If the third party payment is over HKD200,000 equivalent, a copy of the identity card / passport / travel document of the Third Party Payor must be submitted. 如第三者款項為超過 200,000 港元等值之金額，第三者付款人必須遞交身份證/護照/旅行證件之副本。 (4) The maximum amount of cash premium that is accepted at Cashier is HKD62,000/ USD8,000 per premium installment per policy. 於繳費處以現金繳付保費，每份保單每期保費的交易金額上限為 62,000 港元/ 8,000 美元。	



Part 3 第三部分 Personal Information Collection Statement 收集個人資料聲明

1. Purpose of Collection

The personal information collected in this declaration form is used and held by Prudential Hong Kong Limited (referred to as "the Company", "our", "we", or "us" in this part entitled "Personal Information Collection Statement") may be used for the following purposes: (a) to process your payment instruction and the payment made by the Third Party Payor; (b) to process the related Proposal/Policy; (c) to design and provide ongoing policy administration and servicing of the Proposer/Policyowner; (d) to communicate with you; (e) to conduct research and statistical analysis; (f) to perform a policy review or needs analysis; and (g) to meet disclosure requirements imposed by law or regulatory authorities.

2. Classes of Transferees

We may disclose all or part of your personal information to third parties (within or outside Hong Kong) for the purposes outlined above, including without limitation the following third parties: (a) insurance agents; (b) re-insurance companies; (c) other companies within the Prudential Group; (d) third party administrators; (e) third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, computer, payment, printing or other services to us to enable us to operate our business); (f) industry associations and federations; (g) professional advisors; (h) researchers; (i) credit reference agencies; (j) debt collection agencies; (k) partnering financial institutions; (l) regulators and government agencies; (m) law enforcement agencies; (n) the Courts.

We may transfer your Personal Information in connection with a transaction with another company which affects the control, governance, structure and/or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements. However, we will not disclose your Personal Information to any other third parties for direct marketing purposes without your consent.

3. Consequence of failing to provide Personal Information

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. In the event that any such Personal Information is not provided, we may be unable to provide you with the services or carry out the purposes outlined at Section 1 above.

4. Access and Correction Rights

Under the Personal Data (Privacy) Ordinance (the "Ordinance"), you have the right to request access to and correction of any Personal Information that you provided to us. You may make such a request by writing to our Data Protection Officer at P.O. Box No. 28058, Gloucester Road Post Office, Hong Kong. In accordance with the Ordinance, we have the right to charge a reasonable fee for the processing of any Personal Information access request.

1. 收集資料之目的

本聲明書上收集的個人資料乃由保誠保險有限公司 (在題為「收集個人資料聲明」之本部分, 簡稱「本公司」或「我們」) 保管及使用。我們可能會使用閣下的個人資料作下列用途: (a) 處理閣下的付款指示及處理第三者付款人所作出的付款; (b) 處理有關投保書 / 保單; (c) 設計及為閣下提供保險、金融及相關的服務和產品; (d) 與閣下進行通訊; (e) 進行保單審查或需求分析; (f) 進行研究和統計分析; 及 (g) 符合法律或監管當局實施的披露要求。

2. 被資料轉交者的類別

為達到上述第一部分所列明之目的, 我們可能會向第三方 (在香港境內或境外) 透露閣下的個人資料, 包括但不限於以下第三方: (a) 保險代理; (b) 再保險公司; (c) 其他保誠集團內的公司; (d) 第三方管理人; (e) 第三方服務供應商 (包括但不限於保險公司、銀行、律師、會計師, 以及其他提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商); (f) 行業協會及聯會; (g) 專業顧問; (h) 研究人員; (i) 信貸資料服務機構; (j) 收賬代理; (k) 夥伴金融機構; (l) 監管機構及政府機構; (m) 執法機構; (n) 法院。

在有關影響到我們全部或重大部分業務的控制權、治理、結構和/ 或管理的交易時, 或在必須符合適用的法律或監管要求下, 我們可能會轉交閣下的個人資料。然而, 我們不會未經閣下的同意, 向任何其他第三方透露閣下的個人資料作直接促銷用途。

3. 未能提供個人資料的影響

除非我們另有規定, 否則閣下必須提供我們所要求的個人資料。若未能提供任何此等個人資料, 我們可能無法為閣下提供服務或進行上述第一部分所列出的活動。

4. 查閱和更正的權利

根據《個人資料 (私隱) 條例》(「條例」), 閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲查閱或更正個人資料, 請向我們的資料保護主任作出書面要求, 地址是香港告士打道郵政局郵政信箱28058 號。根據條例的規定, 我們有權就處理查閱任何個人資料的要求, 收取合理的費用。



Part 4 第四部分 Declaration 聲明			
<p>I/We, the Proposer / Policyowner / Third Party Payor, hereby jointly and severally declare to Prudential that: 本人 / 吾等 · 作為投保人 / 保單持有人 / 第三者付款人 · 謹此共同及各別地向保誠作出以下聲明：</p> <p>1. the information given by me/us in this declaration form (including in particular, the relationship declared by Third Party Payor and Proposer / Policyholder / Life Proposed / Life Assured in Part 1) is true and accurate and may be relied upon by Prudential; 本人/吾等在本聲明書上提供之資料(尤其包括在第一部分中所聲明第三者付款人其與投保人 / 保單持有人 / 受保人之間的關係)為真實及準確及可被保誠信賴;</p> <p>2. I/we have read the Personal Information Collection Statement in Part 3 and agree to its terms fully. 本人/吾等已閱讀第三部分的收集個人資料聲明並對其內容完全同意;</p> <p>The Third Party Payor further declares that in making the payment for the Proposal/Policy mentioned in Part 1 above, such payment is made for the benefit of the Proposer /Policyowner / Life Proposed / Life Assured out of the Third Party Payor's own free will 第三者付款人同時亦聲明 · 在為上述第一部分內提及的投保書 / 保單作出付款時 · 該筆付款是為投保人 / 保單持有人 / 受保人之利益而作出並是出於第三者付款人的個人意願。</p> <p>In any circumstances, a person who is not a party to the above policy (including but not limited to the Life Assured or the Beneficiary) has no right to enforce any of the terms of the above policy. 任何不是上述保單某一方的人士或實體 (包括但不限於受保人或受益人) · 在任何情況下均不能強制執行上述保單的任何條款。</p>			
Part 5 第五部分 Signature 簽署			
<p>If the signatory is a Limited Company / Partnership / Sole Proprietorship, its authorized signatories should sign and chop. 如簽署方為有限公司 / 合夥 / 獨資經營持有 · 須由公司授權人員簽署及蓋章。</p>			
Day 日 / Month 月 / Year 年	Signature of Proposer / Policyowner 投保人 / 保單持有人簽署 (Signature of Policyowner must be consistent with that in our record) (保單持有人的簽署必須與本公司記錄上的記錄相符)	Signature of Third Party Payor 第三者付款人簽署 (It must be consistent with that in the Third Party Payor's bank account / credit card / debit card record) (須與第三者付款人的銀行戶口或相關信用卡/借記卡上的簽署樣式相符)	
<p>If the Proposer / Policyowner uses signature chop or fingerprint, two witnesses are required. The witness must be an individual third party aged 18 or above. The personal particulars of the witness(es) will only be used for the purpose of verification and confirmation of the identity(ies) of the signatory(ies) of this form. 若投保人 / 保單持有人以圖章蓋印或指模簽署 · 必須有兩位見證人。見證人必須為年滿 18 歲或以上的第三者。見證人之個人資料只會用於處理本申請及確認此表格簽署人的身份之用。</p>			
Signature of Witness 見證人簽署	Name & Identity Document Number of Witness 見證人姓名及身份證明文件號碼	Signature of Witness 見證人簽署	Name & Identity Document Number of Witness 見證人姓名及身份證明文件號碼

Please DO NOT sign on BLANK form. 請勿在空白表格上簽署。

