



Payment Declaration Form – Bank draft 保費付款聲明書 – 銀行本票

This form is applicable for using bank draft to settle premium amount 此表格適用於以本票繳付：

- 1) above USD30,000 – USD150,000** (applicable for Initial Premium) or 30,000美元以上 – 150,000美元** (適用於首期保費) 或
2) above USD30,000 – USD300,000** (applicable for Renewal Premium) 30,000美元以上 – 300,000美元** (適用於續期保費)

(A) Policy information 保單資料			
Item 編號	Policy Number 保單號碼	Payment Amount 付款金額	Policy Status# 保單狀態#
1		<input type="checkbox"/> HKD# 港幣# <input type="checkbox"/> US# 美元# <input type="checkbox"/> Other# 其他# _____	<input type="checkbox"/> Initial Premium 首期保費 <input type="checkbox"/> Renewal Premium 續期保費
2		<input type="checkbox"/> HKD# 港幣# <input type="checkbox"/> US# 美元# <input type="checkbox"/> Other# 其他# _____	<input type="checkbox"/> Initial Premium 首期保費 <input type="checkbox"/> Renewal Premium 續期保費
3		<input type="checkbox"/> HKD# 港幣# <input type="checkbox"/> US# 美元# <input type="checkbox"/> Other# 其他# _____	<input type="checkbox"/> Initial Premium 首期保費 <input type="checkbox"/> Renewal Premium 續期保費
4		<input type="checkbox"/> HKD# 港幣# <input type="checkbox"/> US# 美元# <input type="checkbox"/> Other# 其他# _____	<input type="checkbox"/> Initial Premium 首期保費 <input type="checkbox"/> Renewal Premium 續期保費

(B) Payment Information 付款資料	
(1) Bank draft No. 本票號碼：	
(2) Issuing Bank 簽發銀行：	
(3) Bank draft Amount 本票金額：	<input type="checkbox"/> HKD# 港幣# <input type="checkbox"/> US# 美元# <input type="checkbox"/> Other# 其他# _____

(C) Personal Data Collection and Use 收集個人資料聲明
<p>I agree that the information and personal data relating to me contained in this payment may from time to time be used, maintained, processed, utilized, and stored by AIA International Limited (Incorporated in Bermuda with limited liability) and / or AIA Everest Life Company Limited (each, "the Company") for the purposes of (a) identity matching or verifying premium payment, source of funds and references; and / or (b) providing and arranging subsequent payment and other incidental customers' services to me, the AIA Vitality member and / or the policy owner(s); and / or (c) providing to service providers carrying out data matching procedure or any other necessary procedures for the operation of such services; and / or (d) law enforcement, investigations by police or other governmental authorities and to meet requirement imposed by laws and regulations and / or (e) satisfying and complying with any anti-money laundering and counter-terrorist financing requirements imposed by any governmental authority and / or regulator in the world; and / or (f) fulfilling those other additional uses set out in AIA Personal Information Collection Statement ("AIA PIC").</p> <p>I understand that it is voluntary for me to provide the information in this payment, but if I refuse to do so, the Company may not be able to process the application and / or provide any insurance service to the policyowner / insured.</p> <p>Information and personal data contained in this payment may be transferred by the Company, insofar as necessary and to the extent permitted by laws, to:</p> <p>(a) the relevant governmental authorities, regulator(s), court(s), tribunal(s), administrative board(s) and / or law enforcement bodies (both local and overseas) for the said purposes; and / or</p> <p>(b) such person(s) for such legitimate purposes as contemplated in AIA PIC, if applicable.</p> <p>The updated version of AIA PIC is available for download from its website: https://www.aia.com.hk/en/privacy-statement-main.html for policies of AIA International Limited and https://www.aia.com.hk/en/help-and-support/individuals/aia-everest.html for policies of AIA Everest Life Company Limited, and is made available upon request.</p> <p>I am advised that I can at any time make a data access or correction request concerning my personal data held by the Company by writing to AIA Customer Service Centre: 12/F, AIA Tower, 183 Electric Road, North Point, Hong Kong.</p> <p>本人謹此確認同意友邦保險(國際)有限公司(於百慕達註冊成立之有限公司)及/或友邦馬峰人壽有限公司可不時使用、保留、處理、運用及儲存此繳費所載有關本人的個人資料,用作(a)配對或核對有關身份、繳費、資金來源及參考記錄,及/或(b)提供及安排其後繳費服務及其他附帶客戶服務予本人、AIA Vitality健康程式會員及/或保單持有人;及/或(c)提供予服務供應商作出資料核對程序或其他適當的運作程序以實行有關服務;及/或(d)協助執行情例、警方或其他政府機構調查,以及符合法例規定;及/或(e)遵守由任何政府機構及/或世界各地監管機構所發出有關打擊洗黑錢及恐怖分子籌資活動要求;及/或(f)履行於AIA個人資料收集聲明中的其他用途。</p> <p>本人明白及願意提供此繳費上的資料,如本人拒絕提供相關資料,貴公司將不可能替本人進行有關申請及/或提供任何保險服務予本人。</p> <p>如有此需要及在法律容許的範圍內,貴公司可轉讓此繳費所載的資料及有關本人的個人資料予以下人士或機構:</p> <p>(a) 有關政府或監管機構、法院、裁判處、行政委員會及/或執法機構(包括本港及海外);及、或</p> <p>(b) 符合AIA個人資料收集聲明用途且合法予以披露的任何人士。</p> <p>AIA個人資料收集聲明的最新版本可於以下網頁下載https://www.aia.com.hk/zh-hk/privacy-statement-main.html(友邦保險(國際)有限公司之保單)及https://www.aia.com.hk/zh-hk/help-and-support/individuals/aia-everest.html(友邦馬峰人壽有限公司之保單)或按要求索取。</p> <p>申請人已知悉可隨時向AIA查閱及申請更改儲存於貴公司有關申請人的個人資料。有關申請可以書面形式致AIA客戶服務中心(香港北角電氣道183號友邦廣場12樓)辦理。</p>

(D) Declaration & Signature by the Payor 付款人聲明及簽署

I _____ hereby confirm that the above-mentioned bank draft was purchased by me. All information submitted by me in this declaration form is complete and correct. And the signing of this declaration form has taken place in Hong Kong S.A.R.

本人 _____ 謹此確認以上所列之本票乃由本人付款購買。而此聲明書亦是在香港特別行政區簽署，以下簽署人謹此聲明上述之資料乃屬正確及完整。

* Signature of Payor 付款人簽署

Signature of Witness 見證人簽署

Signature date 簽署日期：

Name of Witness 見證人姓名：

Signature date 簽署日期：

* Payor refer to purchaser of this bank draft payment. 付款人指購買上述所列之銀行本票。

** Or its equivalent to other currencies. 或相等於其他貨幣的金額

***Delete where inapplicable. 請將不適用者刪去

Please choose where applicable. 請選取適用選項

Notes: This declaration is based on the latest Anti-Money Laundering policy and will be changed from time to time.

請注意：此聲明書將會因應防止洗黑錢政策之更改，而作出不定時更新。