



Third Party Payment Declaration Form 第三方付款聲明表格

Please note:

(1) Third party payment means premium payment not made by the (Proposed) Policy Owner or (Proposed) Life Insured of the below policy

請注意：

(1) 第三方付款指非由下列保單的 (準) 保單持有人或 (準) 受保人繳付保費

Part I – Application/Policy and Payment Information 第一部份 – 有關投保書 / 保單及繳費資料

Application/Policy Number 投保書 / 保單編號			
Name of First (Proposed) Policy Owner 第一 (準) 保單持有人姓名		Name of Second (Proposed) Policy Owner 第二 (準) 保單持有人姓名	
Payment Method 繳款方法	<input type="checkbox"/> Cheque 支票 <input type="checkbox"/> Bank Draft 銀行本票 <input type="checkbox"/> Bank Transfer 銀行轉賬 <input type="checkbox"/> Others 其他 _____	Payment Currency and Amount 繳付幣種及金額	

Part II – Authorisation of the (Proposed) Policy Owner to the Payor for premium payment for the above policy 第二部份 – (準) 保單持有人授權繳款人支付上述保單的保費繳付

Being the (Proposed) Policy Owner(s) of the above policy, I/we understand that the premiums should be paid by the (Proposed) Policy Owner(s) or (Proposed) Life Insured of the above policy. However, I/we hereby authorise the following designated payor (the "Payor") to pay the premiums for the above policy due to the below reason(s). Details are as follows:
本人 / 吾等作為上述 (準) 保單持有人，明白保費應由 (準) 保單持有人或 (準) 受保人繳交。惟基於以下原因，本人 / 吾等現授權由以下指定繳款人 (簡稱「繳款人」) 繳付本人 / 吾等上述保單之保費，詳情如下：

Full English Name of Payor 繳款人英文姓名 / 公司名稱		Full Chinese Name of Payor 繳款人中文姓名 / 公司名稱	
Payor's Identity Document No. 繳款人身份證明文件號碼 (ID Card/Passport/Business Registration/Certificate of Incorporation 身份證 / 護照 / 商業登記 / 公司註冊證書)		Nationality/Place of Incorporation 國籍 / 註冊地點	
Payor's Residential Address/ Principal Place of Business 繳款人之住宅地址 / 主要營業地址			
Relationship with the (Proposed) Policy Owner 與 (準) 保單持有人的關係	Related party of 關連方： <input type="checkbox"/> First (Proposed) Policy Owner 第一 (準) 保單持有人 <input type="checkbox"/> Second (Proposed) Policy Owner 第二 (準) 保單持有人 Relationship 關係： <input type="checkbox"/> Spouse 配偶 / Partner 伴侶 <input type="checkbox"/> Child 子女 <input type="checkbox"/> Parent 父母 <input type="checkbox"/> Sibling 兄弟姊妹 <input type="checkbox"/> Grandchild 孫子女 <input type="checkbox"/> Grandparent 祖父母 <input type="checkbox"/> Legal Guardian 合法監護人 <input type="checkbox"/> Company solely/partially owned by (Proposed) Policy Owner (準) 保單持有人完全 / 部份持有之公司 Nature of Business 業務性質 _____ i. Limited Company 有限公司 <input type="checkbox"/> (Proposed) Policy Owner must hold >50% of the company shares (準) 保單持有人必須持有 >50% 的公司股份 <input type="checkbox"/> Board resolution documenting the company's consent to pay 記錄公司同意付款的董事會決議 <input type="checkbox"/> Latest annual return (NAR1) 最新的周年申報表 ii. Partnership 合夥企業 <input type="checkbox"/> Another partner's agreement stating the consent to pay 其他合夥人同意付款的協議 <input type="checkbox"/> Latest annual return (NAR1) 最新的周年申報表 iii. Sole Proprietor 獨資企業 <input type="checkbox"/> Legal document showing the ownership information of the company 法律文件顯示公司擁有權的資料		
Note 備註： For third party payments, only payments by person(s) in 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。			

Part II – Authorisation of the (Proposed) Policy Owner to the Payor for premium payment for the above policy 第二部份 – (準) 保單持有人授權繳款人支付上述保單的保費繳付

Reason for third party payment
第三方付款原因

Please submit 請遞交：

- 1) *certified true copy of the payor's identity document*
繳款人的身份證 / 護照 / 有效的商業登記 / 有效的公司註冊證書的核實副本
- 2) *supporting document if it is legal guardian*
證明文件如是合法監護人

Part III – Declaration of Payor's Source of Fund 第三部份 – 繳款人的資金來源聲明

Source of Fund
資金來源

Salary 薪酬

Please provide aggregate amount in the past 12 months

請提供過去十二個月內總收入 _____

Savings 儲蓄

Inheritance 遺產

Retirement/Provident Fund 退休金 / 公積金

Investment Income 投資收入

Rental Income 租金收入

Others, please specify 其他，請詳述 _____

Part IV – Personal Information Collection Statement 第四部份 – 個人資料收集聲明

I/We, the (Proposed) Policy Owner and Payor of the above policy, hereby jointly and severally declare that:

本人 / 吾等，上述保單的 (準) 保單持有人及付款人，在此共同及分別確認：

1. I/We confirm that I/we have read and understood the Personal Information Collection Statement ("PICS") of Heng An Standard Life (Asia) Limited ("the Company"). I/We agree that the Company may collect, use, store, process, disclose, transfer and otherwise share our personal data in accordance with the terms of the PICS. For the latest version of PICS, it can be downloaded from the Company website (<https://www.hengansl.com.hk>) or available upon request.

本人 / 吾等確認已閱讀及明白恒安標準人壽 (亞洲) 有限公司 (「貴公司」) 的收集個人資料聲明。本人 / 吾等確認已經閱讀並且明白本聲明。吾等同意貴公司可依照本聲明的條款收集、使用、儲存、處理、披露、轉移及以其他方式分用吾等的個人資料。有關最新版本的收集個人資料聲明，可於貴公司網站上 (<https://www.hengansl.com.hk>) 下載或向恒安標準人壽 (亞洲) 有限公司索取。

2. I/We hereby declare that any personal data provided by me/us to the Company (whether by way of this application or otherwise) which is in relation to a third party not being myself/ourselves has been obtained by me/us in compliance with the Personal Data (Privacy) Ordinance, and the relevant third party has explicitly agreed to the disclosure of his/her personal data to the Company for the purposes set out in the PICS. I/We agree to indemnify and hold harmless the Company against all losses, liability and costs which the Company may incur or suffer as a result of, or in connection with, any breach of my/our declaration contained in this paragraph.

本人 / 吾等謹此聲明，任何由本人 / 吾等向貴公司提供 (不論是透過本申請或其他方式提供) 有關第三者 (而非本人 / 吾等) 的個人資料乃是以符合個人資料 (私隱) 條例規定的手法取得，而有關第三者已明確同意向貴公司披露其個人資料作「個人資料收集聲明」所述的用途。本人 / 吾等同意彌償及確保貴公司免受因本人 / 吾等違反於本文下的聲明而產生或引致的任何損失、責任或費用。

Part V – Declaration of (Proposed) Policy Owner(s) and the Payor 第五部份 – (準) 保單持有人及繳款人聲明

I/We, the (Proposed) Policy Owner and Payor of the above policy, hereby jointly and severally declare that:

本人 / 吾等，上述保單的 (準) 保單持有人及付款人，在此共同及分別確認：

1. I/We confirm that all information provided in this third party payment declaration form (including in particular, the relationship of the Payor and the (Proposed) Policy Owner(s) and source of fund as declared in Parts 2 and 3) are complete and true.

本人 / 吾等確認在本第三方付款聲明表格上提供的資料 (尤其包括在第二及三部分中所聲明繳付款人與 (準) 保單持有人之間的關係及資金來源) 為事實的全部並確實無訛。

2. The Payor further declares that in making the payment for the application/policy mentioned in Part 1 above, such payment is fully out of the Payor's own free will.

繳款人亦進一步聲明，在為上述第一部份內提及的投保書 / 保單作出付款時，該筆付款全出於繳款人的個人意願。

3. I/We understand that the above application (payment from third party) is subject to the approval of the Company, and the Company reserves the rights to request any additional relevant supporting documents and/or reject my/our application (payment from third party) without any reason.

本人 / 吾等明白上述申請 (由第三方付款) 需交由貴公司審批，而貴公司保留索取其他相關證明文件及 / 或拒絕上述申請 (由第三方付款) 而無須任何理由之權利。

4. I/We understand that the Company will process any payment received and related instruction only after this form and the required documents (if any) have been received by the Company. I/We also understand that the Company will handle any payment received within reasonable time and shall not be liable for any direct, indirect, special or consequential loss or damages arising from any delay in handling the payment.

本人 / 吾等明白貴公司在收到此聲明書及所需的文件 (如有) 前，貴公司不會處理所收到的款項及相關指示。本人 / 吾等亦明白貴公司會在合理時間內處理所收到的款項，及無須對任何延遲處理款項而引致的任何直接、間接、特別或相應損失或損害承擔責任。

Part V – Declaration of (Proposed) Policy Owner(s) and the Payor 第五部份 – (準) 保單持有人及繳款人聲明

5. In any circumstances, a person who is not a party to the above policy (including but not limited to the Life Insured 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。
6. All premiums refund in respect of this third party payment declaration form will be made to the (Proposed) Policy Owner(s) directly.
所有有關本第三方付款聲明表格的任何保費退款將會直接退回予 (準) 保單持有人。

Signature of First (Proposed) Policy Owner
第一 (準) 保單持有人簽署

Signature of Second (Proposed) Policy Owner
第二 (準) 保單持有人簽署

Signature of the Payor
繳款人簽署

Date of Signature (DD/MM/YYYY)
簽署日期 (日 / 月 / 年)

Name of Financial Adviser
理財顧問姓名

Signature of Financial Adviser
理財顧問簽署

Name of Broker Firm (if applicable)
經紀公司名稱 (如適用)

Date Signature (DD/MM/YYYY)
簽署日期 (日 / 月 / 年)

Heng An Standard Life (Asia) Limited (662679) is registered in Hong Kong at 12/F., Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. Authorised by the Insurance Authority of Hong Kong to write Class A, Class C and Class I long term business in Hong Kong.

恒安標準人壽 (亞洲) 有限公司 (662679) 的註冊公司地址為香港鰂魚涌英皇道 979 號太古坊林肯大廈 12 樓，其已獲香港的保險業監管局授權於香港承保 A 類、C 類及 I 類之長期業務。

© 2024 Heng An Standard Life (Asia) Limited, reproduced under licence. All rights reserved.

© 2024 恒安標準人壽 (亞洲) 有限公司，已獲授權複製。版權所有，保留一切權利。