

見證人聲明書 WITNESS DECLARATION FORM (保單服務適用 For Policy Service Use)

受保人姓名 Name of Insured	保單持有人姓名 Name of Policyholder	保單號碼 Policy No.	
Name of maded	wante of Folicyholder	1 oney No.	
保險中介人姓名 Name of Insurance Intermediary	保險中介人註冊編號 Registration Code of Insurance Intermediary	分行/中介人編號 Code of Branch/Intermediary	
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* 本人已見證保險中介人已向保單持有人讀出此聲明書以下所列的保單申請文件之內容·本人並確認保單持有人是在本人的見證下簽 此聲明書及有關申請文件。			
其他指示(如適用):			
* I witnessed the Insurance Intermediary read out the contents of this Form and all the below application documents to the Policyholder. I also confirm that the Policyholder has signed this Form and all other Application Documents before me.			
Other Instruction (If Applicable) :			
		R單持有人的關係 Itionship with the Policyholder	
	// Year 月 Month 日 Day		
本人謹此聲明·本人所作以上陳述為事實之全部·並同意該等陳述將作為本人致中國人壽保險 (海外) 股份有限公司的上述申請一部份如有任何不正確或虛報資料·繕發之保單將根據貴公司的選擇而無效或可使無效。 I declare that the above statements are full, complete and true, and agree that they shall form part of my application above mentioned to China Life Insurance (Overseas) Company Limited and that any untrue or inaccurate statement shall render the policy issued may be void or voidable at the option of the Company.			
本人確認已閱讀及明白中國人壽(海外)股份有限公司的收集個人資料聲明。有關最新版本的收集個人資料聲明·可於 www.chinalife.com.h 下載或向中國人壽(海外)股份有限公司索取。 I confirm that I have read and understood the personal information collection statement of China Life Insurance (Overseas) Company Limited. For the later version of the personal information collection statement, it can be downloaded from www.chinalife.com.hk or is made available upon request.			
,		是保人簽署 (若年齡在 18 歲或以上) sured's Signature (If age 18 or above)	
此聲明書簽署於香港特別行政區於 This Declaration Form is signed in Hong Kong SAR o			
注意:此聲明書須連同相關申請表,一併遞交。 Remarks: This Declaration must be submitted with the relevant application form. * 達悠不濟田老剛夫 (Please delete which inapprepriate)			

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中國人壽保險(海外)股份有限公司(於中華人民共和國註冊成立之股份有限公司) China Life Insurance (Overseas) Company Limited (incorporated in the People's Republic of China with limited liability)

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