

旅行問卷 TRAVEL QUESTIONNAIRE

(準)受保人姓名 Name of (Proposed) Insured	(準)保單持有人姓名 Name of (Proposed) Policyholder	要保書/保單編號 Application/Policy No.
保險中介人姓名 Insurance Intermediary's Name	保險中介人註冊編號 Insurance Intermediary's Registration Code	分行/中介人編號 Branch/ Intermediary's Code

由(準)保單持有人就(準)受保人之情況作答(若與(準)受保人不同)。

To be completed by (Proposed) Policyholder on the conditions of (Proposed) Insured (if different from (Proposed) Insured).

1. 閣下的國籍 (包括出生國家及其他途徑取得的國籍) 是甚麼? 如後者, 請闡述資料。 What is your nationality, both by birth and any other means to obtain nationality? If the latter, please specify.			
2. 閣下的現居地是在哪城市/國家? 已居於該地多久? What is your current city/country of residence? How long have you been residing there?			
3. 閣下在哪个國家持有永久或暫時居留身份? In which country do you have permanent or temporary residence status?			
國家名稱 Name of Country		居留身份 (即: 國民, 工作許可証或其他) Residence Status (i.e.: citizen, work permit, etc)	
4. 如閣下已婚, 您的配偶及子女在哪處居住(國家及城市)? If married, where do your spouse and children live (country, town etc.)?			
5. 閣下曾否或打算外遊其他國家/城市 (閣下之原居地以外)? 如是, 請提供以下詳情。 Have you travelled / do you plan to travel in any country /city (outside of your primary residence)? If Yes, please provide details below.			<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	城市及國家名稱 Name of Country & City	逗留期間 Duration	外遊目的 (如工幹/私人) Purpose of Travel (e.g. Business/Personal)
在過去 12 個月 During the past 12 months			
現在至未來 24 個月 Within next 24 months			
6. 請提供其他有關居住及外遊資料, 而該資料是有助處理閣下投保申請。 Please provide any additional information on your residence and travel that may be helpful in processing your application.			

個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

本人/我們確認已閱讀及明白「中國人壽保險(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.hk 下載或向中國人壽保險(海外)股份有限公司索取。I/We confirm that I/we have read and understood Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of PICS, it can be downloaded from www.chinalife.com.hk or is made available upon request.

聲明 DECLARATIONS

本人/我們謹此聲明, 本人/我們所以上陳述為事實之全部, 並同意該等陳述將作為本人/我們致中國人壽保險(海外)股份有限公司的上述要保書一部份。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/We declare that the above statements are full, complete and true, and agree that they shall form part of my/our 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.

保險中介人簽署
Insurance Intermediary's Signature

(準)保單持有人簽署
Proposed Policyholder's Signature

(準)受保人簽署 (若年齡在 18 歲或以上)
Proposed Insured's Signature (If age 18 or above)