



請掃二維碼登入
客戶專頁，即時
辦理保單更改或
查閱進度。

<https://cs.chinalife.com.hk>

直接付款授權書 DIRECT DEBIT AUTHORIZATION

(只適用於保單幣種港元/美元 For Policy Currency with HKD / USD Only)

請填寫並將此授權書交給收款之一方(受益人：中國人壽保險(海外)股份有限公司)

Please complete and return this form to the party to be credited (The Beneficiary: CHINA LIFE INSURANCE (OVERSEAS) CO.LTD).

重要須知 IMPORTANT NOTE

- 填妥的表格及所需文件請寄往香港灣仔軒尼詩道 313 號中國人壽大廈 22 字樓。Completed form(s) and required document(s) should be sent to China Life Insurance (Overseas) Co. Ltd., 22/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong.
- 本公司有權隨時更新此申請表，並接受或拒絕未符合本公司要求的申請表。請登入本公司網站 www.chinalife.com.hk 瀏覽及下載最新版本。The Company has the right to update this form from time to time and to accept or to reject the form if the Company's requirements are not fulfilled. Please visit our website www.chinalife.com.hk to view and download the latest version of the form.

授權(請填寫以下 A 及 B 部資料) AUTHORIZATION (Please complete PART A & PART B below)

- 本人/吾等明白本授權書只適用於(香港的銀行開立)港元儲蓄戶口並使用港元扣賬。I/We understand that this authorization form is only applicable to HKD savings account (account opened in Hong Kong) and the transaction will be debited in HKD.
- 本人/吾等現授權本人/吾等之下述銀行，(根據受益人或其銀行不時給予本人/吾等銀行之指示)自本人/吾等之銀行賬戶內轉賬予上述受益人。I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time.
- 本人/吾等同意本人/吾等之銀行無須證實該等轉賬通知是否已交予本人/吾等。I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
- 本人/吾等確認本人/吾等在此表格上 A 部分之簽署式樣與本人/吾等用作付款轉賬之儲蓄/往來賬戶的簽署一致。I/We confirm that my/our signature(s) on Part A of this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.
- 如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)本人/吾等願共同及各別承擔全部責任。I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).
- 本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice.
- 本授權書將繼續生效直至另行通知為止。This authorization shall have effect until further notice.
- 本人/吾等同意取消或更改本授權書之任何通知，本人/吾等須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行。I/We agree that any notice of cancellation or variation of this authorization which I/We may give to my /our Bank shall be given at least two working days prior to the date on which such cancellation /variation is to take effect.
- 本人/吾等同意轉賬指示包含保單保費及保險業監管局的「保費徵費」由上述受益人代收。I/We agree that the transfer instruction includes policy premium and the levy, the latter is collected by the above named beneficiary on behalf of the Insurance Authority.

A. 授權資料 INFORMATION OF AUTHORIZATION

如有刪改，請於刪改處加上與銀行紀錄一致之簽署。All alteration should be signed and the signature must be consistent with bank record.

銀行名稱 Bank Name	賬戶貨幣 Account Currency	銀行編號 Bank No.	分行編號 Branch No.	本人/吾等之賬戶號碼 My/Our Account No.
	HKD			

本人/吾等在結單/存摺上所紀錄之英文名稱(請以英文正楷填寫) My/Our Name(s) As Recorded On Statement/Passbook(Please write in block letters)

保單編號 Policy No. (授權號碼 Debtor's Reference)

本人/吾等之銀行賬戶簽名(簽署樣式必須與銀行紀錄一致) My/Our Bank Account's Signature(s)
(Signature must be consistent with bank record)

銀行賬戶持有之證件號碼(證件號碼必須與銀行紀錄相符) Bank Account Holder Document Number
(Document Number Should Correspond with Bank Record)

銀行賬戶持有之證件類別 Bank Account Holder Document Type
 香港身份證 護照 Passport 其他(請註明) Others (Please specify)
 HKID

保單持有人姓名(若非賬戶持有人) Name of Policyholder (If Other Than A/C Holder(s))

由銀行填寫 For Bank Use Only 備註 Remarks

核對印鑑 Signature(s) Verified

B. 個人資料收集聲明及簽署 PERSONAL INFORMATION COLLECTION STATEMENT AND SIGNATURE

本人/我們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("本聲明")。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(海外)股份有限公司索取。I/We confirm that I/We have read and understood the Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of the PICS, it can be downloaded from www.chinalife.com.hk or is made available upon request.

- *如賬戶持有人為保單持有人/準保單持有人，個人資料收集聲明需由保單持有人/準保單持有人簽署，簽署樣式與本公司紀錄一致。If the account holder is the policyholder or proposed policyholder, PICS shall be signed by the policyholder or proposed policyholder and the signature must be consistent with our record.
- *如賬戶持有人為可接受第三者，個人資料收集聲明需與銀行簽署樣式一致。(請留意：如賬戶持有人並非保單持有人/準保單持有人，而是可接受第三者，請同時提交《第三者付款指示表格》，表格可於公司網站 www.chinalife.com.hk 下載。) If the account holder is an acceptable third party, the signature shall be aligned with the bank record. (Please pay attention that 《Third Party Payment Instruction Form》 should be submitted with the DDA Form if the account holder is not the policyholder or proposed policyholder but an acceptable third party. Please download the said form at our website www.chinalife.com.hk.)

申請人簽署*(請勿在空白表格上簽署) Signature of the Applicant* (Please DO NOT sign on BLANK form)	日期 Date	年 Year	月 Month	日 Day

