



中國人壽信託有限公司
CHINA LIFE TRUSTEES LIMITED

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CHINA LIFE MPF MASTER TRUST SCHEME (“the Scheme”)
中國人壽強積金集成信託計劃 (“本計劃”)
Know Your Customer Questionnaire
客戶調查問卷



Part I – Details of Applicant (To be completed by the Applicant) 第一部 – 申請人資料 (由申請人填寫)

Name of Applicant 申請人名稱	English 英文	Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
	Chinese 中文		
HKID Card /Passport No. 香港身份證/護照號碼		Date of Birth (D/M/Y) 出生日期 (日/月/年)	
Residential Address 住址 (Please provide address proof 請提供住址證明)			
Flat/Room 室	Floor 樓	Block 座	Name of Building 大廈名稱
Name of Estate 屋邨名稱		Street Name & No. 街道名稱及號碼	
District 地區 <input type="checkbox"/> H.K 香港 <input type="checkbox"/> KLN. 九龍 <input type="checkbox"/> N.T 新界 <input type="checkbox"/> Others 其他 _____			
Nationality 國籍		Occupation 職業	
Day time contact no. 日間聯絡電話		Nature of Business 業務性質	
Are you a Politically Exposed Person*? 閣下是否政界人士*?			
<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 (Please specify 請註明): _____			
*PEPs are individuals who are or have in the past been entrusted with prominent public functions, such as senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, and important political party officials. *政界人士指目前或以往曾經擔任重要公職的人士，例如資深政客、高級政府官員、高級司法人員、高級軍官、政府擁有企業的高級行政人員及政黨的要員。			

Part II – Applicant’s Financial Position 第二部 – 申請人財政狀況

Purpose of participating in the Scheme 參加本計劃的原因	
<input type="checkbox"/> Saving 儲蓄	<input type="checkbox"/> Investment 投資
<input type="checkbox"/> Retirement Protection 退休保障	<input type="checkbox"/> Others 其他 (Please specify 請註明):
Estimated current total assets 估計現時擁有總資產	
<input type="checkbox"/> <HK\$1,000,000	<input type="checkbox"/> HK\$1,000,001 - HK\$2,500,000
<input type="checkbox"/> HK\$2,500,001 - HK\$5,000,000	<input type="checkbox"/> HK\$5,000,001 - HK\$7,500,000
<input type="checkbox"/> HK\$7,500,001 - HK\$10,000,000	<input type="checkbox"/> >HK\$10,000,000
Estimated total annual income 估計每年總入息	
<input type="checkbox"/> <HK\$200,000	<input type="checkbox"/> HK\$200,001 - HK\$400,000
<input type="checkbox"/> HK\$400,001 - HK\$600,000	<input type="checkbox"/> HK\$600,001 - HK\$800,000
<input type="checkbox"/> HK\$800,001 - HK\$1,000,000	<input type="checkbox"/> >HK\$1,000,000
Estimated MPF account turnover and number of transaction per year 估計強積金戶口往來金額及每年交易次數	
Deposit 存款 HK\$	No. of transaction 交易次數:
Withdrawal 提款 HK\$	No. of transaction 交易次數:
Are contributions financed by the above wealth of you? 供款是否由閣下的上述財產支付?	
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 (Please specify the source of fund 請註明資金來源: _____)	

Contribution Method 供款方法		
<input type="checkbox"/> By Bank Deposit 銀行入賬	<input type="checkbox"/> Direct Debit 直接付款	<input type="checkbox"/> By Cheque 支票
Are you an existing customer of our Company, China Life Insurance (Overseas) Co. Ltd, or its associate or companies within the same group?		
閣下是否本公司、中國人壽保險(香港)股份有限公司、其關聯公司或同一集團的公司的現行客戶?		
<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 (Please provide member/policy no. 請提供會員/保單編號:)	

Part III – Declaration 第三部 – 聲明

I confirm that the information given in this questionnaire is correct and complete, and authorize the Company to confirm such information from any source the Company may choose. I understand that I will be required to provide evidence required by applicable laws and regulations relating to anti-money laundering checks to provide my identity and source of funds. 本人證實此調查問卷的資料正確及完整，並授權 貴公司可向任何人士查證。本人明白須就現行打擊清洗黑錢的有關法例及規則的要求而提供資料，以證明本人的身份及資金的來源。

Signature 簽署:

Date 日期:

Agent Declaration 中介人聲明 (To be completed by MPF intermediaries 由強積金中介人填寫)

How do you know the Applicant? 你如何認識申請人?	
<input type="checkbox"/> Existing customer 現有客戶	
(i) Product 產品:	
(ii) Length of patronage 惠顧年期:	
<input type="checkbox"/> Walk-in customer 客戶主動聯絡	<input type="checkbox"/> Family members 家庭成員
<input type="checkbox"/> Friends 朋友	
<input type="checkbox"/> Referral 客戶介紹, Name of referee 介紹人姓名:	
<input type="checkbox"/> Others 其他, please specify 請註明:	
Declaration 聲明	
I confirm that I am not aware of any activity on the part of the Applicant that lead me to suspect that the applicant is or has been involved in criminal conduct of money laundering. Should I subsequently become suspicious of any such activity then, subject to any legal constraints, I shall inform the China Life Trustees Limited/the relevant regulatory authorities accordingly. 本人確認本人不察覺申請人的活動引起我懷疑該申請人涉及或曾涉及洗黑錢的行為。如果本人其後懷疑任何此類的活動，受法律的管制下，我應該相應地通知中國人壽信託有限公司/有關當局。	
Signature 簽署:	Date 日期:
Agent Name 代理人名稱:	
Agent Code 代理人編號:	
MPF Intermediaries 中介人編號:	