

要保書/保單號碼 Application/Policy No.

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商業財政問卷 BUSINESS FINANCIAL QUESTIONNAIRE

(準)保單持有人姓名 Name of (Proposed) Policyholder

(準)受保人姓名 Name of (Proposed) Insured

保險中介人資料 INSURANCE INTERMEDIARY'S INFORMATION

保險中介人姓名 Name of Insurance Intermediary

保險中介人代碼 Insurance Intermediary's Code

重要資料 IMPORTANT INFORMATION

為使中國人壽保險(海外)股份有限公司符合《打擊洗錢及恐怖分子資金籌集條例》的指引要求，(準)保單持有人須提供下列資料。

To enable China Life Insurance (Overseas) Company Limited (the Company) to comply with the requirements of the Anti-money Laundering and Counter-Terrorist Financing Ordinance, the (Proposed) Policyholder is required to provide the following information.

1. 公司基本資料 Company Basic Information

1.1 公司名稱 Name of Company	<input type="checkbox"/> 與(準)保單持有人相同 Same as (Proposed) Policyholder <input type="checkbox"/> 其他 (請註明) Other (please specify) _____
1.2 公司的業務性質? What is the business nature of the company?	
1.3 公司已營運的年數? For how long (years) has the company been in operation?	
1.4 公司的員工人數? How many staff does the company employ?	
1.5 投保人壽保險的目的是什麼? What is/are the purpose(s) of this insurance application?	
<input type="checkbox"/> 員工福利保險 Employee Benefits Insurance <input type="checkbox"/> 員工留才保險 Employee Retention Insurance <input type="checkbox"/> 公司要員保險 Keyman Insurance <input type="checkbox"/> 保險信託 Insurance Trust <input type="checkbox"/> 其他 (請詳述之) Others (Please provide details) _____	

2. 業務營運資料- HK\$ Business Operation Information - HK\$

2.1 資產總值 Total Assets		2.2 總債務 Total Liabilities	
2.3 所佔股份有限公司比率 Percentage of shares owned		2.4 淨商業資產值 Estimated Net Worth of the Business	
最近三年的資料 Information over last 3 years	年份 Year _____	年份 Year _____	年份 Year _____
2.5 營業額 Business Turnover			
2.6 總收入/毛利 Gross Profit			
2.7 純利 Net Profit			
2.8 除日常業務營運外，公司有否其他財富來源途徑? 如有，請詳述。 In addition to daily business operations, does the company have other sources of wealth? If yes, please provide details.			

