Fubon Life 富邦人壽 香港

第三者付款聲明書 Third Party Payment Declaration Form

☐ 請在適當方格內填上✓號。Please tick the appropriate box. * 請刪去不適用者。 Please delete where appropriate.

第一部分 - 個人及保單資料 Section 1 - Personal & Policy Information	
申請書 / 保單編號 Application / Policy No.	
(準)受保人 姓名 Name of (Proposed) Insured	
(建議)保單持有人姓名 Name of (Proposed) Policyowner	
第三者付款人姓名 Full Name of Third Party Payor	英文 English : _____ 中文 Chinese: _____
第三者付款人與 * (建議)保單持有人 / 信託委託人的關係 Relationship between Third Party Payor and * (Proposed) Policyowner / Trust Settlor **備註 Note：** 就第三者付款而言，只接受由指定類別人士之付款。 如繳付金額高過港幣 500,000，必須同時提供有效的關係證明。 For third party payments, only payments by person(s) in the specified categories will be accepted. Relationship proof must be required if the transaction amount is over HKD500,000.	☐ 配偶 Spouse ☐ 子女 Child ☐ 父母 Parent ☐ 兄弟姊妹 Sibling ☐ 祖父母 Grandparent ☐ 孫兒女 Grandchild ☐ 配偶的父母 Spouse's Parent ☐ 合法監護人 Legal Guardian (請提供證明文件 Please provide the supporting document.) ☐ (建議)保單持有人 / 信託委託人 / (準)受保人或 其配偶 / 父母 / 子女擁有之公司 Company owned by the (Proposed) Policyowner / Trust settlor /(Proposed) Insured Person or their spouse, parent or children (只接受註冊股份的公司，持票人股份公司不被接受。 Only companies with registered shares are acceptable; companies with bearer shares will not be accepted.) 業務性質 Nature of Business: _____
第三者付款原因 Reason for third party payment	☐ 保單持有人 / 信託委託人為退休人士/ 學生 /無業人士 Policyholder / Trust Settlor is a retiree / student / unemployed person ☐ 作為禮物饋贈家人 As a gift for family member ☐ 其他原因(請註明) Other reason (Please specify) : _____
第三者付款人的 *身份證 / 護照 / 旅行證件號碼 / 商業登記證或公司註冊證明書號碼 *Identity Card / Passport / Travel Document / Business Registration Certificate or Certificate of Incorporation No. of Third Party Payor	
身份證明文件到期日 (日 / 月 / 年) Identification Document Expiry Date (DD/MM/YY)	☐ _____ ☐ 永久 Permanent
第三者付款人的住宅 / 公司地址及聯絡電話 Residential / Company Address & Contact No. of Third Party Payor	

第二部分 - 付款人的資金來源聲明 **Section 2 - Declaration of Payor's Source of Fund**	
資金來源 Source of Fund	☐ 薪酬 Salary 請提供過去十二個月內總收入 Please provide the aggregate amount in the past 12 months: 港元 HKD _____ ☐ 儲蓄 Savings ☐ 遺產 Inheritance ☐ 退休金 / 公積金 Retirement/Provident Fund ☐ 投資收入 Investment Income ☐ 租金收入 Rental Income ☐ 其他，請詳述 Others, please specify: _____

第三部分 - 付款金額及方法 **Section 3 - Payment Amount & Method**		
a) 付款金額予富邦人壽 Payment Amount Payable To Fubon Life		**備註 Note:** **美元保單只接受以港元或美元付款。** **Accept HKD or USD payment for USD-denominated policy** ***非美元保單只接受以該保單貨幣付款；如沒有指明，有關貨幣將會根據(申請)保單貨幣為準。** **We only accept the payment in the currency of the policy for non-USD-denominated policy; If not specified, the Policy Currency (applying) shall prevail**
第三者繳付之金額 Amount of Third Party Payment	☐ 港元 HKD _____ ☐ 美元 USD _____ ☐ *其他 Others _____	
b) 付款方法 Payment Method		
☐ 本地支票 Local Cheque ☐ 銀行轉賬 Bank Transfer ☐ 現金 Cash 只適用於首期保費，並請提交 "首期保費繳付聲明書" Applicable to initial premium only, please submit "Initial Premium Payment Declaration Form" ☐ 其他 Others _____		

富邦人壽保險（香港）有限公司（「富邦人壽」）保留索取額外資料或文件的權利。
Fubon Life Insurance (Hong Kong) Company Limited ("Fubon Life") reserves the right to request for additional information or documents.

第四部分– 個人資料收集聲明 Section 4 - Personal Information Collection Statement

收集

1. 富邦人壽保險（香港）有限公司（「**富邦人壽**」）有需要不時就建立或繼續與客戶的業務關係或向客戶提供產品或服務，而取得其客戶（定義見下文）的**個人資料**（定義見《個人資料（私隱）條例》（「**條例**」））。「**客戶**」指**資料當事人**（定義見條例），並包括現有及未來的保單持有人、受保人、受益人及指定或有權根據保單收取款項及／或其他利益的其他人士。客戶未能提供此類個人資料，可能導致富邦人壽無法建立或繼續業務關係，或提供產品或服務。

目的

2. 富邦人壽可根據客戶與富邦人壽的關係之性質，使用客戶的個人資料作下列目的：
   (a) 處理、評核、評估及確定保險申請或產品及／或服務要求；
   (b) 執行、處理及評核保單、保險索賠、醫療及核保以及反洗錢檢查；
   (c) 憑藉客戶與富邦人壽之間的任何業務或合約關係，處理付款指示及收取保費，以及確定、收集及追回欠付客戶或富邦人壽的任何債務；
   (d) 驗證客戶身份、取得保險的資格及所收集資料的準確度，及進行信用評估、信貸評分模型或統計或行為分析，以及持續客戶盡職調查；
   (e) 為客戶提供有關保單的保單服務，包括執行及處理保單、醫療及核保檢查、索賠請求、付款指示，收取保費、資料配對及與客戶溝通；
   (f) 執行保單審查及需求分析、了解客戶的財務狀況及評估富邦人壽所承擔的風險；
   (g) 履行有關產品及／或服務的任何職責及活動，包括營銷、審核、報告、設計、研究、分析、再保險、一般網上服務及維護、與其他服務；
   (h) 為客戶研究及／或設計產品及／或服務，及宣傳、改進及改良產品及／或服務；
   (i) 進行統計及精算研究、客戶細分及分析以及維護客戶檔案，並開發核保及／或索賠數據庫以偵測詐騙行為（可能導致不利客戶利益的任何行為）；
   (j) 開展核對程序（定義見條例，但廣泛而言包括對資料當事人兩套或更多套的資料進行比對，以採取不利於資料當事人的行動，例如拒絕申請）；
   (k) 告知或通知客戶富邦人壽的公司資料，包括富邦人壽行政／營運流程／程序、私隱政策聲明及／或個人資料收集聲明的變更；
   (l) 行使富邦人壽在提供產品及／或服務方面可能擁有的任何權利及／或履行其在提供產品及／或服務方面可能擁有的任何責任；
   (m) 遵守對富邦人壽具有約束力或適用於富邦人壽的任何本地或外國法律、監管、政府、司法或稅務機構（不論在香港境內或境外）施加的任何合約承諾、法定責任、法規、披露或其他規定；及
   (n) 與任何上述目的直接相關的其他目的。

承讓人

3. 客戶的個人資料可因上述第2段所載的任何目的轉移予以下人士及／或實體（不論在香港境內或境外）：
   (a) 富邦人壽的母公司、聯屬公司、附屬公司及相關公司；
   (b) 保險中介人士或機構；
   (c) 再保險公司；
   (d) 聯合推廣／聯合品牌／合作銀行及／或金融機構；
   (e) 有關任何產品及／或服務而由客戶提出或向客戶提出或客戶以其他方式涉及其中的任何申索的相關醫療專家及／或醫生；
   (f) 第三方執行人員、索賠調查公司、理賠員、醫療賬單審查公司、風險情報供應商及專業顧問；
   (g) 為支持富邦人壽的業務運作而提供行政、電訊、電腦、支付、列印、贖回及獎勵、研究、收取保費、債務托收、信貸資料、資料處理、資訊科技、託管、郵寄、系統安全、醫療服務、緊急援助服務、醫療服務供應商、客戶服務及其他服務的第三方服務供應商；
   (h) 行業協會及聯會以及其會員保險公司，以及整合索賠、核保及其他資料、偵測詐騙活動、處理或促進資料共享及保險業發展的中介人／機構、專業顧問及組織；及
   (i) 規管富邦人壽及其母公司、聯屬公司、附屬公司及有關公司的本地及海外監管機構及政府機構、執法機構、稅務機關、法院及司法機構。

在直接促銷時使用個人資料

4. 富邦人壽擬不時使用客戶的個人資料，為下列產品及服務進行**直接促銷**（定義見條例）：
   (a) 保險、投資基金、財富管理以及其他金融產品及服務；及
   (b) 獎勵、忠誠或特權計劃以及相關產品及服務。

   在進行此類直接促銷時，只會使用下列種類的客戶個人資料：
   (i) 姓名、性別、出生日期、部分身份證或護照號碼；
   (ii) 聯絡資料（包括住宅及通訊地址、電話號碼及電郵地址）；及
   (iii) 有關客戶已購買或申請的產品及／或服務的資料，包括購買或申請產品及／或服務的分銷渠道（包括其個人顧問或中介機構）。

   除非富邦人壽已收到客戶同意作擬定用途，否則富邦人壽不會使用上述個人資料。

第四部分 - 個人資料收集聲明（續）Section 4 - Personal Information Collection Statement (Continue)

查閱及更正的權利

5. 根據條例，資料當事人有權：
   (a) 要求查閱其個人資料；
   (b) 要求更正其任何不準確的個人資料；
   (c) 確定**資料使用者**（定義見條例）在個人資料方面的政策及實務；
   (d) 獲告知資料使用者所持有的個人資料種類；
   (e) 獲告知資料使用者持有的個人資料是為或將會為甚麼主要目的而使用；及
   (f) 通過下文所載渠道以書面提出查閱資料要求及改正資料要求。

根據條例的條文，富邦人壽有權就處理任何查閱資料要求收取合理費用。有關要求可經書面形式提交予富邦人壽的客戶服務部，地址為富邦人壽保險（香港）有限公司一香港太古城太古灣道12號7樓701至705室。

COLLECTION

1. From time to time, it is necessary for Fubon Life Insurance (Hong Kong) Company Limited ("**Fubon Life**") to obtain **personal data** (as defined under Personal Data (Privacy) Ordinance ("**Ordinance**")) of its Customers (as defined below) in connection with the establishment or continuation of business relationship with, or provision of products or services to the Customers. "**Customers**" means **data subjects** (as defined under the Ordinance) and includes existing and prospective insurance policyowners, insured persons, beneficiaries and other persons designated or entitled to receive moneys and/or other benefits under an insurance policy. Failure by the Customers to supply such personal data may result in Fubon Life being unable to establish or continue the business relationship, or provide the products or services.

PURPOSES

2. Fubon Life may, depending on the nature of his or her relationship with Fubon Life, use the personal data of a Customer for the following purpose(s):
   (a) processing, assessing, evaluating and determining insurance application or request for products and/or services;
   (b) administering, processing, and assessing insurance policies, insurance claims, medical and underwriting and anti-money laundering checks;
   (c) processing payment instructions and collecting premiums, and determining, collecting and recovering any amount of indebtedness owing to a Customer or to Fubon Life by virtue of any business or contractual relationship between the Customer and Fubon Life;
   (d) verifying a Customer's identity, eligibility for insurance and accuracy of the information collected, and conducting credit assessment, credit scoring models or statistical or behaviour analysis, and on-going customer due diligence;
   (e) providing policy service(s) to a Customer related to the insurance policy including administering and processing the insurance policy, medical and underwriting checks, claims request, payment instructions, premiums collection, data matching, and communicating with the Customer;
   (f) performing policy review and needs analysis, understanding a Customer's financial situation and assessing the risks that Fubon Life is assuming;
   (g) performing any functions and activities related to products and/or services including marketing, audit, reporting, designing, research, analysis, reinsurance, general servicing and maintenance of online, and other services;
   (h) researching and/or designing products and/or services for customers and promoting, improving and furthering the products and/or services;
   (i) conducting statistical and actuarial research, customers segmentation and analysis and maintaining customers profile, and developing underwriting and/or claims database for detection of fraud (which may result to any actions adverse to the Customer's interests);
   (j) conducting matching procedure (as defined in the Ordinance, but broadly includes comparison of two or more sets of the data subject's data, for purposes of taking actions adverse to the interests of the data subject, such as declining an application);
   (k) informing or notifying Customers of Fubon Life's corporate information including changes to Fubon Life's administration/operation processes/procedures, privacy policy statement and/or personal information collection statement;
   (l) exercising any rights and/or performing any obligations Fubon Life may have in connection with the provision of products and/or services;
   (m) complying with any contractual commitments, statutory obligations, regulations, disclosure or other requirements imposed by any local or foreign legal, regulatory, governmental, judicial or tax authorities (whether within or outside Hong Kong) binding on or applicable to Fubon Life; and
   (n) other purposes directly related to any of the above purposes.

TRANSFEREES

3. Personal data of a Customer may be transferred to the following persons and/or entities (whether within or outside of Hong Kong) for any of the purposes set out in paragraph 2 above:
   (a) Fubon Life's parent, affiliates, subsidiaries and related companies;
   (b) insurance intermediaries;
   (c) reinsurance companies;
   (d) joint promotion / co-branding / partnering banking and/or financial institutions;
   (e) relevant medical specialist and/or medical practitioner in connection with any claims made by or against or otherwise involving Customers in respect of any products and/or services;
   (f) third party administrators, claims investigation company, loss adjusters, medical bill review companies, risk intelligence providers and professional advisors;
   (g) third party service providers that provide administrative, telecommunications, computer, payment, printing, redemption and reward, research, premium collection, debt collection, credit reference, data processing, information technology, hosting, mailing, system security, medical services, emergency assistance services, medical service providers, customer services, and other services in support of Fubon Life's business operation;
   (h) industry associations and federations and their member insurance companies, and intermediaries, professional advisors, and organizations that consolidate claims, underwriting and other information, detect fraudulent activities, and handle or facilitate the sharing of information and development of insurance industry; and
   (i) domestic and foreign regulators and government agencies, law enforcement agencies, tax authorities, courts and judicial bodies that Fubon Life and its parent, affiliates, subsidiaries and related companies are subject to.

USE OF PERSONAL DATA IN DIRECT MARKETING

4. Fubon Life intends to use, from time to time, a Customer's personal data in **direct marketing** (as defined under the Ordinance) of the following products and services:
   (a) insurance, investment funds, wealth management services, and other financial products and services; and
   (b) reward, loyalty or privileges programmes and related products and services.

   Only the following kinds of personal data of the Customer may be used in such direct marketing:
   (i) name, gender, date of birth, part of identity card or passport number;
   (ii) contact information (including residential and correspondence addresses, phone number and email address); and

第四部分 - 個人資料收集聲明（續）Section 4 - Personal Information Collection Statement (Continue)

(iii) information about the products and/or services the Customer has purchased or applied for, including the distribution channels (including their individual advisors or intermediaries) through which the products and/or services were purchased or applied for.

Fubon Life will not so use the said personal data unless it has received the Customer's consent to the intended use.

ACCESS AND CORRECTION RIGHTS

5. Under the Ordinance, a data subject has the right to:
   (a) request access to his or her personal data;
   (b) request correction of any of his or her personal data which is inaccurate;
   (c) ascertain the policies and practices of a **data user** (as defined under the Ordinance) in relation to personal data;
   (d) be informed of the kind of personal data held by the data user;
   (e) be informed of the main purposes for which personal data held by the data user are or are to be used; and
   (f) make data access request and data correction request in writing through the channel set out below.

In accordance with the provisions of the Ordinance, Fubon Life has the right to charge a reasonable fee for processing any data access request. Request may be made in writing to the Customer Services Department of Fubon Life at Fubon Life Insurance (Hong Kong) Company Limited, Suites 701-705, 7/F, 12 Taikoo Wan Road, Taikoo Shing, Hong Kong.

第五部分 - 聲明 Section 5 - Declaration

本人 / 吾等，作為(建議)保單持有人 / 第三者付款人，謹此共同同意並作出以下聲明：

1. 本人 / 吾等於此「第三者付款聲明書」所提供的資料乃屬真實、正確及完整；
2. 本人/ 吾等已閱讀第四部分的「收集個人資料聲明」，並明白富邦人壽保險（香港）有限公司（「富邦人壽」）可能會因缺乏此表格所要求的資料而未能處理有關申請。
3. 富邦人壽接受此申請表不能默許或詮釋為富邦人壽接納建議保單持有人 / 保單持有人就上述保單之投保申請。如上述保單的投保申請予以撤消 / 拒絕 / 於冷靜期退保，富邦人壽會將退款全數直接退回予第三者付款人之信用卡/ 預付卡賬戶內(只限以信用卡/ 預付卡付款)或以支票退款給建議保單持有人 / 保單持有人。

I/We, the (Proposed) Policyowner // Third Party Payor, hereby jointly declare and agree that:

1. All information submitted by me/us in this Third Party Payment Declaration Form are true, correct and complete;
2. I / We have read the Personal Information Collection Statement in Section 4 and understand that Fubon Life Insurance (Hong Kong) Company Limited ("Fubon Life") may be unable to process and accept this request without information requested therein.
3. Nothing herein shall imply or construe Fubon Life's acceptance of application of the above mentioned policy(ies). If the application of the above mentioned policy(ies) is withdrawn / rejected / cancelled for inception, Fubon Life shall make full refund of payment by crediting to the card account of Third Party Payor (for card payment only) or issuing cheque payable to the Proposed Policyowner / Policyowner.

本人 / 吾等作為第三者付款人進一步聲明，有關付款基於本人 / 吾等的個人意願作出，並來自本人 / 吾等的資金，而該筆付款只會用作繳付上述的申請書 / 保單下的保險保費。

I/We, the Third Party Payor, further declares that the payment is made out of my/our own will and from my/our own funds, and such payment will be applied solely for the purpose of settlement of insurance premium payment for the above mentioned Application / Policy.

日期 (日 / 月 / 年) **Date (DD / MM / YYYY)**	**(建議)保單持有人簽署** **Signature of (Proposed) Policyowner** (建議)保單持有人的簽署必須與本公司記錄上的記錄相符) (Signature of (Proposed) Policyowner must be consistent with that in our record)	**第三者付款人簽署** **Signature of Third Party Payor**

牌照類別及牌照號碼 **Type of License and License No.**	**保險中介人 / 見證人姓名** **Name of the Insurance Intermediary / Witness**	**保險中介人 / 見證人簽署** **Signature of the Insurance Intermediary / Witness**

第三者付款所需文件核對清單 Checklist for Requirements of Third Party Payment

Required Documents / Certified True Copies 所需文件 / 核實副本	Payor's role 付款人的身份		
	Eligible Related Individuals** **合資格之親屬****	**Company which shareholders are formed by 公司由下列股東組成**	
		ONLY Eligible Payor# (solely owned) 只有合資格付款人# (獨資擁有)	Eligible Payor# + Others 合資格付款人# + 其他
Third Party Payment Declaration Form 第三者付款聲明書	✓	✓	✓
Business Insurance Questionnaire 商業保險問卷			✓
Identity Proof of Eligible Related Individuals / Eligible Payor ◆ 合資格親屬 / 合資格付款人身份證明	✓	✓	✓
Relationship proof between Eligible Payor to (Proposed) Policyowner/Trust Settlor (e.g. Marriage Certificate, Birth Certificate) ◆ 合資格付款人與(建議)保單持有人 / 信託委託人之間的關係證明 (如結婚證明書、出生證明書)	^	^	^
Copy of Certificate of Incorporation ◆ 公司註冊證書副本		✓	✓
Board Resolution◆ signed by a sufficient number# of director(s) providing reason for payment and conferring Authorize Signor(s) with his/her signature specimen(s), name(s), position(s) & ID card number(s) to sign the relevant forms/documents on behalf of the entity. 由足夠數量#的董事簽署的董事會決議案◆，提供公司付款的原因及表明獲授權人代表公司簽署有關表格或文件及提供授權人簽署簽名式樣、姓名、職位及身份證號碼。 The board resolution must be signed on or before the Authorized Signor(s) signing the relevant forms/ documents and making the payment. 董事會決議案必須於授權人簽署相關表格/文件及付款之前簽署。 #According to director quorum in the company's Memorandum and Articles of Association (M&A). 根據組織章程大綱及細則所規定董事會決議案的法定人數。		✓	✓
Shareholder resolution◆ signed by a sufficient number# of shareholders (if not solely owned company) providing reason for payment and conferring Authorize Signor(s) with his/her signature specimen(s), name(s), position(s) & ID card number(s) to sign the relevant forms/documents on behalf of the entity. 由足夠數量#的股東簽署的股東會決議案◆ (如不是獨資擁有公司)，提供公司付款的原因及表明獲授權人代表公司簽署有關表格或文件及提供授權人簽署簽名式樣、姓名、職位及身份證號碼。 The shareholder resolution must be signed on or before the Authorized Signor(s) signing the relevant forms/ documents and making the payment. 股東會決議案必須於授權人簽署相關表格/文件及付款之前簽署。 #According to shareholder quorum in the company's Memorandum and Articles of Association (M&A). If the M&A does not specify a shareholder quorum or a different requirement for shareholder resolution, it should be signed by all shareholders 根據組織章程大綱及細則所規定股東會決議案的法定人數。 如果組織章程大綱及細則沒有規定股東法定人數或股東決議案的其他要求，股東決議案應由所有股東簽署。			✓
Copy of Memorandum* and Articles of Association ◆ 組織章程大綱*及細則副本		✓	✓
Details of the ownership and structure control of the company signed by Authorized Signor(s) ◆ 由授權人簽署的該公司所有權及結構控權之細節		◊	✓
Copy of valid Business Registration Certificate ◆ 有效商業登記證副本		✓	✓
Copy of Certificate of Incumbency (issued within 12 months) ◆ 註冊資料證明書副本（於 12 個月內簽發）		✓	✓
Copy of Latest Annual Return for company entity 最近公司周年報表副本		✓	✓

IDC / Passport of ... ...之身份證或護照證明			
All principal shareholders (more than 25% shareholding) 所有主要股東（持股達 25%以上）		✓	✓
All Director(s) 所有董事		✓	✓
Ultimate Beneficial Owner(s) of the corporate 法團最終實益擁有人		✓	✓
Authorized Signor (s) who sign this form 簽署此聲明書的授權人士		✓	✓

Note 注意：

** **Eligible Related Individuals** includes Spouse, Parent, Child, Sibling, Grandparent or Spouse's Parent of (Proposed) Policyowner / Trust Settlor / (Proposed) Insured

** **合資格之親屬**包括(建議)保單持有人 / 信託委託人 / (準)受保人之配偶、父母、子女、兄弟姊妹、祖父母或配偶的父母

Eligible Payor is defined as (Proposed) Policyowner / Trust Settlor /(Proposed) Insured or their Spouse, Parent, Child who is a shareholder of the company which made the payment

合資格付款人是於付款公司擔任股東之(建議)保單持有人 / 信託委託人 / (準)受保人或其配偶、父母、子女

◆ All documents should be certified. CTC sample wording should be: "I hereby certify this is a true and complete copy of the original." And the authorized person should provide his/ her name, position, signature, date of certification and company stamp

◆ 所有文件需由保險中介人核實。「核實副本」字詞樣式如下:「本人現核實此副本是正本的真實及完全。」 授權人士需要提供他/她的姓名、職位、簽名、核實日期及公司印章

^ Relationship proof must be required if the transaction amount is over HKD500,000

^ 如繳付金額高過港幣 500,000，必須同時提供有效的關係證明

◊ Subject to crystal clear and completeness of company documents & related application documents etc. showing sole shareholder = sole director; details of the ownership and structure control of the company signed by Authorized Signor(s) can be exempted.

◊ 視乎清浙及完整的公司文件及相關申請文件等，顯示獨資股東=唯一董事，由授權人簽署的該公司所有權及結構控權之細節可以豁免