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免責聲明

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銀行戶口直接付款授權書
Direct Debit Authorization



請填寫並將此授權書交給富通保險有限公司
Please complete and return this form to FTLife Insurance Company Limited

本人/我們現授權本人/我們之下述銀行，根據富通保險有限公司(在本直接付款授權書內簡稱「受益人」)不時指示下述銀行從本人/我們之下述賬戶內轉賬予受益人。
本人/我們同意本人/我們之銀行毋須證實該等轉賬通知是否已交予本人/我們。
如因該等轉賬而令本人/我們之下述賬戶出現透支(或令現時之透支增加)，本人/我們願共同及各別承擔全部責任。
本人/我們確認本人/我們在本直接付款授權書內之簽名，與運作下述賬戶所簽署者完全相同。
本人/我們同意如下述賬戶有任何更改或取消是項自動轉賬付款方式時，需通知富通保險有限公司。同時如下述賬戶並無足夠款項支付該等轉賬，本人/我們之銀行有權不予辦理轉賬且可收取有關之手續費用，該等費用概由本人/我們支付。
本授權書將繼續生效直至另行通知為止。
本人/我們同意，本人/我們取消或更改本授權書之任何通知，須於取消或更改生效日期最少兩個工作天前交予本人/我們之銀行，並同時通知此授權書之受益人。

I/We hereby authorise my/our below named Bank to effect transfer from my/our account to that of FTLife Insurance Company Limited (referred to as "the beneficiary" in this Direct Debit Authorization) in accordance with such instruction as my/our Bank may receive from the beneficiary from time to time.
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.
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).
I/We confirm that my/our signature(s) on this authorisation form is/are the same as that/those for the operation of my/our account to be debited for the transfer.
I/We agree to notify FTLife Insurance Company Limited of any change of my/our account or cancellation of payment method and further agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.
This authorization shall have effect until further notice.
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 and at the same time such notice shall be given to the beneficiary.
本人/我們明白若此授權書的中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。
I/we understand that if there is any inconsistency or ambiguity between the English version and the Chinese version of this authorization form, the English version shall prevail.

收款之一方(受益人) Name of party to be credited (the Beneficiary)	銀行編號 Bank No.	分行編號 Branch No.	收款賬戶之號碼 Account No. to be credited
富通保險有限公司 FTLife Insurance Company Limited	024	267	148138001

請填寫以下詳情 Please complete all details shown below:

銀行名稱 (銀行) Bank Name (Bank)	分行名稱 Branch Name	
銀行編號 Bank No.	分行編號 Branch No.	銀行賬戶號碼 Account No.
賬戶號碼 (Account No.)	—	—

銀行賬戶持有人的姓名 (與銀行月結單或存摺上的姓名相同)
Name of Account Holder(s) (Same as that shown in the bank statement or passbook)

銀行賬戶持有人的證件號碼及類別
ID No. of Account Holder & ID Type

請在適當位置加上 "✓" 剔號 Please tick "✓" where appropriate

香港身份證 HKID 公司註冊證明書 Certificate of Incorporation
 護照 Passport 其他 Others: _____
 商業登記証 Business Registration

付款人備註 - 保單編號 Debtor Reference - Policy No.	受保人姓名 Name of Insured
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

此欄必需填寫 This Column must be completed

請在適當位置加上 "✓" 剔號及刪除所有不適用者 Please tick "✓" where appropriate & delete whichever is inappropriate

銀行賬戶持有人與保單持有人/受保人的關係 Relationship between Account Holder & Policyowner / Insured:

保單持有人 Policyowner: 本人 Self
 保單持有人之直系親屬 Policyowner's direct family: 配偶 Spouse / 父母 Parent / 子女 Child / 兄弟姊妹 Sibling / 祖父母 Grandparent / 孫兒女 Grandchild
 受保人 Insured: 本人 Self

請注意 Please Note:
 此直接付款授權須得上列銀行確認後方可生效。屆時，富通保險有限公司將自動取消於此授權生效期前之直接付款授權記錄。
 This Direct Debit Authorization (DDA) will only take effect after it has been validated by your bank, and your previous DDA, if any, will then be automatically cancelled in the record of FTLife Insurance Company Limited.
 一切款項以港幣為單位。若需要轉換通用貨幣，匯率以富通保險有限公司釐定當時之匯率為準。
 All debits will be made in Hong Kong dollar. If currency conversion is necessary, the exchange rate shall be the prevailing rate determined by FTLife Insurance Company Limited at the relevant time.



收集個人資料聲明 Personal Information Collection Statement

在富通保險有限公司（以下簡稱「富通保險」），保護客戶的個人資料私隱是富通保險所持的其中一個核心價值。作為一間提供保險產品和服務的公司，客戶的個人資料收集和使用是富通保險業務的重要一環。我們尊重您的個人資料的私隱，並致力於完全遵守「個人資料（私隱）條例」（以下簡稱「條例」）。

At FTLife Insurance Company Limited ("FTLife"), we hold as one of our core values the protection of privacy of our customer's personal data. As a provider of insurance products and services, collection and use of personal data of our customers is at the heart of our business. We respect the privacy of your personal data and are committed to fully complying with the Personal Data (Privacy) Ordinance ("the Ordinance").

1. 富通保險所收集及/或持有的個人資料 Personal Data collected and/or held by FTLife

我們所收集及/或持有的個人資料（不論是否從此表格或以其他方式獲得）包括您的個人資料，交易記錄和您的家庭資料。

The personal data that we collect and/or hold (whether contained in this form or otherwise obtained) includes your personal details, transaction records, and information on your family.

2. 收集個人資料的重要性 Importance of Personal Data Collection

富通保險會不時地要求您提供您的個人資料。您提供個人資料予富通保險是出於自願的。然而，如果您沒有按我們所要求而提供您的個人資料予富通保險，富通保險可能無法提供或繼續提供產品和服務給您。

From time to time, you will be requested to provide your personal data to FTLife. Provision of personal data to FTLife by you is voluntary. However, FTLife may not be able to provide or continue to provide products and services to you if you fail to provide your personal data as requested by us.

3. 個人資料收集和使用的目的 Purposes of Personal Data Collection and Usage

富通保險所持有您的個人資料可能會用於以下目的：

Your personal data held by FTLife may be used for the following purposes:

i. 保險管理或再保險業務有關的用途，其中包括身份檢查，保單服務，調查，賬戶追收，訴訟，通訊，製作統計，數據分析和研究，內部/外界審計及保持優質的服務；

administration of insurance or reinsurance related business, which includes identity checking, policy servicing, investigation, account collection, litigation, communications, preparing statistics, data analysis and research, internal and external audit, and maintaining quality services;

ii. 為遵守下列適用於富通保險或富通保險應該遵守的有關披露及使用資料的責任、規定或安排：

complying with the obligations, requirements or arrangements for disclosing and using data that apply to FTLife or with which it is expected to comply according to:

(a) 在香港境內或境外，現行或將會存在的，並對其具約束力或適用於其的任何法律；

any law binding or applying to it within or outside Hong Kong existing currently and in the future;

(b) 在香港境內或境外，現行或將會存在的，並由任何法定、監管、政府、稅務、執法或其他機構，或由金融服務提供者的自我監管或業界的團體或組織所發出或提供之任何指引或指導；

any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside Hong Kong existing currently and in the future;

(c) 富通保險因其在本地或海外的司法管轄區或與該司法管轄區相關的金融、商業、營業或其他利益或活動而須承擔與該本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的現有或將來之任何合約承諾或其他承諾。

any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on FTLife by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations.

4. 移轉個人資料至香港以外的地方 Transfer of Personal Data Outside Hong Kong

富通保險可能會不時地將您的個人資料移轉至香港以外的地方作在第3(i)和3(ii)段中所列出的任何用途，包括資料處理或貯存。

FTLife may from time to time transfer your personal data outside Hong Kong for any of the purposes set out in section 3(i) and (ii) including data processing or storage.

5. 個人資料的查閱/改正要求 Personal Data Access / Correction Request

5.1 根據條例的規定，您有下列權利：

In accordance with the Ordinance, you have the right to:

i. 查詢富通保險是否持有您的個人資料，如有，您有權獲得這些資料的副本；及

check whether FTLife holds personal data about you and, if so, obtain a copy of such data; and

ii. 要求富通保險糾正任何有關您的不準確的個人資料；及

require FTLife to correct any personal data relating to you which is inaccurate; and

iii. 確定富通保險對個人資料處理的有關政策和做法，並獲告知由富通保險持有您個人資料的種類。

ascertain FTLife policies and practices in relation to personal data and to be informed of the kind of personal data held by FTLife.

5.2 富通保險有權就處理任何個人資料查閱要求收取合理的費用。

FTLife has the right to charge a reasonable fee for the processing of any personal data access request.

5.3 有關要求可向位於香港特別行政區上環干諾道中111號永安中心27樓富通保險有限公司客戶服務中心的「保障資料主任」以書面形式提出。

Requests shall be made in writing to our Data Protection Officer, FTLife Customer Service Centre, FTLife Insurance Company Limited, 27/F, Wing On Centre, 111 Connaught Road Central, Hong Kong SAR.

由此文件所示之日開始，此收集個人資料聲明將被視為您富通保險之間已經簽署或準備簽署的所有合約，協定和其他具有約束力的安排的一個組成部分。

This Personal Information Collection Statement shall from the date hereinafter appearing be deemed to form an integral part of all contracts, agreements and other binding arrangements which you have entered into or intend to enter into with FTLife.

本人明白若中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

I understand that if there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.

簽署 Signature

本人，銀行戶口的合法擁有人，以本人以下的簽署確認：

I, the lawful owner of the Bank Account, confirm by my signature below, that:

(1) 本人已細閱及明白，並自願同意接受本授權書內所有條款約束；及

I have read and understood, and voluntarily agree to be bound by all provisions of this form; and

(2) 在此收款授權書提供的或與其一起提供的所有資料及文件均為事實之全部、正確、準確及有法律效力；及

All information and documents provided in or with this Debit Authorization Form are true, accurate, complete and legally valid; and

(3) 本人明白若此收款授權書的中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

I understand that if there is any inconsistency or ambiguity between the English version and the Chinese version of this Debit Authorization Form, the English version shall prevail.

X

銀行戶口持有人簽署

(請確定上述簽署與銀行紀錄的簽署相同)

Signature of the Bank Account Holder

(Signature must be the same as that on the Bank's record)

X

簽署日期(日/月/年)

Date (DD/MM/YY)

保險顧問姓名/保險經紀公司名稱

Name of the Insurance Agent/Insurance Broker company

保險代理人編號/保險經紀公司編號

Insurance agent's/Insurance Broker company code

日期(日/月/年)

Date (DD/MM/YY)

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