

# Self-Certification Form - Controlling Person

## 自我證明表格 - 控權人

Policy Number 保單號碼 \_\_\_\_\_ Name of Controlling Person 控權人名稱 \_\_\_\_\_

**This form is for self-certification only. For any policy changes, e.g. change of mailing address, please use the related change form.**  
**此表格只供自我證明之用。保單更改事宜，例如：更改地址，請使用相關的更改表格。**

**Important Notes:**

- This is a Self-Certification Form provided by a controlling person to Chubb Life Insurance Hong Kong Limited (“the Company”) for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the Company to the Inland Revenue Department for transfer to the tax authority of another jurisdiction.
- The controlling person should report all changes in his/her tax residency status to the Company.
- All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s).
- This self-certification will replace your existing self-certification in the Company (if any).

**重要提示：**

- 這是由控權人向安達人壽保險香港有限公司（「本公司」）提供的自我證明表格，以作自動交換財務帳戶資料用途。本公司可把收集所得的資料交給稅務局，稅務局會將資料轉交到另一稅務管轄區的稅務當局。
- 如控權人的稅務居民身份有所改變，應盡快將所有變更通知本公司。
- 除不適用或特別註明外，必須填寫這份表格所有部份。如這份表格上的空位不夠應用，可另紙填寫。
- 此自我證明將會取代您於本公司原有的自我證明（如有）。

**PART I: Identification of Controlling Person 第一部份: 控權人的身份識辨資料**

<p>1. Surname in English 姓氏 (英文)</p> <p>2. Other name in English 名字 (英文)</p> <p>3. H.K.ID card/Passport No. 香港身份證/護照號碼</p> <p>4. Date of birth 出生日期</p> <p>5. Place of birth 出生地</p> <p>6. Residential address in English 住宅地址 (英文)</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____ dd _____ mm _____ yyyy 日 月 年</p> <p>_____</p> <p>Flat/Rm Floor Block 室 樓 座</p> <p>_____</p> <p>Building/Estate name 大廈/屋苑名稱</p> <p>_____</p> <p>Street name &amp; no. 街道名稱及號碼</p> <p>_____</p> <p>District/Country 地區/國家</p> <p>_____</p> <p>Postal code 郵政編號</p> <p>_____</p> <p>7. Mailing address (Complete if different to the current residence address) 郵遞地址 (如與住宅地址不同，填寫此欄)</p> <p>Flat/Rm Floor Block 室 樓 座</p> <p>_____</p> <p>Building/Estate name 大廈/屋苑名稱</p> <p>_____</p> <p>Street name &amp; no. 街道名稱及號碼</p> <p>_____</p> <p>District/Country 地區/國家</p> <p>_____</p> <p>Postal code 郵政編號</p> <p>_____</p>
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**PART II: The Entity Account Holder(s) of which you are a controlling person 第二部份: 您作為控權人的實體帳戶持有人**

Enter the name of the entity account holder of which you are a controlling person and the corresponding policy number(s).  
填寫您作為控權人的實體帳戶持有人的名稱及對應的保單號碼。

Entity 實體	Name of the Entity Account Holder 實體帳戶持有人的名稱	Corresponding Policy Number(s) 對應的保單號碼
I.		
II.		
III.		

**PART III: Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")  
第三部份: 居留司法管轄區及稅務編號或具有等同功能的識辨編號 (以下簡稱「稅務編號」)**

1. Please select your tax residency(ies) (can select more than one) 請選擇您的稅務居民身份 (可選擇多項)  
 Hong Kong\*\*\* 香港\*\*\*  US\*\* 美國\*\*  Others\*\*\* 其他\*\*\*

\*\*If you confirm that your citizenship, residency or nationality is US, or you are a resident in the US for tax purposes, please provide a signed Form W-9 "Request for Taxpayer Identification Number and Certification" ("Form W-9").

如您確認您的公民身份、居籍或國籍為美國，或是有美國繳稅義務之美國居民，請提交已簽署的 W-9 表格。

\*\*If you confirm that your place of birth, address or telephone number is in US, please provide (i) a signed Form W-8BEN "Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)"; (ii) a valid government issued identification document evidencing the non-US citizenship; and (iii) a copy of Certificate of Loss of Nationality of the United States or a valid government issued certificate of residence evidencing non-US residency.

如您確認您的出生地為美國，或擁有美國地址或電話號碼，請提交 (i) 已簽署的 W-8BEN 表格; (ii) 由政府發出的有效身份證明文件以茲證明您非美國公民; 及 (iii) 放棄美國國籍證明書之副本或由政府發出的有效居住證明文件副本以茲證明您的居籍非為美國。

\*\*\*If the answer to question 1 above includes "Hong Kong" and/or "Others", please complete the following table indicating (i) the country/jurisdiction of residence (including Hong Kong) where controlling person is a tax resident; and (ii) controlling person's Taxpayer Identification Number ("TIN") for each country/jurisdiction indicated. If controlling person is a tax resident in more than three countries/jurisdictions, please use separate Self-Certification Form to supplement. To facilitate the completion of the table below, controlling person **must read** the Notes for Completion below carefully. Further details for the understanding of the said Notes and meaning of the terms can be found within the Inland Revenue Ordinance (Cap. 112 of the Laws of Hong Kong) ("IRO") or the website of Inland Revenue Department of Hong Kong.

如果第 1 題的答案包括「香港」及/或「其他」，請回答下表並列出 (i) 控權人為稅務居民的納稅居住國家/司法管轄區 (包括香港); 及 (ii) 控權人於每個國家/司法管轄區的稅務編號。如果控權人是三個以上國家/司法管轄區的稅務居民，請以另一張自我證明表格補充。為方便完成下表，控權人**必須細閱**下方的填寫須知。更多關於上述須知及術語意義的詳情可於《稅務條例》(香港法律第 112 章) (「稅務條例」) 或香港稅務局網頁找到。

If the controlling person is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number (for individual) and the Hong Kong Business Registration Number (for entity).

如控權人是香港稅務居民，稅務編號是其香港身份證號碼 (就個人而言) 及商業登記號碼 (就實體而言)。

Jurisdiction of Residence and Taxpayer Identification Number (TIN) 居留司法管轄區及稅務編號 (TIN)

Country/Jurisdiction of tax residence <sup>(1)</sup> 納稅居住國家 / 司法管轄區 <sup>(1)</sup>	TIN 稅務編號	If no TIN available, please provide Reason A, B or C <sup>(2)</sup> 如未能提供稅務編號，請提供原因 A、B 或 C <sup>(2)</sup>	<b>MUST</b> explain why you are unable to obtain a TIN if you selected Reason B <sup>(2)</sup> 如您選擇原因 B， <b>必須</b> 解釋為何您未能夠獲得稅務編號 <sup>(2)</sup>
I.			
II.			
III.			

Footnotes: 附註:

(1) Pursuant to sub-section 3 of Section 50B of the IRO, the Company may collect information from the controlling person for identifying his/her tax residency even if he/she is a resident for tax purposes in a territory outside Hong Kong that is not a "Reportable Jurisdiction" as defined under Part I of Schedule 17E of the IRO. If the country/jurisdiction of tax residence(s) so provided in the above table is/are different from the country/jurisdiction of residential address/ mailing address/ workplace address as provided in Part I of this form/per our record, please provide the explanation in question 2 below.

根據稅務條例第 50B 第 3 款，本公司可為識辨控權人的稅務居民身份而收集資料，即使他/她是某個並非「申報稅務管轄區」(定義於稅務條例第 17E 第 1 部份) 的地區的稅務居民。如於上述列表的納稅居住國家/司法管轄區與此表格第一部份提供/本公司紀錄之住宅地址/郵遞地址/工作地址的國家/司法管轄區不同，請於以下第 2 題提供解釋。

(2) If a TIN is unavailable, please provide the **appropriate reason A, B or C where indicated below:**

**Reason A** - The country/jurisdiction where the controlling person is a tax resident does not issue TINs to its tax residents.

**Reason B** - The controlling person is otherwise unable to obtain a TIN or equivalent number. Please explain why a TIN is unable to be obtained in the above table if this reason is selected.

**Reason C** - No TIN is required. (Note: Only select this reason if the domestic law and authority of the relevant jurisdiction of tax residence does not require the collection and disclosure of the TIN issued by such jurisdiction)

如未能提供稅務編號，請提供以下適合的原因 A、B 或 C：

**原因 A** - 控權人為稅務居民的國家/司法管轄區不提供稅務編號於其稅務居民。

**原因 B** - 控權人因其他原因未能獲得稅務編號或相等的編號。如選擇此原因，請於上表解釋為何未能獲得稅務編號。

**原因 C** - 不需要稅務編號。(註：只有當相關納稅居住司法管轄區的國內法及主管機關並不需要該司法管轄區收集及披露稅務編號，才選擇此原因)

2. Please provide explanation(s) if the country/jurisdiction of tax residence(s) so provided in the above table is/are different from the country/ jurisdiction of residential address/ mailing address/ workplace address as provided in Part I of this form/per our record:

如於上述列表的納稅居住國家/司法管轄區與此表格第一部份提供/本公司紀錄之住宅地址/郵遞地址/工作地址的國家/司法管轄區不同，請提供解釋：

**PART IV: Type of Controlling Person 第四部份: 控權人類別**

1. Tick the appropriate box to indicate the type of controlling person.  
在適當方格內加上✓號，指出控權人的控權人類別。

Type of Entity 實體類別	Type of Controlling Person 控權人類別	Entity 實體 I	Entity 實體 II	Entity 實體 III
Legal Person 法人	Individual who has a controlling ownership interest (i.e. not less than 25% of issued share capital) 擁有控制股權的個人(即擁有不少於百分之二十五的已發行股本)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who exercises control/is entitled to exercise control through other means (i.e. not less than 25% of voting rights) 以其他途徑行使控制權或有權行使控制權的個人(即擁有不少於百分之二十五的表決權)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who holds the position of senior managing official/exercises ultimate control over the management of the entity 擔任該實體的高級管理人員/對該實體的管理行使最終控制權的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust 信託	Settlor 財產授予人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trustee 受託人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protector 保護人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Beneficiary or member of the class of beneficiaries 受益人或某類別受益人的成員	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being the settlor/trustee/protector/beneficiary) 其他(例如:如財產授予人/受託人/保護人/受益人為另一實體,對該實體行使控制權的個人)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Arrangement other than Trust 除信託以外的法律安排	Individual in a position equivalent/similar to settlor 處於相等/相類於財產授予人位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to trustee 處於相等/相類於受託人位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to protector 處於相等/相類於保護人位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries 處於相等/相類於受益人或某類別受益人的成員位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being equivalent/similar to settlor/trustee/protector/beneficiary) 其他(例如:如處於相等/相類於財產授予人/受託人/保護人/受益人位置的人為另一實體,對該實體行使控制權的個人)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes for Completion 填寫須知

H Y-b UbXFYj Ybi YCFXbUbWf7Ud`%&cZh Y@k gcZc cb] ?cb] fF8UfYei fYgUbXU h cfhYgh Y7ca dUbnic W`WmUbX#cfYdcfWfHj`
]bZfa Ujcb Uvci hH YHU fYgXbWcZh YWbffc`]b] dYfgb UgXfbyYki bXYF`FC GWjcb) S5 UbXh Ydc ]Mf]bZfa Ujcb Zcf h Ydi fdcgYcZ
U lca UjWl WUb] YcZibUvU UWwI bh]bZfa Ujcb`H ]gZfa ]g]bhXbXlc fYei Yg]bXW` YW]bZfa Ujcb Wbg]bXhk ]h h YUk fYei ]fYa Yb]g]b`
<cb] ?cb]"

《稅務條例》(香港法律第88章)要求及授權本公司為自動交換財務帳戶資料，可收集及 / 或報告若干關於作為控權人(定義於稅務條例第85)的納稅居住地的資料及保單資料。此表格旨在要求及收集與香港法例要求一致的資料。

As a financial institution, the Company is not allowed to give tax advice. 作為一間財務機構，本公司不得提供稅務意見。如控權人對控權人的納稅居住地位況及 / 或回答此自我證明有任何問題，請向獨立稅務顧問徵詢意見。

9UW`f ]g]W]cb`Ug]gck bfi YgZf XZ]b] HU fYgXbWZubX`i f]g]W]cbg`Uj Ydfcj ]XX]bZfa Ujcb`cb`ck ]c XHfa ]b]Zh YWbffc`]b]`
dYfgb ]g]UHU fYgXb]b]h Y`f ]g]W]cb`-b ]YbYUZh YWbffc`]b] dYfgb k` ]ZbXh UHU fYgXbW]g]h YWi b]f]n`f ]g]W]cb ]b k` ]W]h Y
Wbffc`]b] dYfgb fYgXg`GdYU WfWa g]bWga Un]M g]h YWbffc`]b] dYfgb ]c YUHU fYgXb]h Ygk` YfYcf UHU fYgXb]b]a cfYh UbcbY
Wi b]f]n`f ]g]W]cb Uih Yg]a Y]h Y` : cf a cfY]bZfa Ujcb`cb]HU fYgXbWZd YgYWbg` hUHU Uj ]g]f`cf f]bXh Y]bZfa Ujcb`U]h Y5i lca UjW
9l WUb] YcZbZfa Ujcb f]b59C`Udcf]U`cZh YCF ]U]g]Ujcb Zcf 9Wbca ]W]c]dYUjcb UbX8Y Ycda Yb]f]c978]U`H YWbffc`]b] dYfgb ]g]
Xca Yg]WU U h cf] ]na Un]dfcj ]XY] ] ]XbWf] ]U]X]b]`ck ]c XHfa ]b]h YHU ]g]h`g`

每個司法管轄區均按其本身的規則釐定納稅居住地的定義，及司法管轄區已提供了關於如何決定控權人是否該司法管轄區的稅務居民的資料。一般而言，控權人會發現納稅居住地位於控權人居住的國家 / 司法管轄區。若干特別情況可能會導致控權人成為其他地方的稅務居民，或同時成為超過一個國家 / 司法管轄區的居民。有關納稅居住地的更多資訊，請諮詢稅務顧問或尋找經濟合作暨發展組織資訊自動交換網站的資料。控權人的本地稅務機關或能提供指引如何決定稅務狀況。

-Zh YWbffc`]b] dYfgb ]g]UHU fYgXbW]g`cW]Xci ]g]XY<cb] ?cb] Zh Y7ca dUbn] Un]Y`Y ]U`n]cV] ]X]c d]g]cb ]h Y]bZfa Ujcb ]b ]h ]gZfa UbX
ch YfYei ]fYX]bZfa Ujcb k ]h fYg]W]c ]h YWbffc`]b] dYfgb ]g]UHU ]W]c ]h Y-b UbXFYj Ybi Y8YdU]a Yb]cZc cb] ?cb] f]F8U]UbXh Yna Un]
Yl WUb] Yh ]g]bZfa Ujcb k ]h HU U h cf] ]YgcZ]bch Y`f ]g]W]cb`cf`f ]g]W]cbg]b k` ]W]h YWbffc`]b] dYfgb`a Un]YHU fYgXb]b]di fg ]U]c`
]b]h ]c] Y]ba Yb]U ]fY]a Yb]g]c ]l WUb] YfY]Y ]U]hU]wI b]n]c` ]M]bZfa Ujcb`

如果控權人的納稅居住地位於香港以外，本公司在法律上可能有責任把此表格內的資料或其他關於控權人的保單要求的資料轉交於香港稅務局，及他們可能根據政府之間交換相關戶口 / 保單資料的協定與其他可能為控權人所屬稅務居民的司法管轄區交換資料。

? ]b]n]b]c]h U]h ]g]Y7Z]f]h]U]cb: cfa k` ]`fYa U]b ]U]k ] b Ygg]h YfY ]g]UWUb] ]Y]b WfWa g]bWg]fYU]b] ]c ]bZfa Ujcb]g] W]g]Wbffc`]b]`
dYfgb ]g]UHU fYgXbW]g]U]h gcf`ch Y`a Ub]U]c]f]m]Z]YX]bZfa Ujcb]Z]a U]a ] Yg]h Y]bZfa Ujcb ]b]W]f]W]c]f ]b]W]a d`Y]`-b ]h Un]W]g]Zh YWbffc`]b]`
dYfgb`a ] g]b]c] ]Zh Y7ca dUbn]b]Xdfcj ]XY]b ] d]U]h Xg]Z]W]h ]Z]W]cb`

請注意此自我證明表格將一直有效，直至出現資料(如控權人稅務居住狀況或其他必須填寫的欄目資料)變動而導致資料失實或不完整。在這種情況下，控權人必須通知本公司及提供最新的自我證明。

-Zh YfY ]g]Ubn]X]g]W]d]U]b]W]c]f ]W]b]U]X]W]c]f]n]bZfa Ujcb UY]Z]i b]X]i ]b] ]U]d` ]W]cb`#i YX] ] ]Yb]W]d]c]W]g]c]Zh Y7ca dUbn]Zh Y7ca dUbn] Un]W]f]Z]n]
k ]h h YWbffc`]b] dYfgb UbXh YWbffc`]b] dYfgb`a Un]YfYei Yg]h]c`dfcj ]XY]b ] d]U]h Xg]Z]W]h ]Z]W]cb`cf`dfcj ]XY]d ]Ub]U]cb`cb ]h Y
X]g]W]d]U]b]W]c]Z]b]W]g]f]n] ]U] ]b] ]c`dfcj ]XY]b ] d]U]h Xg]Z]W]h ]Z]W]cb`cf`Y]d ]Ub]U]cb`a Un]M g]n]c]i f]Y]U]X]U]d` ]W]cb` ]c ]Y]i ]g] W]g]Z] ]f]Z
U]d ]W]W]Y`

於申請時 / 本公司的盡職審查時，如發現有差異或矛盾的資料，本公司可能會與控權人澄清當有需要時，控權人或會被要求提供最新的自我證明或提供差異的解釋。未能提供最新的自我證明或解釋或會導致您有關的申請不成功(如適用)。

Part V: CRS Declarations and Signature 第五部份：共同匯報標準聲明及簽署

I/We, the Controlling Person undersigned declare that I/we understand and agree that: -

- 1. Chubb Life Insurance Hong Kong Limited (the "Company") is obliged to comply with the laws, regulations or orders (the "Requirements") of local regulatory, tax, legislative authorities, including but not limited to the Inland Revenue Department of Hong Kong (the "Authorities" and each an "Authority") as promulgated and amended from time to time;
2. I/We have read and understood the Notes for Completion at page 4;
3. As a condition of the issuance of the Policy and from time to time during the term of the Policy, the Company will: -
(i) request me/us to provide my/our personal data, information and supporting documents and to complete additional forms; and
(ii) to comply with the Requirements, report and/or disclose to the applicable Authorities my/our information, Policy information and/or additional information (collectively the "information") including, but not limited to, the Inland Revenue Department of Hong Kong;
4. I/We consent to the Company the disclosure and transfer of that information and supporting documentation to the Inland Revenue Department of Hong Kong ("IRD"). I/We further agree that the Company may contact me/us directly for these purposes;
5. I/We acknowledge that the information contained in this form and information regarding me/us and any reportable policy(ies) may be provided to the IRD and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which I/we may be tax resident pursuant to intergovernmental agreements to exchange financial account information;
6. I/We will immediately update the Company of any change in circumstances which affect my/our tax residence status as certified in this form or cause the information contained herein to become incorrect or incomplete, complete and provide additional information and documents including a suitably updated self-certification within 30 days of such change in circumstances in support of the change;
7. I/We declare that all statements made in this declaration are, to the best of my/our knowledge and belief, true, correct and complete.

本人 / 吾等作為此聲明書上簽署的控權人，現聲明本人 / 吾等明白及同意： -

- 1. 安達人壽保險香港有限公司(「貴公司」)有責任遵從本地的監管、稅務、立法或司法機構，包括但不限於香港稅務局(以下簡稱「官方機構」)所頒布及不時修訂的法例、條例或指令(「規定」);
2. 本人 / 吾等已詳閱及了解第四頁的填寫須知;
3. 作為續發保單的前提，及在本保單期間，貴公司將不時： -
(i) 要求本人 / 吾等提供本人 / 吾等之個人資料，保單資料及其他證明文件並填寫額外的表格；及
(ii) 向有關官方機構，包括但不限於香港稅務局，報告及 / 或披露本人 / 吾等的資料，保單資料及 / 或其他額外資料(統稱「資料」)以遵從規定；
4. 本人 / 吾等同意貴公司向香港稅務局披露及轉移資料和相關文件。本人 / 吾等亦同意貴公司可為此直接聯絡本人 / 吾等；
5. 本人 / 吾等確認，本表格所含的資料及關於本人 / 吾等和任何須申報保單的資料，可能會根據交換財務帳戶資訊的政府間協議，傳送給香港稅務局及與另一個國家 / 司法管轄區的稅務機關或本人 / 吾等可能為稅務居民的國家 / 司法管轄區交換；
6. 若發生任何影響本人 / 吾等於本表格所證明本人 / 吾等之稅務居民狀況或造成本表格所含資料不準確或不完整的改變，本人 / 吾等會於此改變後的三十天內立即通知貴公司，完成及提供額外資料和文件，包括適當而更新的自我證明以證實此改變；
7. 本人 / 吾等聲明，據本人 / 吾等所知所信，本聲明內的所有陳述真實、準確及完整。

## Part VI: Personal Information Collection Statement 第六部份：個人資料收集聲明

I/WE HEREBY ACKNOWLEDGE, DECLARE AND AGREE THAT, by signing this form, any personal information collected or held by Chubb Life Insurance Hong Kong Limited (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the transferees indicated in and in accordance with the Personal Information Collection Statement set out in my/our Application For Life Insurance, which may include without limitation, any branch, subsidiary, holding company, associated company or affiliates of the Company (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations and federations, credit reference agencies, government or judicial or regulatory bodies or any person to whom the Company is under legal and/or regulatory obligation to make disclosure, and the Company's appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong and Mainland China. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our personal information with the information collected by the insurance industry associations, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under this form which is a condition precedent for me/us to apply for the insurance products and related services. Failure to supply the required information may result in the Company being unable to process the form. For more details of the Company's policies on personal information and privacy protection, please read the Company's Privacy Notice available at <https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html>. Any questions regarding personal information, access to or correction of personal information should be made in writing and forwarded to The Data Protection Officer of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

就簽署此表格，本人/吾等確認、聲明及同意安達人壽保險香港有限公司（「貴公司」）可以使用、處理、儲存、披露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料至在本人/吾等的人壽保險申請書中的個人資料收集聲明所訂明的資料轉移接收方，包括但不限於，貴公司的任何分行、附屬公司、控股公司、聯營公司或聯繫公司（「集團公司」）、其獲授權的代理人、再保險公司、理賠調查公司、理賠調查員、醫療顧問、索償代理、保險行業協會及聯會、信貸資料機構、政府或司法或監管機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士，及貴公司指定的第三方代理、承包商及顧問，不論在香港及中國大陸境內或境外。此外，貴公司獲授權向保險行業協會及聯會、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等收集之個人資料。本人/吾等有責任提供此表格上所需資料，以作為申請保險產品及有關服務之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理本表格。有關安達人壽保險香港有限公司個人資料及私隱保障政策的詳情，請參閱安達人壽保險香港有限公司的私隱政策，網址為<https://www.chubb.com/hk-zh/footer/chubb-life-privacy-policy.html>。如欲查詢有關個人資料事宜，查閱或更正個人資料必須以書面形式向安達人壽保險香港有限公司的資料保護主任提出，並送交至香港銅鑼灣告士打道三一號皇室大廈安達人壽大樓三十五樓。

Signature

Date (dd/mm/yyyy)

簽署

日期 (日/月/年)

(Name 姓名：

)

Capacity 身份：

(Indicate the capacity if you are not the individual identified in Part I. If signing under a power of attorney, attach a certified copy of the power of attorney.

如您不是第一部份所述的個人，說明您的身份。如果您是以授權人身份簽署這份表格，須夾附該授權書的核證副本。)

**WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. HK\$10,000).**

**警告：根據《稅務條例》第 80(2E) 條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第 3 級（即一萬港元）罰款。**