

董事及主管專業責任保險投保書

PROPOSAL FORM FOR DIRECTORS' & OFFICERS' LIABILITY AND COMPANY REIMBURSEMENT INSURANCE

* 請據實填寫本投保書。

Please answer all questions in full leaving no blank spaces.

* 如本投保書中提供的空間不夠填寫答案，請另以紙書寫，註明日期並加蓋主要被保險機構之印章。

If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

投保申請人資料 PARTICULARS OF THE PROPOSER/APPLICANT (必須填寫 MANDATORY INFORMATION)

1. 被保機構
Principal Organization : _____
2. 被保機構地址
Principal Address : _____
3. 營業項目
Nature of Activities : _____
手提電話 _____ 公司電話 _____ 電郵地址 _____
Mobile No.: 852- _____ Office Tel. No.: 852- _____ E-Mail Address: _____
4. 被保機構設立期間
How long has the **Principal Organization** continuously carried on business? _____
5. 各營業項目開始營運之日期
Names and dates under which the business was formerly carried on : _____
6. 被保機構是否為
Is the Principal Organization :

(a) 私人所有? Private?	是 Yes	<input type="checkbox"/>	否 No	<input type="checkbox"/>
公開發行? Public?	是 Yes	<input type="checkbox"/>	否 No	<input type="checkbox"/>
其他 (請註明) Other (Specify)	_____			

(b) 股票在香港上市嗎? Listed on Hong Kong stock exchange?	是 Yes	<input type="checkbox"/>	否 No	<input type="checkbox"/>
(c) 股票在國外上市嗎? Listed on foreign stock exchange?	是 Yes	<input type="checkbox"/>	否 No	<input type="checkbox"/>
若是，請提供詳情 If yes, please give details :	_____			
7. (a) 被保機構是否曾公開透露目前正考慮任何之購併或合併提案?
Has the **Principal Organization** publicly revealed that it has under consideration at the present time any acquisitions, tender offers or mergers?
是 否
Yes No
- (b) 被保機構目前是否知悉任何有關其可能被購併之提案?
Are there at the present time any proposals of which the **Principal Organization** is aware relating to its acquisition by any other company?
是 否
Yes No

- (c) 被保機構是否曾公開表示其明年度將公開發行新的有價證券？
Has the **Principal Organization** publicly announced its intention to make any new public offering of securities within the next year? 是 否
Yes No

若是，請提供詳情

If yes, please give details : _____

被保機構中持有股份 5%以上（含 5%）之股東姓名與持股比例（直接持股或受益人）：

8. Name and percentage of holdings of any shareholder owning 5% or more of the ordinary shares of the **Principal Organization** (directly or beneficially) :

請詳細列明被保機構去年年報中董事與主管之變動情形：

9. Please give details of any change to the list of directors and officers given in the **Principal Organization's** last annual report and accounts :

請提供過去三年中所有被購併、設立、或清算之子公司名單及下列詳情：

10. Please attach a complete list of all subsidiary companies that have either been acquired, created, divested or liquidated in the past three years. Could you please provide the following details for each :

(a) 登記設立國家

Country of registration : _____

(b) 被保機構持股比例

Percentage ownership by **Principal Organization** : _____

(c) 業務性質

Nature of activities : _____

(d) 若該子公司被購併、設立、或被清算，其日期？

Whether the subsidiary was acquired, created, divested or liquidated and the date of same : _____

被保機構過去投保此類保險，是否曾被拒保或被解除契約之紀錄？

11. Has the **Principal Organization** ever been refused this type of cover or had a similar policy cancelled? 是 否
Yes No

若是，請提供詳情

If yes, please provide details : _____

下列第 12、13 及 14 題，僅供被保機構及/或其子公司在北美地區有業務營運或於美國股市有股票交易者回答。

Questions 12, 13 and 14 are to be completed only if the **Principal Organization** and/or its subsidiaries conduct any business in North America, or have any shares traded on a listed stock exchange in the United States of America.

12. 請提供北美地區子公司之總資產毛額

Please give the total gross assets of the North American subsidiaries : _____

被保機構或其子公司有否於北美地區發行任何股票、股份或債券嗎？

13. Does the **Principal Organization** or any of its subsidiaries have any stock, shares or debentures in North America? 有 否
Yes No

若是，上一次發行日期？

If yes, on what date was the last offer made? _____

被保機構有否於美國發行美國存託憑證(預托證券)？

14. Does the **Principal Organization** issue American depository receipts in the United states of America? 有 否
Yes No

15. 請提供於過去三年中有關董事及主管專業責任保險之投保記錄：
If directors and officers liability and company reimbursement insurance has been carried during the past three years, please state :
- a) 保險公司
Insurer _____
- b) 保單到期日
Expiry date of policy _____
- c) 保險金額
Indemnity limit _____
- d) 自負額
Deductible amount _____

16. 被保機構是否需要為外兼董事投保？
Does the **Principal Organization** require cover for any **Outside Directorships**? 是 否
Yes No

若是，請提供外兼董事之詳情。(外兼董事係指非為上述被保機構之子公司的董事或主管，且該職位是經被保機構認知、同意或指派)
If yes, please provide details of any **Outside Directorships**. (An **Outside Directorship** position is a position held as a director or officer of a company or other entity which is not a Subsidiary Company of the **Principal Organization** named above, which position is held with the KNOWLEDGE and CONSENT or at the SPECIFIC REQUEST of the **Principal Organization**).

有關外兼董事資料之提供需包括：(但若外兼董事之相關機構為非營利機構僅需回答第(1)，(2)，(3)題)

Information on each **Outside Directorship** must include the following: (Note: In regard to **Outside Directorships** on **Non-Profit Outside Entities** only answer questions (1), (2) and (3)).

- (1) 該相關機構之名稱
Name of **Outside Entity** : _____

- (2) 該相關機構之營業性質
Nature of activities of the **Outside Entity** : _____

- (3) 需要投保之董事姓名
Names of directors for whom coverage is required : _____

- (4) 該相關機構目前是否持有董事及主管專業責任保險？
Does the **Outside Entity** currently carry directors and officers insurance? 是 否
Yes No

若是，則 (a) 保險公司名稱？
If the answer is yes, then : Who is the insurer? _____

(b) 保險金額？
What is the limit of indemnity? _____

(c) 自負額？
What is the deductible? _____

- (5) 被保機構持有之股份比例
Percentage ownership of **Principal Organization** : _____

- (6) 持有該相關機構股份之股東中 5%以上(含 5%)之股東姓名與持股比例
Name and the percentage ownership of each entity which holds 5% or more of the share capital of the **Outside Entity** :

- (7) 該相關機構之設立登記國家
Country of incorporation : _____

- (8) 該相關機構之型態(私人持有、上市公司或信託機構)
Type of entity (e.g. Private, Public, Trustee etc) : _____

請附上每一外兼董事之相關機構最近財務報表(非營利機構除外)

Please attach latest financial reports of each **Outside Entity** except Non-profit **Outside Entities**.

17. 曾發生或目前尚未結案之指控？
Has there been or is there now pending against? _____

- (a) 針對被保險機構之董事或主管；或
any director or officer of the **Principal Organization**; or, _____

(b) 針對有投保需求之外兼董事
an **Outside Director** requesting cover on an **Outside Entity**.

是否有因此而產生索賠？
a **Claim** against them in their capacity as such? 是 否
Yes No

若是，請提供詳情
If yes, please give details : _____

是否有任何將投保之董事或主管個人（含外兼董事）知悉任何事實或情況，而該事實或情況：
(a)將成為本保險承保範圍內索賠案件之依據；或(b)有產生索賠案件的可能性？ 是 否

18. Is any person proposed for coverage cognisant of any facts or circumstances (a) which he or she has reason to suppose might afford valid grounds for any future Claim(s) such as would fall within the scope of the proposed coverage or (b) which indicate the probability of any such **Claim(s)**? (Please note: This question also applies to **Outside Directorship** positions.) Yes No

若是，請提供詳情
If yes, please give details : _____

茲經同意，若有上述事實或情況存在，任何因此產生之索賠案件與請求行為均排除於承保範圍之外。
It is agreed that if such facts or circumstances exist, any **Claim** or action arising therefrom is excluded from this proposed coverage.

19. 投保金額
Amount of indemnity required : _____

20. 除此投保書外，請另提供下列文件：
Documents required by Insurer. Please enclose this proposal form :

- (a) 最近兩期已受稽查過之年報
The last two audited Annual Reports.
- (b) 最近兩期年度中期報表（若情況適用）
The last two Interim Statements (if applicable.)

報價單編號

Quotation Reference No.: _____

繳付保費方法 PREMIUM PAYMENT METHOD

請選擇下列方法繳付保費 Please select the premium payment method below :

銀行轉賬[△] Bank Transfer[△] 支票^{*} Cheque^{*}

[△]閣下可將應付保費轉賬至下列指定賬戶內並將轉賬收據或入數紙副本連同已簽署之投保書正本遞交至本公司辦理。

You can transfer the required premium to designated bank accounts below and return the original executed proposal form together with the copy of transfer/deposit slip to us.

銀行名稱 Bank Name	銀行賬戶編號 Bank Account Number
中國銀行(香港) Bank of China (Hong Kong)	031-350-1-0336036
恒生銀行 Hang Seng Bank	256-220138-668

*如選擇以支票付款，支票抬頭需填寫「中國交銀保險有限公司」。If paid by cheque, it should be made payable to "China BOCOM Insurance Co., Ltd."

投保申請人特別須知:

由2018年1月1日起，保險業監管局將會根據《保險業(徵費)令》及《保險業(徵費)規例》，向保單持有人收取保費徵費。有關徵費為應付保費的特定百分比，而且每份保單每保單周年均設有徵費上限，並透過保險公司向保單持有人收取。詳情請瀏覽保監局網頁 www.ia.org.hk。

Special Note to Insurance Applicant:

From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable to the Insurance Authority (IA) by policyholders pursuant to the Insurance (Levy) Order and Insurance (Levy) Regulation. Levy is a specific percentage to the premium payable with a levy cap applied per policy per policy year. The levy will be collected from policyholders through insurance companies. For details, please visit IA's website at www.ia.org.hk.

PERSONAL INFORMATION COLLECTION STATEMENT ('PICS')

UNLESS THIS PICS IS DULY READ AND SIGNED BY YOU, WE ARE UNABLE TO PROCESS YOUR APPLICATION WHEREVER IT CONTAINS PERSONAL DATA

PART 1
China BOCOM Insurance Company Limited (referred to hereinafter as 'Company', 'CBIC', 'We', 'Us' and 'Our') is a wholly owned subsidiary of Bank of Communications Co., Ltd. ('BOCOM') which is the holding company of a well-established banking group with associated, affiliated and subsidiary members companies as added from time to time (together referred to hereinafter as 'Our Group' or 'BOCOM Group'). We recognize our responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486 of the laws of Hong Kong) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by Us is accurate. We will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

Please note that if you do not provide Us with your personal data, We may not be able to provide the information, products or services you need or process your request.

Purposes: From time to time it is necessary for Us to collect your personal data (including credit information and claims history) whether contained in this application or otherwise which may be used, stored, processed, transferred, disclosed or shared by Us for purposes ("Purposes"), including:

1. promoting, offering, providing and marketing the products/services of Us, Our Group or Our business partners (see the section "Use and provision of personal data in direct marketing" below) to you, and administering, maintaining, managing and operating such products/services;
2. enabling Us to communicate with you, to verify your identity, response to your queries and provide quotation;
3. evaluating your insurance / financial needs, processing applications or requests made by you for products/services offered by Us, Our Group and business partners;
4. providing subsequent services to you, including but not limited to administering the policies issued, carrying out variations, cancellations, endorsements or renewals and related services as the case may be, arrangement of co-insurance and/or reinsurance, invoicing and premium collection including execution of Direct Debit Payment Authorization, conducting identity and/or credit checks and/or debt collection;
5. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by Us and/or Our Group and/or business partners, including investigation of claims, settlement, exercising subrogation (as appropriate) and claims recovery (if any);
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. verifying and matching any data held which relates to you from time to time for any of the Purposes listed herein;
9. complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within Us and Our Group;
10. complying with and making disclosure as required by the laws of any applicable jurisdiction, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in sanctions or prevention or detection of money laundering, terrorist financing, fraud or other unlawful activities, in Hong Kong or elsewhere outside of Hong Kong;
11. carrying out other services in connection with the operation of Our business;
12. other purposes directly relating to any of the above; and
13. other purposes notified to you on or before the time of collection or use.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, We may, for the Purposes set out above, disclose and transfer your personal data to or from:

1. any agent, contractor or third party who provides technology or other services to Us including direct marketing services, payment, data processing, website hosting, mailing house administrating, printing and/or other services in connection with Our Company's operations and provision of policy administration and insurance services, such as insurance intermediaries, reinsurers, loss adjusters, claims investigations companies (including private investigators), employers, emergency assistance providers, health care professionals, hospitals, healthcare organizations, accountants, financial advisors, solicitors, databases or registers (and their operators) used by the insurance industry to analyze and check data provided against existing data, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, police, other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), financial institutions and credit card companies, credit reference agencies and debt collection agencies etc. in Hong Kong or elsewhere and who has a duty of confidentiality to the same, and in this regard you consent to the transfer of your data outside of Hong Kong;
2. related insurance industry associations/federations including Insurance Claims Complaint Bureau, Hong Kong Federation of Insurers and their members, and the like;
3. any member of the Our Group, Our associates and business partners;
4. organizations conducting actuarial or research studies;
5. any actual or proposed assignee, transferee, participant or sub-participant of Our rights or business;
6. government, judicial, law enforcement, tax authority (where applicable) or governmental regulatory bodies or any person to whom We are under a legal and/or regulatory obligation to make disclosure; and
7. other persons as notified to you on or before the time of collection or use,

in each case, both within and outside of Hong Kong. Where We transfer your personal data outside of Hong Kong, We will ensure that the recipient of your personal data has in place policies, procedures, suitably secure servers and other measures at least equivalent to Our own.

For Our policy on using your personal data for marketing purposes, please see the section "Use and provision of personal data in direct marketing" below.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

PART 2
Use and provision of personal data in direct marketing:
We may, from time to time, use, disclose or transfer your name and contact details (including but not limited to telephone number, email address, postal address, services and products portfolio, behavior and transaction pattern, financial and demographic data) to the BOCOM Group and Our associates and business partners (whether for gain or not) for their use for the purposes of conducting direct marketing (including but not limited to providing reward, loyalty or privileged programs) in relation to the following classes of products and services that We, Our Group and Our associates or business partners may offer:

1. insurance, banking, financial, securities and asset management and related products and services; and
2. products and services in relation to health, wellness and medical, food and beverage, sporting activities and membership, entertainment, fitness or similar leisure activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products.

Before using your personal data for the purposes and providing to the transferees set out above, We must obtain your written consent, and only after having obtained such written consent, We may use and provide your personal data for any promotional or marketing purpose.

Please tick the box below if you disagree that We and/or the members of the BOCOM Group use and disclose your personal information for direct marketing purposes, other than for renewal notification and related services.

- I do not consent to receive direct marketing communications from CBIC.
 I do not consent to receive direct marketing communications from the members of the BOCOM Group (other than CBIC)

Should you return this form by leaving blank to the above box(es), it means that you do not wish to opt-out from any form of direct marketing from Us and/or Our Group.

We will not transfer your personal data to the members of the BOCOM Group should you have selected to opt-out from receiving direct marketing communications from them. Nonetheless, this does not constitute a disagreement to reject direct marketing communications from Our Group by use of your personal data they have held, collected or obtained via channels other than from Us.

Your current choice here will supersede all your previous choices communicated to the Company prior to this application.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section "Access and correction of personal data" below. We shall, without charge to you, ensure that you are not included in the future direct marketing activities. You are welcome to contact Us if you want to know about the use and provision of personal data in direct marketing.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether We hold your personal data, to obtain a copy of the data, and

to correct any data that is inaccurate. You may also request Us to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and types of data held by the Company should be addressed in writing to Data Privacy Officer, China BOCOM Insurance Co., Ltd., 18/F, Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.

個人資料收集聲明（“本聲明”）

投保申請人必須閱讀及簽署本聲明，否則，其載有個人資料的投保申請將不獲處理

第一部份：

中國交銀保險有限公司（以下統稱「本公司」、「交銀保險」、「我們」或「我們的」）為交通銀行股份有限公司的全資附屬公司，交通銀行股份有限公司（「交通銀行」）為一個成熟穩健的銀行集團之控股公司，集團並且不時加添新的關聯、聯營及附屬公司成員（統稱為「我們集團」或「交銀集團」）。我們明白其就《個人資料（私隱）條例》（香港法例第486章）「條例」收集、持有、處理、使用和／或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保我們所持個人資料的準確性。我們將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果您不向本公司提供您的個人資料，我們可能無法提供您所需的資料、產品或服務，或無法處理您的要求。

目的：我們不時有必要收集您的個人資料（包括信用資料和過往申索紀錄），並可能因下列各項目的（「有關目的」）而供我們使用、存儲、處理、轉移、披露或共享該等個人資料：

- 1 向您推介、提供和營銷我們、我們集團或我們的商業合作夥伴（請參閱下文「在直接促銷中使用及將其個人資料提供予其他人士」部份）之產品／服務，以及執行、維持、管理和運營該等產品／服務；
- 2 使我們能夠與您溝通，並驗證您的身份，處理您的查詢，並提供報價；
- 3 評估您的保險／財務需求，處理您就我們、我們集團或我們的商業合作夥伴所提供之產品／服務提出的申請或要求；
- 4 向您提供後續服務，包括但不限於執行／管理已發出的保險單，並視情況而定進行調整、取消、更新保單，續保或附加批註、處理續保通知及相關服務、籌劃共同保險及／或再保險、發出發票及收取保費包括執行直接付款授權指令、進行身份和／或信用核查和／或債務追收；
- 5 與就我們和／或我們集團和／或業務合作夥伴提供的任何產品／服務而由您或針對您提出的，或者其他涉及您的任何索賠相關的任何目的，包括索賠調查、和解、行使代位權（視情況而定）及索賠追討（如有）；
- 6 為客戶設計產品／服務；
- 7 為統計或其他目的進行市場研究；
- 8 不時就本聲明所列的任何有關目的核對及匹配所持有的與您有關的任何資料；
- 9 就與我們及我們集團分享資料遵守任何義務、要求、政策、程序、措施或安排；
- 10 遵守任何適用司法管轄區的法律、規則、規例、業務守則或指引並按照要求進行披露，以協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查，或遵守與其他任何政府或監管機構協議、執法及進行制裁、預防、偵測或調查洗黑錢、恐怖主義融資、欺詐或其他非法活動；
- 11 開展與我們業務經營有關的其他服務；
- 12 與上述任何有關目的直接有關的其他目的；及
- 13 其他在收集個人資料時或之前向您通知之目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，我們可能就上述有關目的把您的個人資料披露給及轉移至以下或由之轉移：

- 1 向我們提供技術或其他服務包括直接營銷服務、任何提供付款、數據處理、網站託管、郵件中心管理、印刷服務，及／或與本公司業務營運和保單管理和保險服務之提供有關的其他服務的代理、承辦商或第三者，例如保險中介機構、為保險公司承保的分保公司、理賠師、索償調查公司（包括私家偵探）、僱主、緊急救援服務供應商、醫護專業人士、醫院、保健組織、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）、防欺詐組織、警察、其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）、金融機構和信用卡公司、信貸資料評級機構、追收債務機構等，不論在香港或其他地方，並有同等的保密義務，就此方面而言，您同意將您的資料轉移至香港境外；
- 2 相關的保險業協會／聯會及其成員包括保險索償投訴局、香港保險業聯會及其成員及同類機構；
- 3 我們集團成員、聯營公司和商業合作夥伴；
- 4 精算或研究機構；
- 5 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；
- 6 政府、司法機構、執法機構、稅務機關（如適用）、政府監管機構、或任何根據法例和／或監管責任而需作出披露的人士；及
- 7 其他在收集個人資料時向您通知的人士，

而以上資料轉移均適用於香港境內或境外。假如我們需要把您的個人資料轉移至香港境外地區，我們會確保受轉移者擁有至少相當於我們的政策、程序、合適的安全伺服器及其他措施。

如欲了解本公司為促銷目的使用您的個人資料的政策，請參閱下文「在直接促銷中使用及將其個人資料提供予其他人士」部份。

您的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

第二部份：

在直接促銷中使用及將其個人資料提供予其他人士：

我們可能會不時使用、披露或轉移您的姓名、聯絡資料（包括但不限於電話號碼、電郵地址、郵寄地址、服務及產品組合、交易模式及行為、財務及背景資料、及人口統計數據）讓我們、交銀集團的成員及我們的聯營公司和商業合作夥伴（不論有獲利與否）可以使用相關個人資料，為您提供以下產品和服務進行直接促銷（包括但不限於提供獎賞、客戶或會員優惠計劃）：

1. 保險、銀行、金融、證券、資產管理和相關產品及服務；
2. 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體及高級消費類產品及服務。

在使用您的個人資料作上文所述的目的或提供予上文所述的人士之前，我們須獲得您的書面同意，及只在獲得您的書面同意後方可使用您的個人資料及提供予其他人士作任何推廣及促銷用途。

如您不同意我們及／或交銀集團成員使用或披露您的個人資料作直銷用途，但作續保通知及相關服務則例外，請在方格填上剔號✓。

我不同意接收交銀保險的直銷通訊。

我不同意接收交銀保險以外的交銀集團其他成員公司的直銷通訊。

若您在遞交這申請表時將上述方格都留空，這即代表您並不拒絕接收我們及／或我們集團任何形式的直銷推廣。

如您選擇拒收交銀集團的成員公司的直銷推廣，我們將停止提供您的個人資料予他們，但這並不代表您反對他們集團使用其原本擁有、從自己的渠道收集、或經其他並非源自我們而獲得的您的個人資料所作出的直銷推廣。

您現在的選擇將取代您在提交本申請表之前已通知本公司的選擇。

您日後可撤回您給予我們有關使用您的個人資料及提供予其他人士作任何直接促銷用途的同意。

您如欲撤回您給予我們的同意，請發信至下文「個人資料的查閱和更正」部份所列的地址通知我們。我們在不收取任何費用的情況下確保不會將您納入

日後的直接促銷活動中。如果您想了解直接營銷中個人資料的使用和提供，歡迎您與我們聯繫。

個人資料的查閱和更正：根據條例，您有權查明我們是否持有您的個人資料、獲取該資料的副本、及更正任何不準確的資料。您還可以要求我們告知您我們所持個人資料的種類。
查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至香港中環紅棉路8號東昌大廈18樓中國交銀保險有限公司 - 個人資料保護主任。

聲明 DECLARATION

1. 本人/本公司/簽署人茲聲明以上所述事項於目前所知之情況下均為屬實。於此投保書日期與保單生效日之間若上述事項有任何變動，將立即通知保險公司。雖然簽署人並不代表被保機構之董事與主管個人，但簽署人同意，若將來簽發保險單，此投保書所述事項將成為保險單之一部份。I/WE/the undersigned authorized officer of the **Principal Organization** declares that to the best of his or her knowledge and belief the statements set forth herein are true, and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of this insurance. Although the signing of the Proposal Form does not bind the undersigned on behalf of the directors and officers of the **Principal Organization**, to effect insurance, the undersigned agrees that this form and the said statements herein shall be on the basis of and will be incorporated in the Policy should one be issued.
2. 本人/本公司/簽署人明白本投保書被中國交銀保險有限公司接受後保障才正式生效，及同意該投保書和聲明將被用作雙方合約之根據。I/We/ the undersigned authorized officer understand that this application will not become effective until this proposal has been accepted by China BOCOM Insurance Co., Ltd. and agree that this Proposal and Declaration shall be the basis of the contract between me/us/**Principal Organization** and China BOCOM Insurance Co., Ltd.
3. 本人/本公司/簽署人確認已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與中國交銀保險有限公司和本人/本公司/簽署人所訂合約之根據，並以保單上各條款為準則。I/WE/the undersigned authorized officer confirm that I/WE/the undersigned authorized officer have not withheld any material information and accept that this application and declaration shall be the basis of, and be incorporated in the contract between China BOCOM Insurance Co., Ltd. and myself or my company.
4. 本人/本公司/簽署人確認本人/本公司/簽署人已閱讀並明白收集個人資料的聲明。本人/本公司/簽署人確認本人/本公司/簽署人已被通知本人/本公司/簽署人須詳細閱讀該聲明，而本人/本公司已詳細閱讀該聲明對貴公司所收集或持有之本人/本公司/簽署人的個人資料的影響(不論是否投保申請書內所載或從其他途徑所取得)。根據以上所述，本人/本公司/簽署人特此確認並同意中國交銀保險有限公司根據該聲明使用及轉移本人/本公司/簽署人的個人資料，包括根據本人/本公司/簽署人在上述收集個人資料聲明部分 2 中給予貴司的指示在直接促銷中是否使用及將本人/本公司/簽署人個人資料提供予其他人士。I/WE/the undersigned authorized officer ACKNOWLEDGE AND CONFIRM that I/we/the undersigned authorized officer have read and understood the Personal Information Collection Statement ("PICS"). I/We/the undersigned authorized officer confirm that I/we/the undersigned authorized officer have been advised to read carefully the PICS, and I/we/the undersigned authorized officer have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in the insurance proposal/application or otherwise). Based on the foregoing, I/we/the undersigned authorized officer hereby give my/our/the undersigned authorized officer's acknowledgement and agree to the use and transfer of my/our/the undersigned authorized officer's personal data by China BOCOM Insurance Co., Ltd. in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing based on my/our/the undersigned authorized officer's instruction stated at PICS Part 2 above.

投保申請人蓋章及*簽署
Stamp and *Signatory
of Proposer/Applicant:

簽署日期
Date :

職稱
Title : _____

(*限董事長或常務董事)
(*Chairman of the Board or Managing Director only)

投保人須知 IMPORTANT NOTES TO PROPOSER

- (1) 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理/經紀查詢。我們建議閣下將有關的資料作記錄(包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
- (2) 本保險計劃的產品單張或其他有關本保險計劃的產品文件只限在香港特別行政區內派發，並不能詮釋為在香港特別行政區境外提供或出售或游說任何人士購買中國交銀保險有限公司的產品。本計劃只限在中國香港特別行政區境內範圍銷售及辦理投保手續。The product leaflets of this insurance plan &/or other documents related to this insurance plan is intended to be distributed within the territorial limit of Hong Kong SAR of PRC, and such act cannot be construed as offering or selling or lobbying any person to subscribe the products of China BOCOM insurance Co., Ltd. outside the territorial limit of Hong Kong SAR of PRC. The selling and processing of insurance application of this insurance plan are limited to within the territorial limit of the Hong Kong SAR of PRC.
- (3) 本投保書及相連之產品單張內容只供一般參考，有關保障內容及條款細節，應以保險單內條文為準。The information contained in the proposal form and related product brochure is merely for reference only. Please refer to the original policy for exact policy terms, conditions and exclusions.
- (4) 若本中英文譯本有不同，概以英文為準。If there is any difference between the Chinese and the English version, English version shall prevail.

此部份只供內部使用 INTERNAL USE ONLY

Agent Code:		Client Code:	
Payment Term	<input type="checkbox"/> CBD <input type="checkbox"/> COD <input type="checkbox"/> Premium Warranty <input type="checkbox"/> Credit Period	Premium Paid:	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid (Reason : _____)