

Consultant name 顧問姓名	
Code 編號	
District 區域	



Private & Confidential 私人及保密文件

Collateral Assignment Application Form 附屬抵押轉讓申請表格

I/We, being the assignor below ("Assignor"), in consideration of the grant of a mortgage loan in the amount below by the assignee below ("Assignee") to me / us, the conditions of which will be set out in the Mortgage Deed to be signed by me / us, on the security of the property at the address below, the receipt of which is hereby acknowledged, hereby assign to the Assignee as collateral security for the payment of the said mortgage loan the benefit, up to the value of the said mortgage loan or such sums as shall be outstanding thereunder, of all monies insured or to become payable by or under the Policy ("Policy") issued by the underwriting company, namely **Zurich Assurance Limited / Zurich Life Insurance Company Limited*** ("Company") inclusive of the cash surrender and loan value, if any, thereof and of any dividends that may be declared from time to time but upon this express condition agreed to by the Assignee, namely, that this Collateral Assignment is made for the purpose of securing the payment of the said mortgage loan together with the prescribed interest thereon and all other applicable charges, and for no other purpose whatever, and if I / we shall well and truly pay, or cause to be paid, to the Assignee, the said mortgage loan together with the prescribed interest thereon and all other applicable charges from the date thereof, the Assignee shall reassign the Policy to me / us; and I / we hereby covenant with the Assignee that I / we will not do or knowingly suffer anything to be done whereby the Policy may be rendered void or voidable or the Assignee may be prevented from receiving or may be deprived of the right to receive the monies insured or to become payable by or under the Policy, and I / we declare that an acknowledgement signed by the Assignee or his estate or the beneficiary in respect of any payment made by the Company shall fully discharge the Company from its liabilities and obligations under the Policy in respect of which the acknowledgement was given.

The interest of any revocable and irrevocable beneficiary under the Policy shall be subject to the terms of this Collateral Assignment. However, the Assignee by acceptance of this Collateral Assignment agrees with me / us that any balance of sums received hereunder from the Company remaining after payment of the then existing mortgage loan together with the prescribed interest thereon and all other applicable charges shall be paid by the Assignee to the persons entitled thereto under the terms of the Policy as if this Collateral Assignment had not been executed.

This Collateral Assignment shall be governed by and construed according to the Place of Law of the Policy.

IN WITNESS whereof underneath the hand of the Assignor the day and year as written below.

*Please delete where inappropriate

由於下列之受讓人(「受讓人」)向我/我們,為下列之轉讓人(「轉讓人」),提供下列之抵押貸款(「抵押貸款」),而其抵押條件在我/我們簽署的按揭契據列出,將位於下列地址的物業作為抵押,我/我們確認已收妥此抵押貸款,特此證實轉讓由承保公司為**蘇黎世人壽**(「承保公司」)簽發的保單(「本保單」)所承保的或需支付的金額,包括退保金額及保單貸款金額(如適用)及承保公司不時派發的紅利作為償還抵押貸款的附屬抵押,而上限不多於抵押貸款總額或其未付餘數,但是,相應條件為受讓人已同意以下明訂條款,即此附屬抵押轉讓的作用只為保證償還抵押貸款,由其引起的規定利息及適用手續費,除此之外,再無其他作用,當我/我們已清還抵押貸款,由其引起的規定利息及適用手續費,受讓人必定會將本保單轉讓回到我/我們。另外,我/我們特此對受讓人契諾,我/我們未來不會對本保單作出或刻意地容許使本保單無效或可使本保單無效的事項從而導致受讓人不能收到或不能行使其應有的權益收到本保單承保的或需支付的金額。轉讓人自簽署日起無論何時都會就受讓人合理地要求下為完備此轉讓證書而作出所須的行動。我/我們確認由受讓人或其遺產承辦人或其受益人簽署確認由承保公司發出的任何款項即表示承保公司已根據本保單履行其保單責任及義務。

在本保單的可撤換指定受益人及不可撤換指定受益人利益將受到此附屬抵押轉讓所載的條款限制。但是,受讓人由於接受此附屬抵押轉讓已同意倘若由本保單所獲的得益超過抵押貸款的未付餘數連同規定利息及適用手續費,受讓人會將超出的得益付予根據本保單條款應得利益者,猶如此附屬抵押轉讓從未訂立過。

本抵押權益轉讓證書將根據本保單訂明的司法管轄地法律詮釋及受其管轄。

轉讓人現於下列之年月日簽署作實。

The Policy as referred to above is

上述之附表乃指

Policy number 保單號碼	Name of Policy Owner 保單持有人姓名
Name of Life Insured 受保人姓名	Type of Policy 保單名稱
Amount of insurance (i.e. Basic Sum) 保單投保額 (基本保障)	Policy issue date 保單簽發日期
Address of the security of the property 抵押物業地址	
Amount of mortgage loan (HK\$) 抵押貸款金額 (港幣)	or equivalent 或等值

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Signed, sealed and delivered by the Assignor 轉讓人簽署、蓋章及交付

Signature of Assignor 轉讓人簽署	X L.S.	Date (dd/mm/yyyy) 日期 (年 / 月 / 日)
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Signed, sealed and delivered by the Assignee 受讓人簽署、蓋章及交付

Signature of Assignee 受讓人簽署	X L.S.	Date (dd/mm/yyyy) 日期 (年 / 月 / 日)
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Address of Assignee 受讓人地址

Assignee's relationship to Life Insured 受讓人與受保人的關係	Residential Country 居住國家
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Signature of witness 見證人簽署	X	Name of witness 見證人姓名
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Date (dd/mm/yyyy) 日期 (年 / 月 / 日)

Declaration

The Assignor and the Assignee declare and agree that the personal information collected or held by the Company, whether contained in this form or otherwise obtained, may be used by the Company, or disclosed to or transferred to any individual or organization within or outside Hong Kong for the following purposes: (1) assess this application and to provide on-going insurance and customer services, (2) provide marketing material in respect of insurance-related services of the Company or its associated companies and (3) process claims or analysis of the insurance.

The Assignor and the Assignee shall have the right of access to and to request correction of any personal information concerning themselves held by the Company. A request for such access may be made to the Personal Data Privacy Officer of the Company at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong.

This form is provided as a courtesy of service. The Company is not responsible for the validity and legality of this assignment.

Note: Please provide certified copy of Hong Kong Identity Card / passport (for non-HK resident) / Business Registration Certificate / Certificate of Incorporation / Certificate of Registration of Overseas Company / Certificate of Registration of Non-Hong Kong Company / Certificate of Registration of a Society / Certificate of Exemption from Registration / Certificate of Registration (Owners Corporation), whichever applicable, for the Assignee.

聲明

轉讓人及受讓人聲明及同意一切由承保公司（「本公司/貴公司」）從這表格或其他方式所收集或持有的個人資料，均可供貴公司使用或向在香港境外之任何人仕或機構披露作以下用途：(1)評核此項申請及提供保險和顧客服務，(2)提供貴公司及關連機構有關保險的推廣資料，及(3)處理保險的索償或有關之分析。

轉讓人及受讓人有權查閱及要求更改由貴公司所持有有關本人的任何個人資料。任何關於個人資料查閱或更改之要求，可向貴公司之個人私隱主任提出，地址為香港港島東華蘭路18號港島東中心24-27樓。

此申請表是本公司提供優質服務的一部份。本公司不會就此保單轉讓的正確性及合法性負上責任。

注意：受讓人須遞交已核實之香港身份證明文件副本 / 護照副本（如非香港居民）。若受讓人是一間公司或機構，則須遞交已核實之商業登記 / 本地 / 海外公司註冊證書 / 社團 / 組織註冊證書 / 豁免證明書 / 業主立案法團註冊證書副本，該文件副本須由受讓人授權之人士核實。
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注意：此乃英文版的翻譯本。如中英文版文意不符，概以英文版為準及為有效版本。

Zurich Insurance Group (Hong Kong)

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Customer Services Hotline: (852) 2535 3500 Fax: (852) 2967 1384 <http://www.zurich.com.hk>

蘇黎世保險集團（香港）

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