

Proposal/Policy no. 投保書/保單號碼 :

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Third party payment form 第三方付款表格

Important notes 重要事項 :

- Please submit certified copy of Hong Kong permanent identity card/valid passport of the third party payor.**
請遞交第三方付款人的香港永久性居民身份證/有效護照的已核實副本。
- Please fill the circle in full when you select the answer.**
當閣下選擇答案時，請填滿整個圓圈。

Name of proposed insured/life insured
準受保人/受保人姓名

Name of proposer/policyholder
投保人/保單持有人姓名

1. Third party payor details 第三方付款人資料

Title 稱銜

- Mr. 先生 Mrs. 太太 Miss 小姐 Ms. 女士 Dr. 博士 Others (Please specify)
其他 (請註明)

Family name
姓

Given name
名

Name in Chinese
中文姓名

Country of birth
出生國家

Nationality
國籍

Do you hold nationality in another country?
閣下是否持有多个國家的國籍?

Yes
是

No
否

If 'Yes', please specify the country
如有，請註明國家名稱

Identity document no.
身分證明文件號碼

ID type 身分證明文件類別

- HK permanent ID 香港永久性居民身份證
 PRC resident ID 中國內地居民身份證
 HK non-permanent ID 香港非永久性居民身份證
 Passport 護照
 Others 其他

Residential address 住宅地址

Flat/Room
室/單位

Floor
樓

Block
座

Name of building/estate
大廈/屋邨名稱

Name of street/road
街道名稱

District/City/Province
地區/城市/省

HK/KLN/NT
香港/九龍/新界

Country
國家

ZIP/Postal code
郵遞區號



Third party payor details (Continued) 第三方付款人資料(續)

Correspondence address (If different from residential address) 通訊地址(如與住址不同)

Flat/Room 室/單位	Floor 樓	Block 座
Name of building/estate 大廈/屋邨名稱		
Name of street/road 街道名稱		
District/City/Province 地區/城市/省		HK/KLN/NT 香港/九龍/新界
Country 國家	ZIP/Postal code 郵遞區號	

Occupation information 職業資料

Business nature 業務性質	Occupation title 職位
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For third party payment, only payments by person in the specified categories will be accepted.

就第三者付款而言，本公司只接受指定人士的付款。

Relationship with policyholder(s) Spouse 夫婦 Parents 父母 Children 子女 Siblings 兄弟姐妹 Grandparents 祖/外祖父母 Grandchildren 孫/外孫子女

Reason for a third party other than policyholder(s) making payments

由保單持有人以外的第三方人士付款的原因

2. Origin of wealth 財富來源問卷

If the third party payor is an existing policyholder, his/her existing premium levels will be included for the purposes of calculating the limits for which documentary evidence is required.

若第三方付款人是本公司的現有客戶，其所有現行供款均會一併考慮，以決定所需呈交的證明文件。

How the third party payor acquired the funds 第三方付款人如何獲得資金？

- Salary 薪酬
 Income 收入
 Savings 儲蓄
 Investments 投資
 Others 其他

(Please specify)
(請註明)

3. Notice to customers relating to the Personal Data (Privacy) Ordinance

有關個人資料(私隱)條例的客戶通知

This Notice sets out the privacy policy of each of **Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited** (each a “Company”) in respect of their respective customers. The rights and obligations of each Company under this Notice are several and not joint, whereby no Company shall be liable for any act or omission of another Company.

本通知列載蘇黎世人壽/蘇黎世人壽保險(香港)有限公司(以下個別稱「本公司」)有關各自對其客戶的私隱政策。各公司就本通知所列之權利和責任為獨立而非連帶的，因此各公司無須為其他公司之行為或不作為負責。

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the Company from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group (“Zurich Insurance Group”) for the purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

由本公司不時收集或持有的客戶(包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人)個人資料，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料(例如從第三方收到的索償資料和病歷)，均可供本公司及/或其所屬集團(「蘇黎世保險集團」)內的公司使用作為向客戶提供服務而必須的用途(否則本公司將無法為未能提供所需資料的客戶提供服務)。

Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Center at 2968 2383 or insurance intermediaries for enquiries.

本公司之私隱政策詳載於 www.zurich.com.hk/pics 或可透過掃描 QR 碼細閱。閣下亦可致電 2968 2383 與我們的客戶服務部聯絡或向保險中介人查詢。



Notice to customers relating to the Personal Data (Privacy) Ordinance(Continued)

有關個人資料(私隱)條例的客戶通知(續)

Consent for marketing purposes - Voluntary:

就市場推廣用途之同意 – 自願性：

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders' or insured persons' consent or indication of no objection**, for providing marketing materials and conducting direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company's business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.

由本公司收集或持有的保單持有人及受保人的某些個人資料(其中亦包括在本公司日常業務過程中以及就持續與客戶的關係收集或產生的資料),特別是姓名、聯絡資料、年齡、性別、身份證明文件資料、婚姻狀況、經濟背景、人口統計數據、交易模式和行為、保單資料、索償資料及醫療紀錄等,於獲該保單持有人或受保人同意或作不反對指示後,均可供本公司使用作為蘇黎世保險集團及/或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及/或金融產品及服務,及/或其他商業合作夥伴之相關服務,提供市場推廣資料及進行直接市場推廣活動。(例如獎賞、忠誠獎勵、合作品牌或優惠計劃以及相關服務和產品,由本公司商業合作夥伴或合作品牌夥伴提供的服務和產品,出於慈善及/或非牟利目的的捐贈或捐款)。為免生疑問,就本公司不時收集或持有的所有客戶個人資料,本公司將會以從客戶收到的最新指示(例如同意或表示不反對的指示,或提出反對要求)。

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder's and insured person's written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company's marketing purposes set out above:

於獲保單持有人及受保人書面同意後,本公司方可就以下人士本身及/或就本公司的市場推廣用途,向以下於香港境內或境外的人士提供其某些個人資料(並可能收到金錢或其他財產作為回報),特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等,以供其使用:

- (1) companies within the Zurich Insurance Group;
蘇黎世保險集團成員公司;
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
與本公司維持業務引薦關係或其他安排的其他銀行/金融機構、商業或慈善組織;
- (3) third party reward, loyalty, co-branding or privileges program providers;
第三方獎賞、忠誠獎勵、合作品牌或優惠計劃提供者;
- (4) third party marketing service providers and insurance intermediaries.
第三方市場推廣相關服務供應商及保險中介人。

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.

本人/我們明白可隨時通知 貴公司以撤回任何就市場推廣用途所給予之同意。

4. Declaration for data protection 個人資料保障聲明

I/We confirm that I/we agree to the use or transfer of my/our personal data for the purposes as set out above.

本人/我們確認本人/我們及付款人(如與保單持有人不同)同意 貴公司使用或向第三方提供本人/我們的個人資料作上述用途。

5. Declaration 聲明

I/We, the proposer/policyholder/third party payor, hereby declare that all the information provided by me/us in this form is true and accurate.

本人/我們,作為投保人/保單持有人/第三方付款人,在此聲明本人/我們於此表格提供的一切資料均為真實及準確。

The third party payor further declares that all the payments in respect of the policy mentioned herein ("Policy") are made for the benefit of the proposer/policyholder out of his/her own free will and the third party payor confirms he/she understands that a person who is not a party to the Policy shall have no right to enforce any terms of the Policy.

第三方付款人亦聲明,其就此表格提及的保單(「保單」)支付的一切款項均是為投保人/保單持有人的利益及出於其個人意願而作出。第三方付款人亦確認其明白,任何人若非保單的一方均無權執行保單的任何條款。

We may request you to provide additional documents apart from information listed above where necessary.

如有需要,除上列資料外,我們可能會要求 閣下提供額外之證明文件。

Signature of proposer/policyholder 投保人/保單持有人簽署	Signature of third party payor 第三方付款人簽署	Date signed 簽署日期	Day日 <input type="text"/>	Month月 <input type="text"/>	Year年 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company name of licensed insurance intermediary 持牌保險中介人公司名稱	Company code of licensed insurance intermediary 持牌保險中介人公司編號								

PLEASE DO NOT SIGN ON BLANK FORM. 請勿於空白表格簽署。

In the event of any discrepancy or inconsistencies between the English and Chinese versions of this form, the English version shall prevail.
 如此表格之中英文版本有任何歧異或不一致,概以英文版為準。

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Zurich Assurance Ltd (a company incorporated in England and Wales with limited liability)
Zurich Life Insurance (Hong Kong) Limited (a company incorporated in Hong Kong with limited liability)
Website: www.zurich.com.hk

蘇黎世人壽(於英格蘭及威爾斯註冊成立之有限公司)
蘇黎世人壽保險(香港)有限公司(於香港註冊成立之有限公司)
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