

DIRECT DEBIT AUTHORISATION (G29M) 直接付款授權書

Please complete and return this form to the party to be credited. 請填妥此授權書並交予收款之一方

Name of party to be credited (The Beneficiary) 收款人之一方(受益人)	Account No. to be credited 收款賬戶之號碼										Currency 貨幣
	YF Life Insurance International Ltd.										MOP 澳門幣
	2	0	1	1	0	8	6	9	3	0	HKD 港幣
	1	0	1	1	1	0	8	3	9	9	

I / We hereby authorise my / our below named Bank to effect transfers from my / our account to that of the above named beneficiary in accordance with such instructions 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 agree that should there be insufficient funds in my / our account to meet any transfer hereby authorised, my / our Bank shall be entitled, in its discretion, not to effect such transfer.

This authorisation shall have effect until further notice.

I / We agree that any notice of cancellation or variation of this authorisation which I / we may give to my / our Bank shall be given at least one week prior to the date on which such cancellation / variation is to take effect.

I / We understand that all payments under this authorisation are for premiums due under my / our policy / policies with the above named beneficiary as specified below.

Any variation or cancellation of this authorization has to be given by notice in writing. This authorization shall remain valid unless such notice is given to and received by the Bank. For 3 consecutive times, transfers are not effected due to no sufficient available fund in my / our said account, the Bank may at its own discretion not to comply with or act further with this authorization without notice to me / us.

The Bank may disclose details of my / our said account to any other third party if the Bank finds it necessary and appropriate.

The Bank Shall be entitled to convert the sum or sums to be transferred into the currency accepted by the Beneficiary at a rate determined by the Bank.

I / We understand that such transfer shall be credited to the above named beneficiary's account with corresponding currency.

本人／吾等現授權本人／吾等之下述銀行，（根據受益人不時給予本人／吾等銀行之指示）自本人／吾等之賬戶內轉賬予上述受益人。

本人／吾等同意本人／吾等之銀行毋須證實該等轉賬通知是否已交予本人／吾等。

如因該等轉賬而令本人／吾等之賬戶出現透支（或令現時之透支增加），本人／吾等願意共同及個別承擔全部責任。

本人／吾等同意如本人／吾等之賬戶並無足夠款項支付該等授權轉賬，本人／吾等之銀行有權不予轉賬。

本授權書將繼續生效直至另行通知為止。

本人／吾等同意，本人／吾等取消或更改本授權書之任何通知，須於取消／更改生效日最少一星期之前交予本人／吾等之銀行。

本人／吾等明白所有根據本授權書之付款均為支付在債務人參考欄內列明由上述受益人發予本人／吾等之保單之保費。

如有任何令授權書失效之變更，本人（等）／本公司必須書面通知吾等銀行，銀行收到書面通知前，本授權書繼續有效。但如本人（等）／本公司之銀行賬戶連續三次因賬戶可用餘額不足而未能支付賬款，則銀行有權不經通知而撤銷此項授權。

銀行認為必要和適當時，不必通知或取得本人（等）／本公司同意有權將有關的賬戶資料披露給其他機構。

本人（等）／本公司授權吾等銀行可根據自動扣賬當天銀行所指定的匯率將轉賬款項兌換成受益人指定之收款貨幣。

本人／吾等明白該等轉賬將存入上述受益人相應收款貨幣之賬戶。

☐ Application 申請 ☐ Change of Account Number 更改賬戶號碼 ☐ Cancellation 取消

Bank Name 銀行名稱 TAI FUNG BANK LIMITED 大豐銀行 (TFA000)		Currency 貨幣 <input type="checkbox"/> MOP <input type="checkbox"/> HKD	My / Our Account No. 本人／吾等之賬戶號碼	
My / Our Signature(s) 本人／吾等之簽名 (Signature(s) must agree with your Bank's Record) (簽名 須與銀行賬戶檔案完全相同)		My / Our Name as recorded on Statement / Passbook 本人／吾等在結單／存摺上所紀錄之名稱		Date 日期
Debtor's Reference-Policy No. 債務人之參考-保單編號	Name of Insured 受保人姓名	Debtor's Reference-Policy No. 債務人之參考-保單編號	Name of Insured 受保人姓名	
1.		3.		
2.		4.		

Please note the upper limit of the premium collection amount via Autopay will be the payment required of the policy 請注意，經自動轉賬收取保費金額之上限為保單之應繳款項
All the above items must be completed and information provided must correspond with the Bank's record 以上所有項目必須填寫及所提供的資料必須與銀行紀錄相同

Note: If the Policy Owner or Insured is not the holder of the above bank account, please read the "Personal Information Collection Statement" overleaf.
注意：若上述銀行戶口非由保單持有人或受保人所持有，請先細閱背頁的「個人資料收集聲明」。

For Change of Account No. only (identical account holder) 此欄只供同一賬戶持有人作更改賬戶號碼之用	
Old Account Number 舊賬戶號碼	Account Signature(s) 存戶簽署

For Bank Use Only 銀行專用	S.V.	Maker			Officer
Consultant's Name 顧問姓名	Consultant's Code 顧問編號	No. of Life Policies 人壽保單數目	No. of Other Policies 其他保單數目	Date 日期	Office Use Only 公司專用
					Captured
					Verified

Supplementary information : If the Policy Owner or Insured is not the account holder of the above bank account, the Policy Owner(s) must sign the following section for confirmation:
補充資料：若上述銀行自動轉賬戶口之持有人並非保單持有人或受保人，保單持有人必須填寫以下部份並簽署作實：

I/We, the Policy Owner(s), hereby instruct YF Life Insurance International Ltd. to collect premiums for my/our above-stated policy(ies) using the above Direct Debit Authorisation. In relation to this, I/we confirm that I/we have obtained the consent of the bank account holder and the bank account holder is my/our direct family member(i.e., parent, son/daughter, spouse, brother/sister).
本人／我們為上列保單之保單持有人，現指示萬通保險國際有限公司在上述銀行戶口中以自動轉賬扣除保費，就此本人／我們已獲得上述銀行戶口持有人之同意，並確認銀行戶口持有人為本人／我們之直系親屬（即父母、子女、夫婦或兄弟姊妹）。

Policy Owner's Signature 保單持有人簽署

Signatures of all Policy Owners are required (if more than one policy owner)
所有保單持有人均需簽署（如保單持有多於一位）



Personal Information Collection Statement 個人資料收集聲明

I / We understand and agree that information collected in this Direct Debit Authorization form ("Form") is to enable the Company to carry on insurance business, for the purpose of collecting premiums under the policy / policies of the Policy Owner with the Company as set out in this Form, investigation or prevention of crime or fulfilling legal and regulatory requirement.

I / We also understand and agree that my / our personal data collected or retained by the Company and supplied by me / us in this Form may be used, held, transferred or disclosed (whether within or outside Hong Kong / Macau) to YF Life group companies and their associated/ affiliated companies, financial institutions, or any service provider and selected persons which are under a duty of confidentiality to the Company to fulfill the above purpose, and to any industry associations/ federations, their members and governmental/ regulatory body and law enforcement agencies and crime prevention organisations and their members/participants to enable them to carry out their governmental/ regulatory functions.

I / We understand that I / we have the right to access to and to correct any of my personal information held by the Company by writing to the Personal Data Protection Officer of YF Life Insurance International Ltd. (Address : 27/F, YF Life Tower, 33 Lockhart Road, Wanchai, Hong Kong or Avenida Doutor Mario Soares No. 320, Finance and IT Center of Macau, 8 Andar A, Macau). The Company may charge a reasonable fee for the processing of such request.

本人 / 我們明白及同意於本人 / 我們就本直接付款授權書(下稱「本表格」)所提供的資料，均為使貴公司進行保險業務，目的為收取本表格列明的保單持有人所擁有的保單的保費，偵測或防止罪行或符合法律或合規要求。

本人 / 我們明白及同意任何由貴公司收集或持有及由本人 / 我們於本表格所提供的個人資料，可供使用，保存，轉移或向萬通保險集團成員公司及其關聯或相關公司、金融機構或與貴公司有保密協議的任何服務提供者及其他人士（無論在香港 / 澳門或以外）披露，以達致上述目的及以便任何行業組織 / 聯會及其成員及政府部門或監管機構和執法機構或防犯罪組織及其會員 / 參與者執行其政府/監管職能。

本人 / 我們明白本人 / 我們有權查閱及要求更正任何由貴公司持有有關本人 / 我們的個人資料。如有需要，可與貴公司的個人資料保護主任以書面方式提出（地址：香港灣仔駱克道 33 號萬通保險大廈 27 樓或澳門蘇亞利斯博士大馬路 320 號澳門財富中心 8 樓 A 座）。處理上述要求時，貴公司可能會收取合理費用。