

DIRECT DEBIT AUTHORISATION (G64M) 直接付款授權書

(MACAU)

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. 萬通保險國際有限公司	0 0 1 8 0 1 0 1 1 0 1 3 8 0 1 8 2	MOP 澳門幣
	0 0 1 8 0 1 1 1 1 0 2 9 3 9 0 8 8	HKD 港幣
	0 0 1 8 0 1 8 8 1 0 0 7 2 0 4 6 3	USD 美元

I/We/Our company hereby authorize Bank of China Macau Branch/Bank of China (Macau) (hereinafter referred to as "the Bank") to act as per instruction(s) (marked with "✓") below:
To effect transfers from my/our/our company account specified below to the account of the institution/company/school (hereinafter referred to as "the Beneficiary"), details of which specified below, such sum or sums as the Beneficiary may from time to time advise the Bank. This authorization shall remain valid until further notice.

I/We/Our company further agree that:

- The Bank may effect transfers from my/our/our company said account such sum or sums as advised by the Beneficiary at any time with immediate effect.
- Under no circumstances shall the Bank be held responsible for any consequence(s) as a result of unsuccessful transfer of fund(s) from my/our/our company's account (including, but not limited to the situation when the balance of my/our/our company's account less than the minimum balance of the Bank so that it can't be made any transfer).
- 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/our company said account, the Bank may at its own discretion not to comply with or act further with this authorization without notice to me/us.
- Service charge of the Bank will be debited from my/our/our company said account.
- The Bank may disclose details of my/our/our company 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.
- If this "Debit Authorization Form" is not directly sent to your bank, I/we/our company agree to take all the legal or/and economical responsibilities caused by disclosing the details of the said form to any other third party. Under no circumstances your bank shall be responsible.

本人(等)／本公司茲授權中國銀行澳門分行／中國銀行(澳門)(以下簡稱「貴銀行」)辦理以下事項(以「✓」選擇所需項目)。

在本人(等)／本公司於「貴銀行開立之賬戶(賬戶號碼附註如下)內支取款項,繳付下述機構／公司／學校的有關費用,直至另行通知為止。

本人(等)／本公司知悉及遵守下述條款辦理:

- 貴銀行接到機構／公司／學校的付款通知即可支付,款項按機構／公司／學校所提供之金額扣除。
- 如該賬款未能自本人(等)／本公司之銀行賬戶內支付(包括但不限於因本人(等)／本公司賬戶結餘少於「貴銀行規定的最低餘額而無法支付賬款」,一切責任及後果,概與「貴銀行」無涉。
- 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「貴銀行」。貴銀行在收到書面通知前,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「貴銀行」可有權不經通知而撤銷此項授權。
- 貴銀行有權徵收服務費用,並可由本人(等)／本公司之銀行賬戶內支付。
- 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「貴銀行」可根據自動扣賬當天「貴銀行」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(等)／本公司同意如由於本授權書並非直接交予「貴銀行」以致本授權書上之資料披露予第三者知悉,由此引起之任何法律或其他經濟責任由本人(等)／本公司承擔概與「貴銀行」無涉。

☐ Application 申請 ☐ Cancellation 取消

Bank Name 銀行名稱 BANK OF CHINA MACAU BRANCH/BANK OF CHINA (MACAU) 中國銀行澳門分行／中國銀行(澳門)	Account Currency 戶口貨幣 <input type="checkbox"/> MOP 澳門幣 <input type="checkbox"/> HKD 港幣 <input type="checkbox"/> USD 美元 (MBC000)	My/Our Account No. 本人/吾等之賬戶號碼	
My/Our Name as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之名稱	My/Our Address as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之地址		
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 Macau ID Card/Passport No. 本人/吾等之澳門身份證/護照號碼	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」。

Consultant's Name 顧問姓名	Consultant Code 顧問編號	Date 日期	For Bank Use Only 銀行專用

Supplementary information 補充資料

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:
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)。	Signatures of all Policy Owners are required (if more than one policy owner) 所有保單持有人均需簽署(如保單持有人多於一位)
Policy Owner's Signature 保單持有人簽署	



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。