

Declarations 聲明

I declare and agree on behalf of myself, any person, any firm or corporation, who have or may have any interest in any insurance on this form that:

本人謹代表自己及任何擁有此表格的保險權益的人士、公司或機構，作出以下的聲明及同意以下的條款：

All the statements and answers in this form are full, complete and true and shall become part of the policy. I acknowledge if any of the statements and answers given in this form are inaccurate or any material facts have not been disclosed, HSBC Life (International) Limited shall be entitled to cancel the policy or to modify the policy.

所有在此表格上的陳述及答案皆完全屬實及真確無訛，更將為保單的一部分。本人瞭解並同意如在本表格上的陳述及答案有不確之處或隱瞞任何重要事實，滙豐人壽保險(國際)有限公司仍保留終止保單或就此修訂保單的權利。

The HSBC has explained the product features to me including potential liquidity, time horizon, any currency implications, fees & charges and ongoing charges related to the product(s) where applicable. 滙豐已向本人解釋產品特性，包括有關流動性、年期和任何貨幣的潛在影響、收費及產品的經常費用。

By signing below, I/we agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the Notice relating to Personal Data (Privacy) which accompanies this form. 本人(等)在下方簽署即同意貴公司可按本表格隨附的關於個人資料(私隱)的通知內列出的用途使用及披露貴公司現時或其後持有有關本人(等)的全部個人資料。

I/We agree that you may collect, use, store and disclose all personal data about me/us that you currently or subsequently hold for the purposes as set out in the Personal Information Collection Statement included in my insurance policy application form or else I can request a copy at my local HSBC Branch. 本人(等)同意貴公司可以根據本人保單申請表內列載的收集個人資料聲明之用途，允許貴公司收集、使用、儲存、披露本人(等)目前或隨後持有的所有個人資料。本人可蒞臨滙豐各分行索取相關之副本。

By signing below, I/we acknowledge and expressly agree that HSBC may collect, process, use, disclose and transfer any personal data (including any sensitive data) about me/us that HSBC currently or subsequently hold for the purposes as set out in this form, all better referred in the Personal Information Collection Statement inserted on my/our policy. I/we also acknowledge and expressly agree that the personal data (including any sensitive data) about me/us may be transferred to place outside Macau. 本人(等)在下方簽署即知悉及明確同意滙豐可按本表格內列出的用途收集、處理、使用、披露及轉移滙豐現時或其後持有本人(等)的全部個人資料(包括敏感資料)，詳情以於本人(等)保單內列載的《收集個人資料聲明》為準。本人(等)亦知悉及明確同意本人(等)的個人資料(包括敏感資料)可能被轉移到澳門以外的地區。

Signed
簽署 _____
Signature of Proposed Insured 受保人簽名

Date
日期 _____

Signed
簽署 _____

Date
日期 _____

Signature of Policyholder (If other than Proposed Insured/ If the policy is held by a company, its authorized signatories should sign and chop here.)
保單持有人簽名(若與受保人不同/如保單由公司持有，須由公司授權人員在此簽署及蓋章。)

Importance Note: Please return the original of this form, duly completed and signed, to HSBC Life (International) Limited of 1/F Edf. Comercial Si Toi, 619 Avenida da Praia Grande, Macau. Please note that we will only process your request upon actual receipt of this "original form."

重要事項：請填妥及簽署此申請表(表格)"正本"後並寄回滙豐人壽保險(國際)有限公司，地址：澳門南灣大馬路619號時代商業中心1字樓，當收到此申請表(表格)"正本"，我們將盡快辦理閣下之申請。

For CMB only

CIN No. (in 11 digits) _____

Policyholder RR S H M L N/A