

要保書編號
Application Number

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使用圖章聲明書 DECLARATION FOR USING SIGNATURE STAMP

<p>(準)受保人姓名: Name of (Proposed) Insured :</p>	
<p>(準) 保單持有人(若與(準)受保人不同): Name of (Proposed) Policyholder (if different from (Proposed) Insured) :</p>	

使用圖章聲明書 Declaration For Using Signature Stamp

1. 本人/我們確認已邀請保險中介人/銀行職員/家庭成員/近親/朋友的其中兩位，作為見證本人/我們圖章簽署投保文件(要保書/保單編號：_____)。日後，所有批改及給付申請，同樣地須由上述人仕中任何兩位見證人作見證。

1. I / We declare that I / We have invited any two of the Insurance Intermediary(ies)/ bank staff/family member(s)/next of kin/friend(s) to act as witnesses for my / our signing of the Application Form/Policy (Application / Policy No. _____) with my/ our signature stamp(s). Any two of the aforesaid persons shall also act as witnesses for my/our signing of the application for change of policy information and benefit proceeds with my/our signature stamp(s) in future.

2. 本人/我們謹此聲明，本人/我們所作以上陳述為事實之全部，並同意該等陳述將作為本人/我們致中國人壽保險(海外)股份有限公司的上述要保書一部份。如有任何不正確或虛報資料，就算保單已簽發亦將導致保單失效。

2. I / We declare that the above statements are full, complete and true, and agree that they shall form part of my / our Application Form / Policy to China Life Insurance (Overseas) Company Limited and that any untrue or inaccurate statement shall render any policy issued hereunder void.

3. 本人/我們確認已閱讀及明白中國人壽(海外)股份有限公司的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於www.chinalife.com.hk下載或向中國人壽(海外)股份有限公司索取。

3. I / We confirm that I / we have read and understood the Personal Information Collection Statement of China Life Insurance (Overseas) Company Limited. For the latest version of the Personal Information Collection Statement, it can be downloaded from www.chinalife.com.hk or is made available upon request.

(準)保單持有人姓名 Name of (Proposed) Policyholder	(準)保單持有人簽署 (Proposed) Policyholder's Signature	_____/_____/_____ 年Year 月Month 日Day
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(準)受保人姓名 Name of (Proposed) Insured	(準)受保人簽署 (Proposed) Insured's Signature	_____/_____/_____ 年Year 月Month 日Day
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見證人姓名 Name of Witness	見證人簽署 Signature of Witness	與(準) 保單持有人的關係 Relationship with (Proposed) Policyholder	_____/_____/_____ 年Year 月Month 日Day
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保險中介人編號/銀行職員編號/見證人身份證號碼 :
Insurance Intermediary's Registration Code/Bank staff's Code/Witness' HKID No. : _____

見證人姓名 Name of Witness	見證人簽署 Signature of Witness	與(準) 保單持有人的關係 Relationship with (Proposed) Policyholder	_____/_____/_____ 年Year 月Month 日Day
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保險中介人編號/銀行職員編號/見證人身份證號碼 :
Insurance Intermediary's Registration Code/Bank staff's Code/Witness' HKID No. : _____ Policyholder

