

見證人聲明書 WITNESS DECLARATION FORM

(準)受保人姓名 Name of (Proposed) Insured	(準)保單持有人姓名 Name of (Proposed) Policyholder	要保書/保單編號 Application/Policy No.
保險中介人姓名 Insurance Intermediary's Name	保險中介人註冊編號 Insurance Intermediary's Registration Code	分行/中介人編號 Branch/ Intermediary's Code

本人已見證保險中介人向(準)保單持有人讀出此要保書及所有其他申請文件之內容。本人並確認(準)保單持有人是在本人的見證下簽署此要保書及所有其他申請文件。

I witnessed the Insurance Intermediary read out the contents of the Application Form and all other application documents to the (Proposed) Policyholder. I also confirm that the (Proposed) Policyholder has signed the Application Form and all other application documents before me.

見證人姓名
Witness's name

見證人的香港身份證號碼及年齡
Witness's HKID Card No. and Age

與(準)保單持有人的關係
Relationship with the (Proposed) Policyholder

見證人簽署
Witness's Signature

年 Year 月 Month 日 Day

個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

本人/我們確認已閱讀及明白「中國人壽保險(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 下載或向中國人壽保險(海外)股份有限公司索取。I/We confirm that I/we have read and understood Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of PICS, it can be downloaded from www.chinalife.com.hk or is made available upon request.

聲明 DECLARATIONS

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，續發之保單將根據貴公司的選擇而無效或可使無效。

I/We declare that the above statements are full, complete and true, and agree that they shall form part of my/our application above mentioned to China Life Insurance (Overseas) Company Limited and that any untrue or inaccurate statement shall render the policy issued may be void or voidable at the option of the Company.

保險中介人簽署
Insurance Intermediary's Signature

(準)保單持有人簽署
Proposed Policyholder's Signature

(準)受保人簽署 (若年齡在 18 歲或以上)
Proposed Insured's Signature (If age 18 or above)

此聲明書簽署於香港特別行政區於
This Declaration Form is signed in Hong Kong SAR on

年 Year 月 Month 日 Day