Generali Life (Hong Kong) Limited
Assicurazioni Generali S.p.A.
Hong Kong Branch

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忠意人壽 (香港) 有限公司
忠意保險有限公司
香港分行

香港太古城英皇道 1111 號 21 樓
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DIRECT DEBIT AUTHORIZATION FORM 直接付款授權書

Please complete and return this form to the party to be credited. 請填寫並將此授權書交給收款之一方。

Name of party to be credited (The Beneficiary) 收款之一方 (受益人)	Bank No. 銀行編號	Branch No. 分行編號	Account No. to be credited 收款賬戶之號碼
Generali Life (Hong Kong) Limited	**0 0 4**	**8 4 8**	**7 3 9 3 3 0 2 9 2**

I / We hereby authorize my / our below named Bank to effect transfer from my / our account in respect of the payment of premium, fees and / or charges (if any) and levy* on insurance premium under this application / policy to the above named beneficiary in accordance with such instructions as my / our Bank may receive from the beneficiary from time to time.
本人 / 吾等現授權本人 / 吾等之下述銀行，自本人 / 吾等之賬戶內轉賬以支付有關此投保申請/保單之應繳保費、費用及 / 或收費〔如有〕、及保費徵費*予上述受益人，(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。
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.
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。
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).
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 / 吾等願共同及各別承擔全部責任。
I / We agree that should there be insufficient funds in my / our account to meet any transfer hereby authorized, my / our Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice.
本人 / 吾等同意本人 / 吾等之賬戶如無足夠款項支付該授權轉賬，本人 / 吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。
This authorization shall have effect until further notice.
本授權書將繼續生效直至另行通知為止。
I / We agree that any notice of cancellation or variation of this authorization which I / we may give to my / our Bank shall be given at least two working days prior to the date on which such cancellation / variation is to take effect.
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 / 更改生效日最少兩個工作天之前交予本人 / 吾等之銀行。
* Effective from 1 January 2018, the Insurance Authority collects levy on insurance premiums from policy holders through insurance companies.
* 由 2018 年 1 月 1 日開始，保險業監管局透過保險公司向保單持有人收取保費徵費。

Please complete all details shown below. 請填寫下列各項。

Bank Name and Branch 銀行及分行之名稱

Bank No. 銀行編號	Branch No. 分行編號	Account No. to be debited 銀行賬戶之號碼

Policy Number (Debtor Reference) 保單號碼 (付款人編號)	Policyholder's Name 保單持有人姓名

Name of Bank Account Holder(s) including Joint Account **(Please complete in English)** 銀行賬戶持有人姓名包括聯名戶口 **(請以英文填寫)**	ID Number **(ID Number must correspond with Bank record)** 證件號碼 **(證件號碼必須與銀行賬戶檔案相同)**	ID Type ^ 證件類別 ^
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____

^ ID Type: HKID / Passport / Business Registration / Certificate of Incorporation / Other (please specify)
^ 證件類別：香港身證 / 護照 / 商業登記證 / 公司註冊證明書 / 其它 (請註明)

Signature(s) of Bank Account Holder(s) 銀行賬戶持有人簽名 (Signature(s) must agree with Bank record) (簽名必須與銀行紀錄相符)	**Date (DD/ MM/YYYY) 日期 (日 / 月 / 年)**
1. X _____ 2. X _____	

FOR BANK USE ONLY 銀行專用	Signature Verified

Declaration 聲明
I / We confirm that I / we have accessed, read and understood the Personal Information Collection Statement (the "Statement") of Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (the "Company"), which is available on the Company's website: https://www.generali.com.hk/EN_US/personal_information. I / We agree that the Company may collect, use, store, disclose, transfer and otherwise process my / our personal data in accordance with the terms of the Statement. I / We further confirm that I / we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to the Company for the purposes stated in the Statement and for allowing the Company to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement
本人 / 我們確認已經查閱並且明白由忠意人壽 (香港) 有限公司 / 忠意保險有限公司香港分行（如適用）（「貴公司」）的收集個人資料聲明（「該聲明」），該聲明可於貴公司網站查閱：https://www.generali.com.hk/ZH_HK/personal_information; 本人 / 我們同意貴公司可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人 / 我們的個人資料。本人 / 我們進一步確認，本人 / 我 們已獲得受保人和任何其他有關人士（如適用）的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給貴公司，並允許貴公司可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

Signature of Policyholder 保單持有人簽署	**Date (DD / MM / YYYY) 日期 (日 / 月 / 年)**
X	