

Release of Assignment Form

取消權益轉讓申請表

Policy Number

保單號碼

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Private & Confidential 私人及機密

Name of Policyholder / Assignor 保單持有人 / 轉讓人姓名	Name of Insured 受保人姓名
Name of Assignee 承讓人姓名	Address of Assignee in English 承讓人之英文地址

The loan amount has been repaid, the assignee hereby releases all rights and interests in the above policy to the Policyholder / Assignor.
有關貸款金額已償還，承讓人同意將上述保單之權利及利益歸還給保單持有人 / 轉讓人。

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。

X Signature of Policyholder / Assignor 保單持有人 / 轉讓人簽署	X Signature of Witness 見證人簽署 (Name 姓名 :)	Date (DD / MM / YYYY) 日期(日 / 月 / 年)
X Signature of Assignee 承讓人簽署 If signed by company authorized signatory(ies), please indicate his/her title with Company Chop 如由公司獲授權簽署人士簽署， 請列明其職銜及加上公司蓋印	X Signature of Witness 見證人簽署 (Name 姓名 :)	Date (DD / MM / YYYY) 日期(日 / 月 / 年)