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

21/F, 1111 King's Road
Taikoo Shing, Hong Kong
T +852 2521 0707
F +852 2521 8018
info@generali.com.hk
generali.com.hk

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
電話 +852 2521 0707
傳真 +852 2521 8018
info@generali.com.hk
generali.com.hk

CREDIT CARD PAYMENT AUTHORIZATION FORM (For Designated Plans and Renewal Premium Payment Only)
信用卡付款授權書 (只適用於指定計劃及繳付續期保費)

Please fill in the appropriate boxes and in English (Block Letters) 請填寫適當方格及用英文正楷填寫

I authorize Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (the "**Company**") to debit my credit card account stated as below in respect of the payment of premium, fees and / or charges (if any), and levy on insurance premium under this application / policy until my further written notice.
本人授權忠意人壽 (香港) 有限公司 / 忠意保險有限公司香港分行 (如適用) (「**貴公司**」) 由本人下列指定之信用卡賬戶扣除此投保申請 / 保單之應繳保費、費用及 / 或收費〔如有〕、及保費徵費*，直至另行通知。
I understand at least 2 working days' written notice in advance is required for termination of this payment instruction.
本人明白如需取消此付款指示，必須於最少兩個工作天前以書面提出。
Details are as follows :-
詳細資料如下：

Name of Card Issuer 發卡銀行名稱	Country of Issue 發卡國家	Type of Credit Card 信用卡類別 ☐ VISA ☐ Master 萬事達卡

Credit Card Number 信用卡賬戶號碼					-					-					-				

Credit Card Expiry Date 信用卡到期日 _____ (Month 月) / _____ (Year 年)

Name of Cardholder (in English) 持卡人英文姓名 (As shown on your Credit Card 必須與閣下信用卡上的資料相同)	X _____ **Signature of Cardholder (1)** **持卡人簽名 (1)**
General Information 一般資料	ID Number of Cardholder : 持卡人身份證明文件號碼 :
1) Policy Number : 保單號碼 :	1) Policyholder Name : 保單持有人名稱 :
2) Policy Number : 保單號碼 :	2) Policyholder Name : 保單持有人名稱 :

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 (2) **保單持有人簽署 (2)** X	**Date (DD / MM / YYYY)** **日期 (日 / 月 / 年)**

NOTES 附註 :

(1) Please ensure that you sign the form in the usual way that you would sign on your Credit Card.
請確保貴戶在此授權書內之簽名，與信用卡之簽署完全相同。

(2) Please ensure Policyholder's signature is exactly the same as the company's records.
請確保保單持有人之簽名，與本公司之記錄完全相同。

(3) Effective from 1 January 2018, the Insurance Authority collects levy on insurance premiums from policyholders 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。