

DIRECT DEBIT AUTHORISATION 直接付款授權書

Please complete and return this form to the party to be credited. 請填妥此授權書並交予收款之一方。

Name of party to be credited (The Beneficiary) 收款之一方(受益人)	Account No. to be credited 收款賬戶之號碼								A/C Currency 賬戶幣值		
YF Life Insurance International Ltd.	2	0	1	1	0	8	6	9	3	0	MOP 澳門幣 (CO.ID:21040097)

I/We hereby authorize my/our below named Bank to effect transfers from my/ our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time.

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.

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).

I/We agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer.

This authorization shall have effect until further notice.

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 one week prior to the date on which such cancellation / variation is to take effect.

I/We understand that all payments under this authorization are the contributions payment due under my/our provident fund schemes with the above named beneficiary as specified as below.

Any variation or cancellation of this authorization has to be given by notice in writing. This authorization shall remain valid unless such notice is given to and received by the Bank. For 3 consecutive times, transfers are not effected due to no sufficient available fund in my / our said account, the Bank may at its own discretion not to comply with or act further with this authorization without notice to me / us.

The Bank may disclose details of my / our said account to any other third party if the Bank finds it necessary and appropriate.

The Bank Shall be entitled to convert the sum or sums to be transferred into the currency accepted by the Beneficiary at a rate determined by the Bank.

I / We understand that such transfer shall be credited to the above named beneficiary's corresponding currency account.

本人/ 我們授權本人/ 我們下述銀行（根據受益人不時給予本人/ 我們銀行之指示）自本人/ 我們之賬戶轉賬予上述受益人。

本人/ 我們同意本人/ 我們之銀行毋須證實該等轉賬通知是否已交予本人/ 們。

如因該等轉賬而令本人/ 我們之賬戶出現透支（或令現時之透支增加），本人/ 我們願意共同及個別承擔全部責任。

本人/ 我們同意如，本人/ 我們之賬戶並無足夠款項支付該等授權轉賬，本人/ 我們之銀行有權不予轉賬。

本授權書將繼續生效直至另行通知為止。

本人/ 我們同意，本人/ 我們取消或更改本授權書之任何通知，須於取消/ 更改生效日最少一星期之前交予本人/ 我們之銀行。

本人/ 我們明白所有根據本授權書之付款均為支付在債務人參考欄內列明由上述受益人發與本人/ 我們之公積金供款。

如有任何令授權書失效之變更，本人/ 我們必須書面通知本人/ 我們銀行，銀行收到書面通知前，本授權書繼續有效。但如本人/ 我們之銀行賬戶連續三次因賬戶可用餘額不足而未能支付賬款，則銀行有權不經通知而撤銷此項授權。

銀行認為必要和適當時，不必通知或取得本人/ 我們同意，有權將有關的賬戶資料披露給其他機構。

本人/ 我們授權本人/ 我們銀行可根據自動扣賬當天銀行所指定的匯率將轉賬款項兌換成受益人指定之收款貨幣。

本人/ 我們明白該等轉賬將存入上述受益人相應收款貨幣之賬戶。

Application 申請 Change of Account Number 更改賬戶號碼 Cancellation 取消

Bank Name 銀行名稱 TAI FUNG BANK LIMITED 大豐銀行	A/C Currency 賬戶幣值 <input type="checkbox"/> MOP 澳門幣 <input type="checkbox"/> HKD 港幣	My/Our Account No. 本人/我們之賬戶號碼
My/Our Signature(s) 本人/我們之簽名 (Signature(s) must agree with your Bank's Record) (簽名須與銀行賬戶檔案完全相同)	My/Our Name as recorded on ID Card /Passbook 本人/ 我們之澳門身份證/護照號碼	Sign Date 簽署日期： (MM/DD/YY) (月/日/年)
Debtor's Reference - Scheme No. 債務人參考 - 計劃編號	Name of Account Owner 賬戶擁有人名稱	

All the above items must be completed and information provided must correspond with the Bank's record.

以上所有項目必須填寫及所提供的資料必須與銀行紀錄相同。

For Change of Account No. only (identical account holder) 此欄只供同一賬戶持有人作更改賬戶號碼之用	
Old Account Number 舊賬戶號碼	Account Signature(s) 存戶簽署

For Bank Use only 銀行專用	S.V.	Maker	Officer
Consultant's Name 顧問姓名	Consultant's code 顧問編號	No. of CPF Accounts 帳戶數目	Date 日期
			Captured
			Verified

Supplementary information: If the CPF Account Owner is not the account holder of the above bank account, the CPF Account Owner must sign the following section for confirmation.

補充資料: 若上述銀行自動轉賬戶口之持有人並非央積金賬戶擁有人，央積金賬戶擁有人必須填寫以下部份並簽署作實

I/We, the CPF Account Owner(s), hereby instruct YF Life Insurance International Ltd. to collect contributions for my/our above-stated scheme(s) using the above Direct Debit Authorisation. In relation to this, I/we confirm that I/we have obtained the consent of the bank account holder and the bank account holder is my/our direct family member (i.e. parent, son/daughter, spouse, brother/sister).

本人/ 我們為上述央積金賬戶擁有人，現指示萬通保險國際有限公司按上述直接付款授權書為本人/我們的上述央積金計劃收集供款，就此

本人/ 我們已獲上述銀行戶口持有人之同意，並確認銀行戶口持有人為本人/我們之直系親屬（即父母、子女、夫婦或兄弟姊妹）。

CPF Account Owner's Signature 央積金賬戶擁有人簽署

Personal Information Collection Statement 個人資料 收集聲明

I / We understand and agree that information collected in this Direct Debit Authorization form ("Form") is to enable the Company to carry on insurance business and may be used for the purpose of collecting contribution under the scheme of the CPF Account Owner with the Company as set out in this Form.

I / We also understand and agree that my / our personal data collected or retained by the Company and supplied by me / us in this Form may be used, held, transferred or disclosed (whether within or outside Hong Kong / Macau) to YF Life Insurance International Ltd. and their associated / affiliated companies, financial institutions, or any service provider and selected persons which are under a duty of confidentiality to the Company to fulfill the above purpose, and to any industry associations/ federations and their members and governmental / regulatory body and law enforcement agencies to enable them to carry out their governmental / regulatory functions.

I / We understand that I / we have the right to access to and to correct any of my personal information held by the Company by writing to the Personal Data Protection Officer of YF Life Insurance International Ltd. (Address : 27/F., YF Life Tower, 33 Lockhart Road, Wanchai, Hong Kong or Avenida Doutor Mario Soares No. 320, Finance and IT Center of Macau, 8 Andar A, Macau). The Company may charge a reasonable fee for the processing of such request.

本人/我們明白及同意於本人/我們就本直接付款授權書（下稱「本表格」）所提供的資料，均為使貴公司進行保險業務，並可能使用於收取本表格列明的央積金帳戶擁有人所擁有的帳戶供款。

本人/我們明白及同意任何由貴公司收集或持有及由本人/我們於本表格所提供的個人資料，可供使用，保存，轉移或向萬通保險國際有限公司及其關聯或相關公司、金融機構或與貴公司有保密協議的任何服務提供者及其他人士（無論在香港/澳門或以外）披露，以達致上述目的及以便任何行業組織/聯會及其成員及政府部門或監管機構和執法機構執行其政府/監管職能。

本人/我們明白本人/我們有權查閱及要求更正任何由貴公司持有有關本人/我們的個人資料。如有需要，可與貴公司的個人資料保護主任以書面方式提出（地址：香港灣仔駱克道 33 號萬通保險大廈 27 樓或澳門蘇亞利士博士大馬路 320 號澳門財富中心 8 樓 A 座）。處理上述要求時，本公司可能會收取合理費用。