

財富來源聲明書 SOURCE OF WEALTH DECLARATION FORM

(準)保單持有人姓名 Name of (Proposed) Policyholder	(準)受保人姓名 Name of (Proposed) Insured	要保書/保單號碼 Application/Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

保險中介人資料 INSURANCE INTERMEDIARY'S INFORMATION

保險中介人姓名 Name of Insurance Intermediary	
<input type="text"/>	
保險中介人代碼 Insurance Intermediary's Code	聯絡電話 Contact No.
<input type="text"/>	<input type="text"/>

重要資料 IMPORTANT INFORMATION

為使中國人壽保險(海外)股份有限公司符合《打擊洗錢及恐怖分子資金籌集條例》的指引要求，(準)保單持有人須提供下列資料。
 To enable China Life Insurance (Overseas) Company Limited (the Company) to comply with the requirements of the Anti-money Laundering and Counter-Terrorist Financing Ordinance, the (Proposed) Policyholder is required to provide the following information.

若(準)保單持有人的財富來源並非來自他/她本人而是由其他人提供，其「財富提供者」指該人。
 If the (Proposed) Policyholder's wealth is contributed by other(s) instead of from himself / herself, the Wealth Contributor means that person.

1. 誰是(準)保單持有人財富來源的「財富提供者」? Who is the Wealth Contributor for the wealth of the (Proposed) Policyholder?	
<input type="checkbox"/> 本人 Myself <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 父母 Parent(s) <input type="checkbox"/> 兒女 Children <input type="checkbox"/> 其他 (請詳述之) Others (Please provide details) _____	
2. 若「財富提供者」不同(準)保單持有人，請提供「財富提供者」全名 Please provide full name of the Wealth Contributor if he/she differs from the (Proposed) Policyholder	
3. 「財富提供者」工作收入資料 – MOP Income Details Of the Wealth Contributor - MOP	
3.1 過去 3 年平均每年工作所得之收入(包括: 薪金,獎金,分紅及其他收入) Average Annual Income (including Salary, Bonus, Dividends and other earned income) in the last 3 years	
3.2 過去 12 個月所有非工作賺取之收入 Unearned Income in the last 12 months – MOP	
租金收入 Rental Income	銀行存款利息收入 Interest from Bank Deposit
投資收入 Investment Income	股份所得分紅 Dividends from Shares
其他(請詳述) Others(please give details)	
3.3 如為退休人士，請提供退休前資料 If retired, please provide information prior to retirement.	
退休前工作的職業及職級 Occupation and Job Title Prior to Retirement	
退休前的年薪金/收入 Annual Salary /Income Prior to Retirement	
退休日期 Retirement Date	(年份/Year)



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4. 「財富提供者」的資產及財富來源 – MOP Asset Details and Source of Wealth of the Wealth Contributor - MOP			
4.1 申請書上聲明的居住地方是 Residence as stated on the application is		<input type="checkbox"/> 擁有 owned <input type="checkbox"/> 租用 rented	
4.2 其他購置物業資料 Other Property(ies) Owned			
持有物業地址 Owned Property Address	持有物業年期 Property Holding Duration	持有百份比 % Owned	現值 Current Value
4.3 現金及銀行存款額(包括外幣) Cash and deposit(s) (including foreign currency) in bank(s)			
4.4 持有股票、證券、基金等現值 Stocks, securities, Unit Trust etc current value			
4.5 最近期遺產繼承(包括詳情、年份及金額) Latest inheritance details (including details, year & value)			
4.6 最近期物業出售詳情 (包括地址、年份及金額) Latest sold property(ies) details including address, year & value)			
4.7 獲得禮物贈送(包括詳情、年份及金額) Gifts received (including details, year & value)			
4.8 財富來源補充資料(註 1) Supplementary information about source of wealth(Remark 1)			
註 1: 財富來源(即累積財富的源頭)補充資料應包括準保單持有人的家庭背景、財務背景、事業資料、如何累積其財富等。 Remark 1: Supplementary information about source of wealth (i.e. the origin of total assets) shall contain the (proposed) policyholder's family background, financial background, career details, and a picture of how he/she acquired such wealth, etc.			

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5. 業務資料- MOP Business Information - MOP

「財富提供者」是否公司的股東或合伙人？Is the Wealth Contributor a company shareholder or a business partner？ (如擁有多間公司，請使用「要保補充陳述書」補充。If owns more than 1 companies, please use Supplementary Information Form to supplement.		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
公司名稱 Name of Company		業務性質 Nature of Business	
擔任職位及年期 Position held and for how long		員工人數 No. of employee(s)	
資產總值 Total Assets		總債務 Total Liabilities	
所佔股份有限公司比率 Percentage of shares owned		淨商業資產值 Estimated Net Worth of the Business:	
最近三年的資料 Last 3 years information	年份 Year _____	年份 Year _____	年份 Year _____
營業額 Business Turnover			
總收入/毛利 Gross Profit			
純利 Net Profit			

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.mo 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.mo or 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，繕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 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

 簽署日(年/月/日)
 Sign Date of this form (Year/Month/Day)

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