Payment Declaration Form – Company Account
付款聲明書－公司戶口

(A) Policy information 保單資料

Item 編號	Policy Number 保單號碼	Payment Amount 付款金額
1	G 6 8 4 0 8 6 3 2 7	☐ HKD@ 港幣@ ☒ US@ 美元@ ☐ Other@ 其他@ USD69665
2		☐ HKD@ 港幣@ ☐ US@ 美元@ ☐ Other@ 其他@
3		☐ HKD@ 港幣@ ☐ US@ 美元@ ☐ Other@ 其他@

B) Payment Information (Applicable for company remittance / cheque to settle premium amount above USD 5,000*)
付款資料（適用於以公司匯款 / 支票繳付5,000美元以上*之保費）

(1) Company account / Cheque No. 公司戶口 / 支票號碼：	8018-666065-000
(2) Company name 公司名稱：	Allied Bright Holdings Ltd.
(3) Business Nature 公司業務性質：	Investment and Holdings
(4) Sources of Wealth 公司財富來源：	☐ Business Income 業務收入 ☒ Savings and Investments 儲蓄及投資 ☐ Inheritance 遺產繼承 ☐ Others (Please specify) 其他（請註明）：
(5) Remittance / Issuing Bank 匯款 / 簽發銀行：	HSBCPB
(6) Remittance/ Cheque Amount 匯款 / 支票金額：	☐ HKD@ 港幣@ ☒ US@ 美元@ ☐ Other@ 其他@ USD69665

(7) Reason for payment by company account 使用公司戶口繳費之原因：

本人之储款都在此帐户，所以以此帐户缴付保单费用

(8) Declaration by the Company owner/ Shareholder/ Policyowner 公司持有人 / 股東 / 保單持有人聲明

I _____ (Name of Company owner / shareholder) am a Policyowner / Insured / Beneficiary / Eligible payor #**of the abovementioned policy and hereby confirm that the above mentioned company account / cheque was remitted / issued by my wholly-owned company / company with 50% or more shares / voting right owned / controlled by me. The payment is made for the benefit of the Policy Applicant / Policyowner out of my own free will. All information submitted by me in this declaration form is complete and correct.#**#

本人陈帼俊 （公司持有人 / 股東之姓名）為上述保單~~持有人 / 受保人 /~~ 受益人 / 合資格付款人#**，謹此確認以上所列之公司匯款 / 支票乃由本人全資所持有 / 本人持有50%或以上股本 / 投票權之公司匯出 / 簽發。該筆付款是為投保申請人 / 保單持有人之利益而作出並是出於本付款人的個人意願。以下簽署人謹此聲明上述之資料乃屬正確及完整。#**#

☒ I own and control 50% or more shares / voting right of this company 本人持有公司50%或以上股本 / 投票權

☐ It is my wholly-owned company 本人全資持有公司

Attention: Policyowner / Insured/Beneficiary / Eligible payor# must be the sole company owner or individual ultimate shareholder / beneficial owner controlling 50% or more shares / voting right. If the Company owner / Shareholder is the Policyowner / Insured / Beneficiary / Eligible payor#, relevant relationship proof is required.

If premium amount is above USD$60,000, company search report or other equivalent document within 1 year showing the shareholding / voting rights is required.

注意： 保單持有人 / 受保人 / 受益人 / 合資格付款人#必須為公司全資持有人或擁有50%或以上公司股本 / 投票權之個人最終股東 / 實益擁有人。如公司持有人 / 股東屬於保單持有人 / 受保人 / 受益人 / 合資格付款人#，需要提供其關係證明。

如付款金額為美元60,000以上，股東需要提供最近一年公司查冊報告等證明其持有股份 / 投票權之證明文件。

I / We, the Company owner / shareholder / Policyowner, hereby acknowledge that if the payment to AIA International Limited (Incorporated in Bermuda with limited liability) and / or AIA Everest Life Company Limited is made via remittance / electronic fund transfer from a third party's account, and there is subsequently a refund, AIA International Limited (Incorporated in Bermuda with limited liability) and / or AIA Everest Life Company Limited reserves the right to arrange refund directly to bank account of remitter (as the case may be).

我 / 我們，公司持有人 / 股東 / 保單持有人知悉如以第三者户口匯款 / 電子轉賬繳費而其後發生退款，友邦保險(國際)有限公司（於百慕達註冊成立之有限公司）及 / 或友邦卓峰人壽有限公司保留權利將該退款直接退回予匯款人之銀行賬戶內（視乎情況而定）。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC.

The updated version of AIA PIC is available for download from its website: https://www.aia.com.hk/en/privacy-statement-main.html for policies of AIA International Limited and / or https://www.aia.com.hk/en/help-and-support/individuals/aia-everest.html for policies of AIA Everest Life Company Limited, and is made available upon request.

個人資料收集及使用

本人 / 我們確認本人 / 我們已閱讀及明白AIA個人資料收集聲明（「AIA個人資料收集聲明」）。

本人 / 我們聲明及同意在本申請所載或友邦保險(國際)有限公司（於百慕達註冊成立之有限公司）及 / 或友邦卓峰人壽有限公司（"貴公司"）不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。本人 / 我們知悉及同意就AIA個人資料收集聲明所述目的視乎情況轉讓本人 / 我們的個人資料至香港（如保單在香港繕發）或澳門（如保單在澳門繕發）境外予AIA個人資料收集聲明所載的資料承讓人。

AIA個人資料收集聲明的最新版本可於以下網址下載：https://www.aia.com.hk/zh-hk/privacy-statement-main.html（友邦保險(國際)有限公司之保單）及 / 或https://www.aia.com.hk/zh-hk/help-and-support/individuals/aia-everest.html（友邦卓峰人壽有限公司之保單）及可向貴公司索取。

For and on behalf of
ALLIED BRIGHT HOLDINGS LIMITED
協 明 控 股 有 限 公 司

Authorized Signature(s)

Signature of Company owner / Shareholder[@] [##]
公司持有人 / 股東簽署[@] [##]

Signature of Policyowner[##] 保單持有人簽署[##]

陈帼俊

Name of Company owner / Shareholder[***]
公司持有人 / 股東姓名[***]:

Hu Huangrong (胡晃榕)

Name of Policyowner 保單持有人姓名

6 Nov 2024

Signature date 簽署日期：

6 Nov 2024

Signature date 簽署日期：

Signature of Agent / Broker 營業員簽署

H1690

Agent / Broker Code 營業員編號

Ho Kar Lee

Agent / Broker Name 營業員姓名

6 Nov 2024

Signature date 簽署日期：

* Or equivalent to other currencies. 或相等於其他貨幣的金額

** Delete where inapplicable. 請將不適用者刪去

*** Shareholder is the individual ultimate shareholder or beneficial owner controlling at least 50% of the shares or voting rights. 股東指擁有50%或以上公司股本 / 投票權之個人最終股東 / 實益擁有人

[#] Eligible payor refers to policyowner/insured's parents, spouse and children. 合資格付款人指保單持有人 / 受保人之父母、配偶及子女

[##] For MCV new policies mentioned in Part A, the signing of this declaration form has taken place in Hong Kong S.A.R / Macau.如上述(A)所列保單屬抵港抵澳內地人士之新保單，此聲明書必是在香港 / 澳門特別行政區簽署

[###] Notes: This declaration is based on the latest Anti-Money Laundering policy and will be changed from time to time
請注意: 此聲明書將會因應防止洗黑錢政策之更改，而作出不定時更新。

[@] Please choose where applicable. 請選取適當選項

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