



MACUFTX

Policy Number 保單號碼

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## Policy Reinstatement 保單復效

Name of Policyholder in English 保單持有人英文姓名	
Name of Life Insured in English 受保人英文姓名	
NOTE 注意： <ol style="list-style-type: none"> <li>HSBC Life (International) Limited is referred to as the "Company" or "HSBC Life" in this document. 滙豐人壽(國際)有限公司在此文件中稱為「本公司」或「滙豐保險」。</li> <li>Please put a '✓' in the appropriate box(es) and complete in BLOCK LETTERS. 請在適當方格內加上✓號，並用正楷填寫。</li> <li>If the insured is under age 18 on the date this application is signed, the Policyholder must answer questions on behalf of the insured. 如受保人於簽署此申請表時未滿18歲者，需由保單持有人代為作答。</li> <li>If the premium payments are paid in currencies other than the policy currency(ies), the premium payments would be subject to change according to the prevailing exchange rate of policy currency(ies) to payment currency(ies) to be determined by the Company from time to time; likewise any payments settled in currencies other than the policy currency(ies) would be subject to change according to the prevailing exchange rate of policy currency(ies) to payment currency(ies) to be determined by the Company from time to time. The fluctuation in exchange rates may have impact on the amount of payments including but not limited to premium payments and benefit payments. By choosing the plans denominated in currencies other than local currency, you are subject to exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values and the subsequent premium payments (if any) may be higher than your initial premium payment as a result of the exchange rate fluctuations. 請注意如繳付保費的貨幣不是保單貨幣，該保費可能會受本公司不時釐定的保單貨幣對繳付保費貨幣的匯率而改變。同樣，如任何款項的貨幣不是以保單貨幣支付，該款項將會受本公司不時釐定當時保單貨幣對支付貨幣的匯率而改變。匯率之波動會對款項構成影響，包括但不限於繳付保費及利益支付款項。選擇非本地貨幣結算的保單，您須承受匯率風險。匯率會不時波動，您可能因匯率之波動而損失部分的利益價值及繳交往後保費(如有)可能會比繳交首次保費金額為高。</li> <li>To comply with the Foreign Account Tax Compliance Act (FATCA) regulations issued by the United States Department of the Treasury and Internal Revenue Service (IRS), we are required to establish the status of policyholder and connected person (including entities/companies) that is entitled to access the contract's value or change a beneficiary under the contract. If there is any update in information concerning these parties, you are required to provide the supporting documents. 為符合由美國財政部和國稅局(IRS)發出的海外賬戶稅務合規法案(FATCA)的規定，我們需要向保單持有人及關連人士(包括機構或公司)在保單上有權獲得保險合約的現金價值或更改受益人以作識別及分類。若該等人士有任何資料更新，閣下需按要提供相關核實證明。</li> <li>All medical exam fees will be borne by the applicant 所有驗身及醫生報告費用由申請人支付。</li> </ol>	

Has/Have the health condition(s), occupation(s), country/region of residence, leisure(s) or sporting activities of the Life Insured and/or the Policyholder and/or the Payor/the Joint Life Insured been changed since the policy was issued? If 'yes', please complete Part I and Part II. 自保單簽發日後起計，受保人/保單持有人/付款人/聯名受保人之健康狀況、職業、居住國家/地區、消閑或康體活動曾否改變？如「有」，請填妥第一及第二部分。

Life Insured 受保人	Yes 有 <input type="checkbox"/>	No 否 <input type="checkbox"/>
Policyholder 保單持有人	Yes 有 <input type="checkbox"/>	No 否 <input type="checkbox"/>
Payor/Joint Life Insured 付款人/聯名受保人	Yes 有 <input type="checkbox"/>	No 否 <input type="checkbox"/>

For other policies, if the answer to any of the above is "Yes", please complete Part I and Part II. 如為其他保單且以上任何問題的答案為「有」，請填妥第一及第二部分。

<b>Part I 第一部分</b>			
<b>A. Occupational Details 職業資料</b>			
<b>Life Insured 受保人</b>			
1. Employer's Name & Address 僱主名稱及地址			
2. Occupation 職業		3. Industry 行業	4. Job Activities 職責範圍
5. Work Environment 工作環境 <input type="checkbox"/> Indoor work 戶內工作 <input type="checkbox"/> Outdoor work 戶外工作 <input type="checkbox"/> Indoor & Outdoor work 戶內及戶外工作		6. Does your work involve working at height? 有否參予高空工作? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 max. height 最高達 _____ <input type="checkbox"/> ft 呎 / <input type="checkbox"/> m 米	
7. Place of work 工作地區 <input type="checkbox"/> In Macau SAR 澳門特別行政區境內 <input type="checkbox"/> Outside Macau SAR (Please specify country/region, duration and frequency) 澳門特別行政區境外(請註明國家/地區·逗留時間及頻密程度) _____		8. Date of Employment 入職日期 _____ Year 年 _____ Month 月	
<b>Policyholder/Payor/Joint Life Insured 保單持有人/付款人/聯名受保人</b>			
9. Employment Status* 職業狀況* <input type="checkbox"/> Self-Employed 自僱 <input type="checkbox"/> Full-time Employed 全職 <input type="checkbox"/> Part-time Employed 兼職 <input type="checkbox"/> Not Currently Employed 非在職 <input type="checkbox"/> Student 學生 <input type="checkbox"/> Housewife 主婦 <input type="checkbox"/> Retired 退休			
10. Industry (where applicable)* 行業(如適用)*		11. Occupation (where applicable)* 職業(如適用)*	
12. Job Title (where applicable)* 職位(如適用)*			
13. Name of Employer / Business & Address (where applicable)* 僱主/公司名稱及地址(如適用)*			
14. Monthly Salary (MOP) (where applicable)* 月薪(澳門幣)(如適用)* <input type="checkbox"/> below 5,000 以下 (0) <input type="checkbox"/> 5,000 – 9,999 (1) <input type="checkbox"/> 10,000 – 14,999 (2) <input type="checkbox"/> 15,000 – 19,999 (3) <input type="checkbox"/> 20,000 – 29,999 (4) <input type="checkbox"/> 30,000 – 49,999 (5) <input type="checkbox"/> 50,000 – 69,999 (6) <input type="checkbox"/> 70,000 – 99,999 (7) <input type="checkbox"/> 100,000 – 199,999 (8) <input type="checkbox"/> 200,000 or above 或以上 (9)			
15. Main source of income 主要收入來源 <input type="checkbox"/> Salary 薪金 <input type="checkbox"/> Saving 儲蓄 <input type="checkbox"/> Donation 捐獻 <input type="checkbox"/> Inheritance 遺產 <input type="checkbox"/> Business Income 生意收入 <input type="checkbox"/> From Business Owner 由生意持有人提供 <input type="checkbox"/> Return on Investment 投資回報 <input type="checkbox"/> Sales Proceed 銷售收入 <input type="checkbox"/> Fee and Commission Income 酬金及佣金收入 <input type="checkbox"/> Others, please state 其他·請註明: _____			
16. Work Environment 工作環境 <input type="checkbox"/> Indoor work 戶內工作 <input type="checkbox"/> Outdoor work 戶外工作 <input type="checkbox"/> Indoor & Outdoor work 戶內及戶外工作		17. Does your work involve working at height? 有否參予高空工作? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 max. height 最高達 _____ <input type="checkbox"/> ft 呎 / <input type="checkbox"/> m 米	
18. Place of work 工作地區 <input type="checkbox"/> In Macau SAR 澳門特別行政區境內 <input type="checkbox"/> Outside Macau SAR (Please specify country/region, duration and frequency) 澳門特別行政區境外(請註明國家/地區·逗留時間及頻密程度) _____		19. Date of Employment 入職日期 _____ Year 年 _____ Month 月	
* Applicable when Policyholder is an Individual 適用於保單持有人為個人			

Part I (cont'd) 第一部分(續)					
B. Personal Details 個人資料					
20. Please provide current country/region of residence. 請說明現時居住國家/地區。 (a) Life Insured 受保人 _____ (b) Policyholder/Payor/Joint Life Insured 保單持有人/付款人/聯名受保人 _____					
21. Are you now covered by any hospital cash or life insurance policy (excluding group life insurance)? If the answer is "Yes", please give information below. 現時閣下是否受保於任何住院現金或人壽保險單(團體保險除外)? 若答「是」, 請提供以下資料。 Name of Insurance Company                      Year Issued                      Amount of Life Insurance (MOP)                      Amount of Hospital Cash Benefit (MOP per day) 投保公司名稱    簽發年份    人壽保險金額(澳門幣)    住院現金保障金額(每日以澳門幣計算) _____ _____ _____	(a) Life Insured 受保人		(b) Policyholder/Payor/Joint Life Insured 保單持有人/付款人/聯名受保人		
	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	
22. Is there any other application for insurance on your life now pending? If the answer is "Yes", please give details. 閣下有否申請其他人壽保險而仍在審核中? 若答「是」, 請述詳情。 _____					
23. Has any proposal or application for life or accident or health insurance on you or reinstatement of such insurance ever been declined/postponed/accepted at other than normal terms? If the answer is "Yes", please give the reason and the name of the company. 閣下在過去投保壽險、意外保險、醫療保險或要求恢復此類保險效力時, 曾否被拒/延遲受保/更改受保條款? 若答「是」, 請說明原因及公司名稱。 _____					
24. Do you engage or expect to engage in any hazardous activities, such as automobile or motorcycle racing, skin or scuba diving, sky diving, professional sports or flying other than as a fare-paying passenger? If the answer is "Yes", please state activity and frequency below: 閣下曾否或計劃參與任何危險活動, 例如賽車、潛水、跳傘、職業性體育運動或從事飛行活動(以乘客身份購票者除外)? 若答「是」, 請在下面詳細列明活動種類及活動頻率: _____					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part I (cont'd) 第一部分(續)							
C. Health Declaration 健康狀況聲明書							
		Height (ft/cm) 體高(英尺/厘米)		Weight (lb/kg) 體重(磅/公斤)			
25. (a) Life Insured 受保人							
(b) Policyholder/Payor/Joint Life Insured 保單持有人/付款人/聯名受保人							
				(a) Life Insured 受保人	(b) Policyholder/ Payor/Joint Life Insured 保單持有人 /付款人/ 聯名受保人		
26. Are you a Smoker (excluding cigar users)? 閣下是否吸煙者(不包括吸食雪茄者)?				Yes 是	No 否		
27. Have you ever taken or used any addictive drugs? And, have you, in the past 12 months, smoked cigarettes or frequently taken alcoholic drink(s)? If the answer is "Yes", please state average consumption (such as quantity per day or week) and type. 閣下曾否服用或使用任何成癮藥物? 此外, 在過去12個月內曾否吸煙或經常性地飲酒? 若答「是」, 請說明平均數量(如每日或每星期的份量)及種類。				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Have any of your parents, brothers or sisters whether dead or living EVER SUFFERED from (a) heart disease, (b) stroke, (c) cancer, (d) kidney disease, (e) diabetes, (f) high blood pressure, (g) mental disorder, (h) coronary artery disease, (i) epilepsy, (j) tuberculosis, (k) any hereditary disease or (l) liver disease? If the answer is "Yes", please state details of which relative(s), the diagnosis, the onset age and current health condition. 閣下的父母、兄弟或姊妹無論在生或已死亡曾否患有(a)心臟病、(b)中風、(c)癌症、(d)腎病、(e)糖尿病、(f)血壓高、(g)精神病、(h)冠狀動脈疾病、(i)癲癇症、(j)結核病、(k)任何遺傳病或(l)肝病? 若答「是」, 請詳述那位親人、病症、發病年齡及現時健康情況。				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Have you ever had or been told that you had or been treated for cancer, tumour, diabetes, asthma, stroke, heart trouble (including murmur), high blood pressure, rheumatic fever, systemic lupus erythematosus, lung disease, liver disease, hepatitis B/C carrier, kidney disease, mental disorder, blood disease, blood spitting, passing blood per rectum, epilepsy, or any disease, abnormality or discomfort of the brain, eyes, ears (including hearing impairment), genito-urinary system, musculo-skeletal system, digestive system, respiratory system or nervous system? 閣下曾否患有或被告知患有或被治療癌症、腫瘤、糖尿病、哮喘、中風、心臟毛病(包括心臟雜音)、血壓高、風濕熱、紅斑狼瘡、肺病、肝病、乙/丙型肝炎帶菌者、腎病、精神病、血科疾病、咳血、便血、癲癇或任何腦部、眼部、耳部(包括聽覺受損)、生殖泌尿系統、肌肉骨骼系統、消化系統、呼吸系統或神經系統的疾病、不正常或不適?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Have you ever consulted any medical adviser about, or been tested for (including self-initiated oral fluid test), or been recommended to undergo a test for Human Immunodeficiency Virus, AIDS-related Complex or AIDS or is there anything about your life-style which could expose you to the risk of AIDS? 閣下曾否接受過與後天失去免疫能力病症、愛滋病有關病症或愛滋病諮詢醫療顧問、接受測試(包括自發性的口液檢驗)或被推薦接受測試、或有任何生活方式可能導致愛滋病?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Have you, in the past five years, (a) consulted your physician or medical adviser, or (b) had any operations, hospital care, medical tests (including mammogram, pap smear, ultrasound or biopsies), X-ray, medical treatment or any other treatment or examination not mentioned above (excluding consultations for minor complaints, such as flu, cold, as well as pre-employment medical examination which did not lead to any further investigation or treatment)? 在過去五年, 閣下曾否(a)就診或(b)接受手術、入院療養、X光檢驗、內科治療、體格檢驗(包括乳房X光、子宮頸細胞塗片檢驗、超聲波或活體檢視)或以上未提及的治療(普通病症如傷風、感冒及受聘前的健康檢查而不需要額外檢驗和治療者除外)?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Do you have any other acquired or congenital deformity, bodily injury or disorder not mentioned above? 閣下有否其他上述未有提及的先天或後天缺陷、身體損傷或不適?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. For females only 只適用於女性							
a. Are you now pregnant? If the answer is "Yes", please state for how many months. 閣下現在是否懷孕? 若答「是」, 請述已懷孕月數。				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Have you ever had complications of pregnancy during gestation in the past 10 years including current pregnancy, if applicable (eg. ectopic pregnancy, abortion, disseminated intravascular coagulation, gestational diabetes, hypertension, protein in urine etc.)? 在過去十年包括此次懷孕(如適用), 閣下曾否在妊娠期間患有併發症(例如: 宮外孕、流產、瀰漫性血管內凝血、妊娠糖尿病、血壓高或蛋白尿等)?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. If the answer to questions 28 - 33 is "Yes", please complete the following: 若問題28至33答案為「是」, 請填寫下列有關資料:							
Question No. 題號	Diagnosis 診斷結果	Duration of illness or injury 疾病或受傷的持續時間	Type of Treatment received 曾接受之治療	Physician and Hospital 主診醫生及醫護機構		Last Follow Up Date 最後診治日期	Results 結果
	Date 日期			Name 姓名	Address 地址		
Any Additional Information 其他附加資料							

<b>Part II Personal and Occupational Details and Health Declaration (for simplified underwriting policies only)</b> 第二部分個人／職業資料及健康狀況聲明書 (僅適用於簡易核保單)		
This part only applies to the request of Reinstatement of basic plan policies that were issued from simplified underwriting. 此部分僅適用於保單發出時為簡易核保之基本計劃復保申請。		
35. <input type="checkbox"/> Life Insured 受保人		
36. Current country/region of residence 現時居住國家／地區		
37. Employer's Name & Address 僱主名稱及地址		
38. Occupation 職業	39. Industry 行業	40. Job Activities 職責範圍
41. Country/Region of work 工作國家／地區 <input type="checkbox"/> In Macau SAR 澳門特別行政區境內 <input type="checkbox"/> Outside Macau SAR (Please specify country/region, duration and frequency) 澳門特別行政區境外 (請註明國家／地區，逗留時間及頻密程度)		
42. <input type="checkbox"/> Policyholder/Payor/Joint Life Insured 保單持有人／付款人／聯名受保人		
43. Current country/region of residence 現時居住國家／地區		
44. Employment Status* 職業狀況* <input type="checkbox"/> Self-Employed 自僱 <input type="checkbox"/> Full-time Employed 全職 <input type="checkbox"/> Part-time Employed 兼職 <input type="checkbox"/> Not Currently Employed 非在職 <input type="checkbox"/> Student 學生 <input type="checkbox"/> Housewife 主婦 <input type="checkbox"/> Retired 退休		
45. Industry (where applicable)* 行業 (如適用)*	46. Occupation (where applicable)* 職業 (如適用)*	47. Job Title (where applicable)* 職位 (如適用)*
48. Name of Employer/Business & Address (where applicable)* 僱主／公司名稱及地址 (如適用)*		
49. Country/Region of work 工作國家／地區 <input type="checkbox"/> In Macau SAR 澳門特別行政區境內 <input type="checkbox"/> Outside Macau SAR (Please specify country/region, duration and frequency) 澳門特別行政區境外 (請註明國家／地區，逗留時間及頻密程度)		

\* Applicable when Policyholder is an Individual 適用於保單持有人為個人

#### Health Declaration 健康狀況聲明書

Declarations 50 to 55 第50至55項聲明：Applicable to REPP/RIAP/EIAP basic coverage 適用於「聚全保／退休收入年金計劃／盈達年金計劃」基本保障

Declarations 50 to 51 and 56 第50至51和56項聲明：Applicable to FGIP basic coverage 適用於「滙盛人生保險計劃」基本保障

Declarations 50 to 59 第50至59項聲明：Applicable to HGIP basic coverage 適用於「滙康保險計劃」基本保障

Declaration 60 第60項聲明：Applicable to MPP basic coverage 適用於「樂安居供樓保障計劃」基本保障

Declarations 61 to 62 第61至62項聲明：Applicable to HGIP basic coverage (Proposed Insured aged 56 to 65 only) 只適用於「滙康保險計劃」基本保障 (受保人年齡介乎56至65歲)

	(a) Life Insured 受保人		(b) Policyholder/Payor/Joint Life Insured 保單持有人／付款人／聯名受保人	
	Yes 是	No 否	Yes 是	No 否
50. Have you ever had or been told you had or been treated for any congenital conditions, mental/nervous illnesses, epilepsy, chest pain, stroke, eye disorders (exclude recovered conjunctivitis and chalazion), heart diseases, circulatory system diseases, digestive system diseases, liver diseases (include hepatitis B/C carrier), hypertension, respiratory system diseases (exclude allergic rhinitis), reproductive system diseases, urinary system diseases, musculoskeletal system diseases, HIV infection, sexually transmitted diseases, any tumor/abnormal tissue growth/cancer, diabetes, endocrine diseases? 閣下曾否患有或被告知患有或須治療任何先天缺陷、精神／神經疾病、癲癇、中風、眼疾 (已痊癒之紅眼症及眼瘡除外)、胸口疼痛、心臟病、循環系統疾病、消化系統疾病、肝病 (包括乙／丙型肝炎帶菌者)、高血壓、呼吸系統疾病 (鼻敏感除外)、生殖系統疾病、泌尿系統疾病、肌肉骨骼系統疾病、愛滋病毒病感染、經性接觸傳染之疾病、任何腫瘤／組織異常增生／癌症、糖尿病、內分泌疾病？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. During the past 5 years, have you had surgical operation in a hospital or continuously received medication or treatment for a period of 14 days or more, or been absent from work or taken leave on health grounds for more than 7 consecutive days, or been advised by a registered physician to undergo any tests or investigation (other than an investigation carried out for employment or immigration purposes)? 閣下在過去5年內曾否在醫院內接受手術或連續14天或以上接受藥物或治療，或以健康理由缺席工作或請假連續7天以上，或被醫生提議接受任何身體測試或檢查 (受聘前或申請移民前的檢查除外)？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Have you ever been continuously hospitalized for 30 days or more? 閣下曾否需要連續住院30天或以上？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. a) Are you engaged in a part-time job, retired or unemployed? (If you are a full-time student or housewife, please answer "NO") 閣下現時是否從事兼職工作、已退休或待業？(若閣下是全職學生或家庭主婦，請答「否」)。 b) Does your job nature involve working at heights (over 25 feet), working underground, handling explosives, scuba diving, armed with weapons (exclude Hong Kong or Macau Police), working with or maintaining high voltage power lines and cables? 閣下現時從事之工作是否涉及高空作業 (超過25英尺)、地下作業、處理爆炸物、潛水、攜帶武器 (香港或澳門警察除外)、處理或維修高壓電線及電纜？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. In the past 5 years, have you ever made an application, renewal or reinstatement for life, accident, health or critical illness insurance where the application was declined, postponed, modified or offered only on special rates or terms? 閣下在過去5年內曾否於投保或續保或復保人壽、意外、醫療或危疾保險時，被拒、延遲受保、修改或被要求特定的保費率或條款？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part II Personal and Occupational Details and Health Declaration (for simplified underwriting policies only) (cont'd)**  
**第二部分個人/職業資料及健康狀況聲明書(僅適用於簡易核保單)(續)**

55. Are you engaged or intending to engage in any hazardous sports or activities (e.g. motor sports, mountaineering, scuba diving) or any form of aviation other than as a fare paying passenger on a licensed air service within recognised scheduled routes? 閣下是否打算或計劃參與任何危險體育運動或活動(如賽車、爬山、潛水等),或從事任何形式的飛行活動(以乘客身份購票乘持牌航空公司的飛機按認可航線飛行者除外)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Are you either waiting for any form of medical treatment, consultations or investigations or the results from a test or investigation, or are you having any ongoing treatment? 閣下是否正等候任何形式的醫療治理、諮詢或檢查、測試或檢查的結果、或正接受任何持續式治療?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. In the last year, have you had or do you have any symptoms such as unexplained bleeding, weight loss, lump or growth for which you are still under investigation or have not yet sought medical advice? 在過去一年內,閣下曾否或目前正在罹患任何症狀,如不明原因的出血、體重減輕、腫塊或腫大,無論是否正在進行檢查或還未諮詢醫療建議?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Have you or any of your immediate family members (parents or siblings) whether living or dead ever suffered from diabetes mellitus, cancer, heart condition (include murmurs), stroke, mental illness, high blood pressure, renal failure or any other hereditary disease at or before the age of 60? 閣下或閣下的直系親屬(父母或兄弟姊妹)無論在生或已死亡有否曾經於60歲或之前患有糖尿病、癌症、心臟疾病(包括心臟雜音)、中風、精神病、血壓高、腎衰竭或任何其他遺傳性疾病?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. a) Is it correct that you are NOT holding a Hong Kong/Macau Identity Card? 閣下是否非香港/澳門身份證持有人? b) If you are holding a Hong Kong/Macau Identity Card, do you intend to stay outside Hong Kong SAR/Macau SAR for more than 6 months consecutively in the next 12 months? 閣下持有香港/澳門身份證,閣下是否打算於未來12個月內在香特別行政區/澳門特別行政區境外連續逗留超過6個月?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. I have never had and have never been treated for heart disease, chest pain, stroke (including Transient Ischaemic Attack), hypertension, cancer or abnormal tissue growth, diabetes or Hepatitis B/C and during the past 10 years I have never had any medical condition for which medical treatment was required for a continuous period of 4 weeks or more. 本人從未曾患有下列各種疾病或因下列各種疾病而接受治療,其中包括心臟病、胸口疼痛、中風(包括短暫性腦缺血發作)、高血壓、癌症或組織異常增生、糖尿病,或乙/丙型肝炎,並在過去十年未曾因任何疾病而接受連續4個星期或以上的治療。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Height 身高: _____ cm 厘米 Weight 體重: _____ kg 公斤 I confirm that my weight have not changed for more than 5kg unexpectedly in the past 12 months. 我確認我的體重在過去十二個月內沒有意外地增減多於5公斤的變化。	<input type="checkbox"/>	<input type="checkbox"/>		
62. I confirm I have never been treated or counselled for alcohol problem and never consume more than 10 units* of standard drinks in a week. 我確認我從未接受過酒精問題的治療或諮詢,並且每星期的飲酒量不多於10杯*標準份量酒。 * Remark: 1 unit of drink is equivalent of either 10 grams of alcohol, which is similar to 30ml shot of spirits, or 100ml glass of red wine or 330ml bottle of mid strength beer. 備註:一杯標準份量酒是任何相當於含有10克酒精的飲料,相當於30毫升烈酒,100毫升紅酒或330毫升中強度啤酒。	<input type="checkbox"/>	<input type="checkbox"/>		

**Part III 第三部分 Financial and Business Information 財政及業務資料 (For Corporate Customer only)**

**1. Financial Information (past 3 years) 財政狀況(過去三年)**

	20_ /20_ _	20_ /20_ _	20_ /20_ _
Turnover (MOP) 營業額(澳門幣)			
Gross Profit (MOP) 盈利(澳門幣)			
Net Profit (MOP) 純利(澳門幣)			
Tangible Net Worth (Total Assets minus Total Liabilities) (MOP) 有形資產淨值(總資產減總負債)(澳門幣)			

**2. Business Key Person Information 業務要員資料**

Name of Key Person 要員名稱	Why vital? Is he/she a major shareholder of the Company? If yes, how many % of shares does he/she hold currently? 為何他們會被視作要員?他/她是否為公司的主要股東?如是,他/她持有多少百分比的股份?	Annual remuneration package 整體年度酬金	Keyman's service years with the Company & service years in the industry 要員的在職年期及要員在行業內的年資	If keyman is lost, financial impact on business income in next 12 month? 隨著要員去世,貴公司的業務收入在未來12個月內會因而下降多少?	What is the justification of the proposed sum assured for an insurance? 建議投保額應如何計算?
1)					
2)					
3)					

**Part III 第三部分 Financial and Business Information (cont'd) 財政及業務資料(續)****3. Business Loan Information 業務貸款資料**

Total Loan Exposure (Including application in process)  
總貸款資料(包括正在申請中)

Total Limit 貸款可透支額	Total Outstanding Amount 已貸款及已用透支額	Guarantor 擔保人	Is the loan protected with insurance? 有否為該貸款額購買相應保險?
			Fully / Partial / No 全部 / 部分 / 無

**Part IV 第四部分 Declarations and Authorisations 聲明及授權書****I understand that I am advised to 本人明白實行的建議：**

- (i) set aside at least 6 months personal/household expenses as liquid assets for unforeseeable emergency personal or family needs when considering the amount of funds available for achieving my financial goals and consider to diversify my investment and allocate the amount of fund across different products; 當本人考慮投放於理財目標的金額時，應先預留六個月個人/家庭開支金額作流動資產，以應付突如其來的個人或家庭開支，並可考慮分散投資，將金額分配於不同產品上；
- (ii) if I am aged 65 or above, invest into lower risk products with capital protection and less into products where the capital is at risk, maintain a higher proportion of assets in deposit based accounts, and reserve more personal/household expenses as liquid assets for unforeseeable emergency personal or family needs; 如本人是 65 歲或以上，應投資於風險較低的保本產品，減少投資於本金有風險的產品，將資產的較多部分存放在存款戶口，及預留更多個人/家庭開支金額作流動資產，以應付突如其來的個人或家庭開支；
- (iii) Seek independent professional tax advice whenever necessary, including but not limited to any tax implications on: (a) the value of my estate, and (b) any other tax issues. e.g. those related to non-Macau citizen; 如在必要時諮詢專業的稅務意見，包括但不限於：(a) 遺產價值，及 (b) 其他稅務問題，例如：非澳門公民身份；
- (iv) if I have or anticipate changes in circumstances impacting time horizon, invest less, invest into lower risk products with capital protection, maintain an accessible source of funds, and maintain a higher proportion of assets in deposit based accounts; 如本人的情況有變化或預計有變化而影響本人的投資年期，應減少投資，投資於風險較低的保本產品，維持充足的可動用的資金，及將資產的較多部分存放在存款戶口；
- (v) if I have limited means or no regular source of income, invest less and maintain a higher proportion of assets in deposit based accounts; 如本人資產有限或沒有固定收入來源，應減少投資，將資產的較多部分存放在存款戶口；
- (vi) if I have recently received unexpected windfall, deposit the money into a flexible savings account whilst I decide on what I want to achieve, and seek advice from trusted family, friends and professionals prior to committing to longer term products and services. 如本人最近收到意外之財，應在決定怎樣利用該筆款項前將款項存入靈活的儲蓄戶口，在投資於較長年期的產品前向信任的家人、朋友或專業人士諮詢。

I understand and agree that the request for Reinstatement, Change or Addition which requires evidence of insurability shall consist of Parts I, II, III (where applicable) and shall not take effect unless all of the following conditions are met: (1) any required payment in respect of the application is paid in full; (2) the application is approved by HSBC Life (International) Limited in its absolute discretion during the lifetime and continued insurability of the Life Insured(s); (3) in respect of any reinstatement or increase in insurance which takes effect pursuant to this request, the terms and conditions of the Policy which have the headings "Incontestability" and "Suicide" shall apply as if the date of issue of the Policy and the Policy Effective Date were the effective date of such reinstatement or increase; (4) acceptance of the request for change shall be confirmed by the company in writing or endorsement on the photo copy of this change request. 本人明白及同意需提交可保健康證明之復保、更改或增加保障申請，需要填寫第一、二、三部分(如適用)，並必須符合下列條款，否則該申請不能生效：(1) 申請之應繳費用必須收妥。(2) 申請必須在受保人在生及健康時核准。(3) 此復保或增加保障之申請經公司核准後，保單內「不得異議」及「自殺」條款的保單發出日及保單生效日將以此申請書批准日起計算。(4) 公司將以書面或批單形式通知此申請被接納。

I hereby declare that all answers to the questions are, to be best of my knowledge and belief, complete and true, whether written by own hand or not, and I agree that they are, with the following agreements, to be considered as the basis of the proposed Reinstatement, Change or Addition, and such Reinstatement, Change or Addition shall not take effect until this application has been duly approved by the Company during the lifetime and continued insurability of the person insured by the said policy, and any required premium has been paid. 本人聲明，以上提供之資料(不論是否親筆填寫)皆完全屬實及正確無訛，並清楚明白這些答案將成為此申請恢復保單效力、更改/增加保障之依據。此恢復保單效力、更改/增加保障之申請必須經公司核准及在受保人在生及健康時收妥所需保費始能生效。

I further authorise any physician, hospital, clinic, insurance company or other organisation or person that has any records or knowledge of me or my health to disclose to HSBC Life (International) Limited or its representative. A photo copy of this authorisation shall be as valid as the original. 本人授權任何知道本人健康情況及據所知任何紀錄之醫生、醫院、診所、保險公司或其他機構或人士向滙豐人壽保險(國際)有限公司或其代表提供本人之有關資料。本授權書的影印本與正本具有同等效力。

By signing below, I/we agree that HSBC may use and disclose all personal data about me/us that HSBC currently or subsequently hold for the purposes as set out in the Notice relating to Personal Data (Privacy) which accompanies this form. 本人(等)在下方簽署即同意滙豐可按本表格隨附的關於個人資料(私隱)的通知內列出的用途使用及披露滙豐現時或其後持有有關本人(等)的全部個人資料。

**Part IV 第四部分 Declarations and Authorisations (cont'd) 聲明及授權書(續)**

I/We agree that you may collect, use, store and disclose all personal data about me/us that you currently or subsequently hold for the purposes as set out in the Personal Information Collection Statement included in my insurance policy application form or else I can request a copy at my local HSBC Branch. 本人(等)同意貴公司可以根據本人保單申請表內列載的收集個人資料聲明之用途，允許貴公司收集、使用、儲存、披露本人(等)目前或隨後持有的所有個人資料。本人可蒞臨滙豐各分行索取相關之副本。

By signing below, I/we acknowledge and expressly agree that HSBC may collect, process, use, disclose and transfer any personal data (including any sensitive data) about me/us that HSBC currently or subsequently hold for the purposes as set out in this form, all better referred in the Personal Information Collection Statement inserted on my/our policy. I/we also acknowledge and expressly agree that the personal data (including any sensitive data) about me/us may be transferred to place outside Macau. 本人(等)在下方簽署即知悉及明確同意滙豐可按本表格內列出的用途收集、處理、使用、披露及轉移滙豐現時或其後持有本人(等)的全部個人資料(包括敏感資料)，詳情以於本人(等)保單內列載的《收集個人資料聲明》為準。本人(等)亦知悉及明確同意本人(等)的個人資料(包括敏感資料)可能被轉移到澳門以外的地區。

Signature of Life Insured 受保人簽署	Signature of Policyholder (if other than Insured) 保單持有人簽署(若非受保人)
_____	_____
Name 姓名 :	Name 姓名 :
Date 日期 :	Date 日期 :

Signature of Payor/Joint Life Insured 付款人簽署/聯名受保人	
_____	
Name 姓名 :	Date 日期 :

Signature of Irrevocable Beneficiary (if any) 不可撤換受益人簽署(如適用)	
_____	
Name 姓名 :	Date 日期 :

Signature of Assignee (with company chop, if any) 承讓人簽署(附上公司蓋章，如適用)	
_____	
Name 姓名 :	Date 日期 :

Important Note: Please return the original of this form, duly completed and signed, to HSBC Life (International) Limited of 1/F Edf. Comercial Si Toi, 619 Avenida da Praia Grande, Macau. Please note that we will only process your request upon actual receipt of this "original form".  
重要事項：請填妥及簽署此申請表(表格)「正本」後寄回滙豐人壽保險(國際)有限公司，地址：澳門南灣大馬路619號時代商業中心1字樓，當收到此申請表(表格)「正本」後，我們方會辦理閣下之申請。

<b>For HSBC Use</b>			
<input type="checkbox"/> Client's ID copy attached	Staff Name and ID:	Servicing Staff AMCM No.	Branch Code and Chop
<input type="checkbox"/> Client's original ID sighted	Contact No.:	Servicing Staff RI No.	