

# Change of Payment Mode and Direct Debit Authorization Form - Bank Account 更改繳費方式及直接付款授權書 - 銀行戶口



Please darken the appropriate circle. 請塗黑適當的選項。 Correct form 正確方式為：●

<b>Policy Number 保單號碼</b> * Please complete the boxes and darken the appropriate numbered circles to indicate the policy number. 請填寫方格和塗黑適當號碼格，以註明保單號碼。												<b>Name of Policyowner 保單持有人姓名</b>											
												<b>Name of Life Assured 受保人姓名</b>											
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												<b>Consultant Code 顧問編號</b>											
												<b>Division Code &amp; Branch Office 分區編號及分行地點</b>											
												<b>Consultant Contact No. 顧問聯絡電話號碼</b>											

## Important Note 重要提示

- Please complete in BLOCK LETTERS. 請以正楷填寫。
- Please return to Prudential Hong Kong Limited ("Prudential") within 30 days after signing this form. 請於簽署此表格後30天內交回保誠保險有限公司（「保誠」）處理。
- Please do not sign on blank or incomplete form. 請勿在空白表格或尚未填妥的表格上簽署。
- Any changes or amendments in this form must be countersigned by the Policyowner in full signature. 保單持有人必須在此表格內任何更改或修改的地方簽署作實。
- Policyowner MUST sign and date in Part 4 of this form. 保單持有人必須在此表格第四部分簽署及填寫簽署日期。
- With effect from 1 January 2018, levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. For further information, please visit [www.prudential.com.hk/levy](http://www.prudential.com.hk/levy) or contact: (852) 2281 1333. 由2018年1月1日起，保險業監管局已按適當的比率於相關保單徵收徵費。如需更多資訊，請瀏覽[www.prudential.com.hk/levy](http://www.prudential.com.hk/levy) 或聯絡: (852)2281 1333。
- Please pay 1 premium and levy installment (for policy with non-monthly payment mode) or 2 premium and levy installments (for policy with monthly payment mode) in advance as it takes 30-45 days for the Direct Debit Authorization to set up. 設立直接付款授權需時30-45天，請預付1期保費及徵費（適用於非月繳保單）或2期保費及徵費（適用於月繳保單）。
- Upon completion of this Direct Debit Authorization set up request, the payment method will be defaulted to autopay via bank account, and the existing autopay arrangement, if any, will be stopped immediately. 完成設立直接付款授權申請後，保單之繳費方法將自動設定為銀行戶口自動轉賬，而原有的自動轉賬設定（如有）會即時終止。
- Please complete the form in appropriate position as instructed, any information written in non-designated blank spaces will not be processed. 請根據此表格之指示於適當的位置填寫資料，於其他非指定空白位置填寫的資料恕不受理。
- Prudential shall have the right to reject this form if you fail to fulfill Prudential's requirements. 若閣下未能符合保誠的有關規定，保誠有權拒絕此表格。
- All outstanding levy must be settled before the request can be completed. 閣下必須繳清所有徵費欠款方能完成此申請。
- Receipt of this form by Financial Consultants or your Broker does not constitute receipt by Prudential. 理財顧問或閣下的經紀收到此表格並不代表保誠亦已收到。
- In any circumstances, a person who is not a party to the above policy (including but not limited to the Life Assured or the Beneficiary) has no right to enforce any of the terms of the above policy. 任何不是上述保單某一方的人士或實體（包括但不限於受保人或受益人），在任何情況下均不能強制執行上述保單的任何條款。

## Part 1a 第一部分 甲部 Direct Debit Authorization and Declaration 直接付款授權和聲明

- I / We hereby authorize my/our below-named Bank to effect transfer from my / our account to that of Prudential Hong Kong Limited ("Prudential") in accordance with such instructions as my / our Bank may receive from the Beneficiary from time to time. 本人 / 吾等現授權本人 / 吾等之下述銀行，根據受益人不時給予本人 / 吾等銀行之指示，自本人 / 吾等之賬戶內轉賬予保誠保險有限公司（「保誠」）之賬戶。
- 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). 本人 / 吾等同意本人 / 吾等之銀行毋須證實該等轉賬通知是否已交予本人 / 吾等。如因該等轉賬而令本人 / 吾等之賬戶出現透支（或令現時之透支增加），本人 / 吾等共同及各別承擔全部責任。
- I / We confirm that my / our signature(s) on Part 1 of this application form is / are the same as that / those for the operation of my / our Savings / Current Account to be debited for the transfer. 本人 / 吾等確認本人 / 吾等在此表格上第一部分之簽署式樣與本人 / 吾等用作付款轉賬之儲蓄 / 往來賬戶的簽署一致。
- I / We agree to notify Prudential of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my / our Bank account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me / us. 本人 / 吾等同意如更改銀行賬戶或取消此付款方式時，將通知保誠，本人 / 吾等並同意如本人 / 吾等之賬戶並無足夠款項支付該等已授權轉賬時，本人 / 吾等之銀行根據其酌情權有權不予轉賬，且銀行可向本人 / 吾等收取慣常之服務費用。
- This authorization shall have effect until further notice is received by Prudential. 本授權書將繼續生效直至保誠收到另行通知為止。

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Prudential Hong Kong Limited 保誠保險有限公司  
A member of Prudential plc group 英國保誠集團成員



**Part 1a 第一部分 甲部 Direct Debit Authorization and Declaration (Continued) 直接付款授權和聲明 (續)**

6. I / We agree that any notice of cancellation or variation of this authorization which I / we may give to my / our bank and Prudential shall be given at least fourteen working days prior to the date on which such cancellation / variation is to take effect. 本人 / 吾等同意，本人 / 吾等如取消或更改本授權書之任何通知，必須於取消或更改之生效日期最少十四個工作天之前交予本人 / 吾等之銀行及保誠。
7. I / We understand that I / we, if not being the Policyowner or the Trustee(s), have no right or title or lien upon the proceeds of the above and the following policy(ies). 本人 / 吾等明白本人 / 吾等如非保單持有人或信託人，對上述及下列保單或在其收益上並無任何權利或權益。
8. In any circumstances, a person who is not a party to the above policy (including but not limited to the Life Assured or the Beneficiary) has no right to enforce any of the terms of the above policy. 任何不是上述保單某一方的人士或實體（包括但不限於受保人或受益人），在任何情況下均不能強制執行上述保單的任何條款。

**Part 1b 第一部分 乙部 Information of Bank Account and Account Holder 銀行賬戶及賬戶持有人資料****(Must be consistent with Bank's record 必須與銀行記錄相符)****\*Please delete as appropriate 請刪去不適用者**

<b>Name of party to be credited (The Beneficiary)</b> 收款之一方 (受益人)		<b>PRUDENTIAL HONG KONG LIMITED</b>	
<b>Bank Name 銀行名稱</b>	<b>Bank No. 銀行編號</b>	<b>Branch No. 分行編號</b>	<b>Bank Account No. 銀行賬戶號碼</b>
<b>Account Currency 賬戶貨幣</b>		<b>HKD 港元</b>	
<b>English Full Name of Account Holder</b> 賬戶持有人之英文全名		<b>English Full Name of Other Account Holders (applicable to Joint Account)</b> 其他賬戶持有人之英文全名 (適用於聯名戶口)	
<b>Identity Document Number and Type used to set up Bank Account of the Account Holder</b> 銀行賬戶持有人設立賬戶時所用之身份證明文件號碼及類別		<b>Identity Document Number and Type used to set up Bank Account of Other Account Holders (applicable to Joint Account)</b> 其他銀行賬戶持有人設立賬戶時所用之身份證明文件號碼及類別 (適用於聯名戶口)	
(Please darken the appropriate box. 請塗黑適當選項。)		(Please darken the appropriate box. 請塗黑適當選項。)	
<input type="radio"/> HKID 香港身份證 <input type="radio"/> Passport 護照 <input type="radio"/> PRC ID Card 中國居民身份證 <input type="radio"/> PRC Travel Permit for HKSAR & MSAR 往來港澳通行證 <input type="radio"/> Business Registration Certificate 商業登記證 <input type="radio"/> Certificate of Incorporation 公司註冊證明書 <input type="radio"/> Others 其他 Please specify 請註明: _____		<input type="radio"/> HKID 香港身份證 <input type="radio"/> Passport 護照 <input type="radio"/> PRC ID Card 中國居民身份證 <input type="radio"/> PRC Travel Permit for HKSAR & MSAR 往來港澳通行證 <input type="radio"/> Business Registration Certificate 商業登記證 <input type="radio"/> Certificate of Incorporation 公司註冊證明書 <input type="radio"/> Others 其他 Please specify 請註明: _____	
<b>Account Holder(s) Signature 銀行賬戶持有人簽署</b> It must be consistent with that in your bank's record; For corporate customer, please also stamp your company chop. 銀行賬戶持有人的簽署必須與銀行記錄上的簽署式樣相同；如屬公司客戶，請同時蓋上公司蓋章。		<b>For Joint Account, please state the mandate option:</b> 若以聯名戶口申請直接付款授權，請註明賬戶授權方式： <input type="radio"/> All Account Holders' signatures are required 必須共同簽署方生效 <input type="radio"/> Either one of the Account Holders' signatures is required 任何一方簽署均生效  (If only one account holder signs on this form, it is assumed that the direct debit of the mentioned bank account can be authorized by either one of the account holders. 如只有其中一位賬戶持有人簽署，我們假設以上銀行賬戶只須其中一位賬戶持有人簽署便可授權直接付款。)	
X		X	

**Part 1c 第一部分 丙部 Declaration of Relationship between the Account Holder and Policyowner or Life Assured  
賬戶持有人與保單持有人或受保人之關係聲明****Prudential shall have the right to reject this form if this part is incomplete. 若閣下未完成此部分，保誠有權拒絕此表格。**

Account holder must be the Policyowner / Life Assured. If the account holder is an immediate family member of the Policyowner or Life Assured (i.e. spouse, parent, children, siblings, or grandparent) or other third parties, the Policyowner MUST complete this part. 賬戶持有人必須為保單持有人或受保人。若賬戶持有人為保單持有人或受保人之直系親屬（即配偶 / 父母 / 子女 / 兄弟姊妹 / 祖父母）或其他第三者，則保單持有人必須填寫此部分。

**Third Party Payment 第三者付款 (Please darken the appropriate box. 請塗黑適當選項。)**

- ☐ Spouse 配偶      ☐ Parent 父母      ☐ Children 子女      ☐ Siblings 兄弟姊妹      ☐ Grandparent 祖父母
- ☐ Legal Guardian 合法監護人 (Please provide supporting document 請提供證明文件)
- ☐ Company 100% owned by the Policyowner or Life Assured 保單持有人或受保人完全擁有之公司  
(Please provide (i) a copy of Business Registration Certificate or Certificate of Incorporation; and (ii) a copy of latest Annual Return)  
(請提供 (i) 商業登記證或公司註冊證明書之副本；及 (ii) 最新的周年申報表之副本)

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**Part 2 第二部分 Change of Payment Mode & Autopay for Other Policies 就其他保單申請更改繳費方式及自動轉賬**

1. The following policies must be owned by the same Policyowner as the policy specified on Page 1. 以下保單必須與載於第1頁之保單為同一持有人所持有。
2. Please fill in the relevant policy number and sign in below table if you request to change the autopay for your other policies according to the specified bank account in Part 1. 如閣下欲以第一部分註明之銀行戶口就閣下的其他保單申請更改自動轉賬，請於下表填寫相關之保單號碼及簽署。
3. Please provide the signature specimen which is consistent with that in our record for each policy. 請就每張保單提供與本公司記錄上一致的簽署式樣。
4. We reserve the right to make the final decision if no effective date is specified, or the date specified is not applicable. 如未填寫保單更改之生效日期，或指定日期並不適用，本公司有權作最後決定。

Policy Number 保單號碼	New Payment Mode 新繳費方式				Effective Date for New Payment Mode 新繳費方式生效日期				Signature of Policyowner 保單持有人簽署 (It must be consistent with that in our record 保單持有人的簽署必須與本公司的記錄相符)
	Yearly 每年	Half-yearly 每半年	Quarterly 每季	Monthly 每月	M 月	M 月	Y 年	Y 年	
The policy number specified on Page 1 載於第1頁之保單號碼	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					Please sign Part 4 請於第四部分簽署
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

**Part 3 第三部分 Personal Information Collection Statement ("PICS") 收集個人資料聲明 (「收集個人資料聲明」)**

Prudential Hong Kong Limited (referred to as "Company", "our", "we", or "us") take the privacy and protection of your personal information seriously. We collect personal information from you that is necessary for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements. We may collect personal information including, but not limited to, full name, address, contact details, contact details history, date of birth, gender, nationality, family members, beneficiaries, identity card copy and details, travel document information, health/medical records, credit information, product history, claims history, financial and medical information ("Personal Information") to provide you with the insurance or financial products or services. We may also collect Personal Information about you from third parties such as other insurance companies, agents, credit reference/reporting agencies, vendors, financial institutions, fraud prevention agencies, government agencies, medical personnel, courts or public record.

**1. Purpose of Collection**

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related products and services; (f) to communicate with you; (g) to comply with any regulatory or other legal requirements or other internal business requirements (whether imposed on us or any third parties in section 2 below); (h) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); (i) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (j) to provide customer services; (k) to perform automated decision-making or profiling; (l) to perform a policy review or needs analysis; (m) to conduct research and statistical analysis (including use of new technologies); and (n) any other purpose directly relating to any of the above purposes. With your consent, we may also use your personal data to send you marketing communications, as described below.

Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also use and share your Personal Information for the purposes described above to improve our products and services. Your Personal Information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary.

**2. Classes of Transferees**

We may disclose your Personal Information to the group of companies including the Company and those of other entities whose ultimate parent company is Prudential plc ("companies within the Prudential Group") and to our financial/health business partners. We may also disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including but without limitation, to the following third parties: (a) insurance agents; (b) insurance brokers; (c) re-insurance companies; (d) claims investigation companies; (e) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph) and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (f) third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees); (g) industry associations and federations; (h) medical bill review companies; (i) your joint policy or investment holder; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions and partnerships; and (n) regulators and government agencies, law enforcement agencies and the courts. We may also disclose your Personal Information in connection with a transaction with another company which affects the control, governance, structure and/or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements. With your consent, we may also disclose your personal data to third parties to allow them to send you marketing communications, as described below.

**3. Consequence of failing to provide Personal Information**

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. If you do not provide such Personal Information, we may not be able to provide you the product or service that you've requested.

**4. Access and Correction Rights**

Under the Personal Data (Privacy) Ordinance (the "Ordinance"), you have the right to request access to and correction of any Personal Information that you provide to us. If you want to exercise your rights, or if you require any other information, you can advise our Data Protection Officer at service@prudential.com.hk or using the details on "Contact Us" section of the Company website or our Privacy Notice.

If you move/moved to a European Union ("EU") jurisdiction, we may be required to provide you with further information, and you may have additional rights, under the EU General Data Protection Regulation. This information and these rights are set out in the Privacy Notice on our Company website.

We update our Privacy Notice from time to time. We encourage you to familiarise yourself with the Privacy Notice on our Company website. By completing and progressing with this form, you confirm that you have read and understood this PICS. The Privacy Notice is available on our Company website at <https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html>.

保誠保險有限公司(簡稱「本公司」或「我們」)認真對待閣下個人資料的私隱及保護。為使我們可以向閣下提供閣下要求的產品或服務，或為遵守法定及合約要求，我們會向閣下收集必要的個人資料。為向閣下提供保險或金融產品或服務，我們可能會向閣下收集個人資料，包括但不限於全名、地址、聯絡資料、過往聯絡資料、出生日期、性別、國籍、家庭成員、受益人、身分證副本及資料、旅遊證件資料、健康/醫療紀錄、信貸資料、過往產品紀錄、過往索償紀錄、財務及醫療資料(「個人資料」)。我們亦可能會從第三方，如其他保險公司、代理、信貸資料服務/報告機構、供應商、金融機構、防欺詐機構、政府機構、醫務人員、法院或公開紀錄，收集關於閣下的個人資料。

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**Part 3 第三部分 Personal Information Collection Statement (“PICS”) (Continued)**  
**收集個人資料聲明 (「收集個人資料聲明」)(續)**

**1. 收集資料之目的**

我們可能會使用閣下的個人資料作下列目的：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的產品和服務；(f) 與閣下進行通訊；(g) 遵守任何監管或其他法律規定或其他內部業務規定（不論是向我們或下述第2部分所列的任何第三方實施）；(h) 就索償進行調查及和解，以及偵查及防止欺詐（不論是否有關就本申請簽發的保單）；(i) 使用代理機構（包括信貸資料服務機構）、追蹤公司或公開可得資料以執行核實；(j) 提供客戶服務；(k) 執行自動決策或資料剖析；(l) 進行保單審查或需求分析；(m) 進行研究和統計分析（包括使用新科技）；及(n) 與上述任何目的直接相關的任何其他目的。經閣下同意，我們亦可能會按照以下說明使用閣下的個人資料以向閣下發出促銷通訊。

為履行對閣下的合約責任及至使我們能夠遵守適用法律及法規，上述部分目的屬必要的。我們亦可能會為上述所列的目的使用及分享閣下的個人資料以改善我們的產品及服務。只要閣下（或閣下的聯名保單持有人）仍為我們的客戶，我們將一直保存閣下的個人資料，或如法律有所規定或因其他原因而為必要，我們則將其保存更長時間。

**2. 被資料轉交者的類別**

我們可能會向該公司集團，包括本公司以及其他母公司為英國保誠集團的實體（「保誠集團內的公司」），及我們的金融/健康業務夥伴，透露閣下的個人資料。為達到上述第一部分所列明之目的，我們亦可能還會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方：(a) 保險代理；(b) 保險經紀；(c) 再保險公司；(d) 索償調查公司；(e) 為保險業整合索償及承保資料的組織、防欺詐組織、其他保險公司（不論直接或透過防欺詐組織或本段指名的其他人士），及保險業用作分析及核實現有資料與及後提供的資料而使用的數據庫或登記冊（及其營運商）；(f) 提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商（包括但不限於保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人）；(g) 行業協會及聯會；(h) 醫療賬單審查公司；(i) 閣下的聯名保單或投資持有人；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構及合作夥伴；及(n) 監管機構及政府機構、執法機構及法院。在有關影響到我們全部或重大部分業務的控制權、治理、結構及/或管理的與另一公司的交易時，或在必須符合適用的法律或監管要求下，我們亦可能會透露閣下的個人資料。經閣下同意，我們亦會向第三方透露閣下的個人資料以讓該等第三方向閣下發出促銷通訊（如下文所述）。

**3. 未能提供個人資料的影響**

除非我們另有規定，否則閣下必須提供我們要求的個人資料。若閣下未提供有關個人資料，我們可能無法為閣下提供所要求的產品或服務。

**4. 查閱和更正的權利**

根據《個人資料（私隱）條例》（「條例」），閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲行使閣下的權利，或如閣下需要任何其他資料，請發送電郵至 [service@prudential.com.hk](mailto:service@prudential.com.hk) 或使用本公司網站或我們的私隱通知中「聯絡我們」部分所列的資料與我們的資料保護主任聯絡。

如閣下搬遷/已搬遷至歐洲聯盟（「歐盟」）司法管轄區，我們可能需要向閣下提供進一步資料，且閣下可能在歐盟《通用數據保障條例》下享有額外權利。此類資料及此等權利均載於本公司網站上的私隱通知中。

我們會不時更新我們的私隱通知，並建議閣下瀏覽本公司網站以了解該私隱通知。閣下填妥並繼續提交本表格，即表示閣下確認已閱讀並理解本收集個人資料聲明。該私隱通知可在本公司網站（<https://www.prudential.com.hk/scws/pages/tc/privacy-policy/index.html>）上查閱。

**Opting-out of Marketing Communications or Materials 拒絕接收促銷信息或資料**

We intend to send you marketing communications but we can only do so with your consent. If you consent, we may use your contact details and information about the products you have purchased (including the sales channel from which such products were purchased).

我們有意向閣下發送促銷信息或資料，但僅經閣下同意我們才可以這樣做。如閣下同意，我們將可能使用閣下的聯絡資料及有關閣下已購買的產品的資料（包括購買有關產品的銷售渠道）。

☐ I/we do not wish to receive any marketing communications from Prudential Hong Kong Limited.

本人/我們不希望收到保誠保險有限公司發出的任何促銷信息。

The Life Assured / Policyowner, and Irrevocable Trustee / Collateral Assignee (if applicable), hereby confirm understanding of and agreement to the contents in this Part entitled "Personal Information Collection Statement".

受保人 / 保單持有人及不可撤換信託人 / 抵押轉讓之承讓人（如適用）特此確認明白並同意在題為「收集個人資料聲明」之本部分中的內容。

**Part 4 第四部分 Signature 簽署**

**If the signatory is a Company / Partnership / Sole Proprietorship, its authorized signatories should sign and chop. 如簽署方為公司 / 合夥 / 獨資經營持有，須由公司授權人員簽署及蓋章。**

/                      /		
Day日                      Month月                      Year年	Signature of Policyowner 保單持有人簽署 (It must be consistent with that in our record 保單持有人的簽署必須與本公司的記錄相符)	Signature of Irrevocable Trustee / Collateral Assignee (if applicable) 不可撤換信託人 / 抵押轉讓之承讓人簽署 (如適用)

**If the Policyowner uses signature chop or fingerprint, two witnesses are required. The witness must be an individual third party aged 18 or above. The personal particulars of the witness(es) will only be used for the purpose of verification and confirmation of the identity(ies) of the signatory(ies) of this form. 若保單持有人以圖章蓋印或指紋簽署，必須有兩位見證人。見證人必須為年滿18歲或以上的第三者。見證人之個人資料只會用於處理本申請及確認此表格簽署人的身份之用。**

Signature of Witness 見證人簽署	Name and Identity Document Number of Witness 見證人姓名及身份證明文件號碼	Signature of Witness 見證人簽署	Name and Identity Document Number of Witness 見證人姓名及身份證明文件號碼
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**Please DO NOT sign on BLANK form. 請勿在空白表格上簽署。**

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