

(I) 聲明及授權書 Declaration and Authorization

本人，謹代表自己及/或可能擁有此申請表所列保險權益的任何人作出聲明及同意，此投保書內所提供之一切陳述及資料，就本人/吾等所知所信，均為事實之全部並確實無訛，及一切該等陳述及資料，將成為發出保單的根據，並作為保單一部份，並且明白若資料錯誤或不詳盡，可能導致保單之保障無效。本人/吾等在此聲明，並無隱瞞任何足以影響忠利保險衡量應否接受此保書的事實(不論是否已包括在此投保書的問題內)及假如未能確定某些資料是否重要，則應將有關事實予以披露。

本人，(申請人)謹此代表本人及各受保人，授權任何註冊西醫、醫院、診所、保險公司及機構、其他組織或人士，凡知道或擁有有關本人/吾等或本人/吾等健康狀況之資料者，均可將該等資料提供給忠利保險或其授權代表或再保險公司或仲裁機構以作評核本保險申請及其後與保單有關的賠償事宜之用。

本人/我們確認，本人/我們已獲提供一份由忠利保險發出的收集個人資料聲明(「該聲明」)。本人/我們確認已經閱讀並且明白該聲明。本人/我們同意忠利保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人/我們的個人資料。本人/我們進一步確認，本人/我們已獲得受保人和任何其他有關人士(如適用的話)的明示同意，可以依照該聲明所述的用途將他們的個人資料提供給忠利保險，並允許忠利保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

本人進一步確認，本人已獲得受保人和任何其他有關人士(如適用的話)的明示同意，可以依照該聲明所述的用途將他們的個人資料提供給忠利保險，並允許忠利保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

本人(申請人)明白、確知及同意，忠利保險會就申請人購買及接受其簽發的保單。於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體。代表申請人簽署的獲授權人員須向忠利保險確認他/她已獲該法人團體授權。

本人(申請人)亦明白忠利保險必須取得本人的同意，才可以處理其保險申請。

I, the applicant, hereby declare and agree on behalf of myself and/or anyone who may have any interest in any insurance on this application that all statements and information provided in this Application Form are to the best of my/our knowledge and belief complete and true, and all such statements and information shall form the basis and become a part of the policy, and understand that if any such statement or information is incomplete or untrue, the coverage provided under the policy may be void. I/We hereby declare that no information (whether or not it is covered by the questions in this application) which may influence Generali's assessment and acceptance of this application has been withheld and understand that if I/we am/are uncertain as to whether or not a particular information is material, the information should be disclosed.

I, the applicant, on behalf of myself and other persons to be insured, hereby authorize any medical attendant, hospital, clinic, insurance company or other organization, institution or person, who/which has any records or knowledge of me/us or my/our health, to divulge to Generali or its authorized representatives or any reinsurers or any tribunal any information he or she or it may have with regard to me/us for the purpose of evaluation this application and any claim arising from the policy.

I/ We acknowledge that I/ we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Generali. I/ We confirm that I/ we have read and understood the Statement. I/ We agree that Generali may collect, use, store, disclose, transfer and otherwise process my/ our personal data in accordance with the terms of the Statement. I/ We further confirm that I/ we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to Generali for the purposes stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.

I, the applicant, confirm that I have full authority from each of the persons to be insured to provide information, make the above declarations and give the authorization set out in this application form on behalf of each of the persons to be insured.

I, the applicant, understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Generali, Generali will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Generali that he or she is authorized to do so.

I, the applicant, further understands that the above agreement is necessary for Generali to proceed with the application.

申請人簽署 Applicant's Signature

申請人簽署 Applicant's Signature

Agent's/Broker's Name (if applicable) 代理人/顧問姓名 (如適用)

代理人/顧問編號 Agent's/Broker's Code

代理人/顧問聯絡電話 Agent's/Broker's Contact Tel No.

註明: Remarks:

Blank area for Remarks.

For Office use only Approved by: Date:

L: N/Y E: N/Y

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NAVIGATOR Insurance Brokers Ltd. Unit 8E Golden Sun Centre 223 Wing Lok St Sheung Wan HK Tel. (852) 2530 2530 Fax (852) 2530 2535 Email: crew@navigator-insurance.com www.navigator-insurance.com



智康健醫療保障計劃投保書

GENHEALTH MEDICAL INSURANCE PLAN APPLICATION FORM

重要指示 Important Note:

- 1. 請以英文正楷填妥本申請表。 Please complete in English BLOCK LETTERS.
2. 請將填妥的申請表連同正確的保費寄回忠利保險。所有申請表必須經過忠利保險核保始能生效。 Please also make sure you have enclosed the premium with your application. All applications are subject to underwriting.
3. 本申請表上如有任何更改，請於更正資料旁邊的空白位置簽署作實。本申請表副本將會連同會員證書等資料一併寄出供閣下保留。 Any amendments to this form should be endorsed. A copy of the application form will be sent to you together with membership pack for your record.
4. 閣下如未能披露閣下所知之所有重要資料，所出之保單將告無效。重要資料指任何可能影響忠利保險有限公司香港分公司(「忠利保險」)評估及受保風險之資料。閣下如不清楚資料是否重要資料，應披露該等資料。 Failure to disclose all material facts known to you may render the policy issued void. A material fact is one which may influence the assessment or acceptance of the risk to be insured by Assicurazioni Generali S.p.A., Hong Kong Branch ("Generali"). In case of doubt as to whether a fact is material, that fact should be disclosed.

生效日期 Effective Date

保單編號 Policy No.

(A) 申請人個人資料 Personal Details of Applicant

Form for personal details including name, gender, date of birth, address, and contact information.

(B) Company Details 公司資料## (If the Applicant is a business entity/company 如以公司名義作為申請人)

Form for company details including company name, registration number, and address.

##若以公司名義作為申請人，以上「申請人」均解作「受保人」。## In case the Applicant is a business entity/company, above "Applicant" will be interpreted as "Insured Person/Member".

(C) 投保項目 Choice of Cover (請選擇並加✓/Please tick as appropriate)

Form for selecting insurance coverage options like Core Benefit, Benefit Level, and Optional benefit.

(D) 其他準受保人資料 Other Proposed Insured Persons Details

Table for listing other insured persons with columns for name, gender, date of birth, HKID No., height, weight, and annual premium.

連同投保書繳付之年繳保費 Total annual premium attach with Application Form

(E) 繳付保費方法 Method of Payment

支票抬頭請填寫「忠利保險有限公司」Cheque payable to "Assicurazioni Generali S.p.A."
VISA 咭 萬事達咭 MasterCard 發卡銀行名稱 Name of Card Issuer :
信用卡號碼 Credit Card No. : 信用卡有效期至 Credit Card Expiry Date :
Cardholder's Name 持咭人姓名 :
本人授權忠利保險有限公司從本人上述的信用卡賬戶支取有關保險保單的保費。
I hereby authorize Assicurazioni Generali S.p.A. to charge my above credit card for the insurance premiums of this insurance policy.

(F) 賠償申請資料 Claims Reimbursement Details

賠償款項只以自動轉賬方式進行申請人。 Claims payment will be reimbursed to the applicant and by autopay only.
申請人同意及授權忠利保險轉賬賠償款項於以下戶口。 Applicant hereby agree and authorise Generali to reimburse claims payment to the account below.
銀行名稱 Bank Name 銀行編號 Bank No. 分行編號 Branch No. 戶口號碼 Account No.

(G) 健康聲明 Health Declaration

簽署本健康聲明前，請填妥準受保人資料部分。請注意，任何因未經填報之健康狀況而引起之索償申請，將不獲接納。
Please ensure you have completed all the details in the Proposed Insured person(s) information section before signing this Health Declaration. Please note that Insured person(s) will not be eligible for claims resulting from the non-disclosure of health information.

由申請計劃之前的過去，準受保人是否：At any time in the past, have / has the Proposed Insured person(s):
過去十二個月內，體重是否曾增加或減少7磅 / 3.2 公斤或以上？倘「是」，請註明原因(若知道)及磅數/公斤。
Any weight change in excess of 7 lbs / 3.2 kg in the last 12 months? If 'Yes', please give exact amount and reason, if known.
是否曾患有或因下列各種疾病而接受治療？倘「是」，請填寫有關病情、日期和所有治療(醫生處方與否)的詳細資料。
Suffered from or received treatment for any of the following? If 'Yes', please provide full details of condition, dates and any treatment (whether prescribed or otherwise).
任何胸部或呼吸問題(例如：哮喘、支氣管炎、肺結核或其他呼吸器官問題，包括流鼻血)?
Any chest or breathing complaint (e.g. asthma, bronchitis, tuberculosis or other respiratory problem including nasal bleeding)?
任何心臟的疾病或胸口疼痛(例如：風濕性發熱、高血壓、心絞痛、心臟雜音、心臟驟停)，或其他血液或血管疾病？
Any heart problem or chest pain (e.g. rheumatic fever, raised blood pressure, angina, murmur, heart attack) or other problem of the blood or blood vessels?
任何消化系統問題，肝(包括肝炎或肝炎帶菌者)、胃、腸或直腸出血；任何腎、膀胱或泌尿系統疾病，包括腎石、內分泌疾病、糖尿病或甲狀腺疾病？
Any complaint of digestive system, liver (including hepatitis or hepatitis carrier status), stomach, bowel or rectal bleeding, any kidney, bladder or urinary disorder including renal stones, endocrine disease, diabetes or thyroid gland problem?
任何精神或腦部失常或影響神經系統問題，包括癲癇、癱瘓、麻痺、頭暈、長期頭痛、身體失去平衡或抽搐？
Any mental or brain disorder or problem affecting the nervous system including epilepsy, paralysis, numbness, dizziness, prolonged headache, loss of balance or fits?
癌症或腫瘤、囊腫、腫塊或其他任何贅生物？
Cancer or tumour, cyst, lump or other growths of any kind?
背部、脊椎、肌肉、關節疼痛或其他疾病、痛風或其他身體殘疾或任何影響視力、說話能力或聽覺的疾病？
Pain or other problem in your back, spine, muscle or joint, gout or other physical disability or condition affecting sight, speech or hearing?
曾否接受、或打算接受與愛滋病、HIV 抗體或任何由性接觸而傳染的疾病之有關輔導、醫療諮詢、治療或任何檢驗；或曾出現疲倦、長期腹瀉或不尋常之皮膚潰瘍的癩狀？
Ever received, or do expect to receive, any counselling, medical advice, treatment or any test(s) in connection with AIDS, HIV infection or any sexually transmitted disease, or do/did have any symptoms of fatigue, persistent diarrhoea or unusual skin lesions?
曾定期服用藥物？
Taken any regular medications?
投保醫療保險曾被拒、延遲受保或被限制受保範圍或增加受保條款？
Been declined, postponed or accepted with restricted benefits or additional conditions in medical insurance?
打算或現正、或曾於過去五年內在任醫院、診所或醫務所接受：
Any plan to attend, or is/are currently attending or have attended in the last 5 years any hospital, clinic or doctor for:
一些診斷性之檢查如照X光、超聲波、驗血、電腦掃描、活體檢視、心電圖、驗尿或其他身體檢查(因受聘而進行之例行身體檢查除外)？
Diagnostic tests such as X-ray, ultrasonogram, blood tests, C T scan, biopsy, ECG, urine or other investigations other than for routine employment purpose?
以上各題沒有提及的疾病、手術或其他醫療諮詢或治療？
Illness, operation or other medical advice or treatment not stated under any previous questions?

如果您就以上任何問題的回答為「是」，請列出有關詳情，並提供相關的醫療報告副本：
If your answer is YES to any of the above questions, please give details of the medical condition in the space provided below, and provide a copy of the relevant medical report(s):

Table with 7 columns: Question no., Name of Proposed Insured person(s), Symptom / Diagnosis, Treatment / Operation / Medication, Date of Onset / Recovery, Degree of Recovery, Name, Address and Tel. No. of Doctor

NAVIGATOR Insurance Brokers Ltd. 另加附頁 With attachment

Unit 8E Golden Sun Centre 223 Wing Lok St Sheung Wan HK
Tel. (852) 2530 2530 Fax (852) 2530 2535
Email: crew@navigator-insurance.com
www.navigator-insurance.com

(H) 收集個人資料聲明 Personal Information Collection Statement

a) 閣下須要不時向忠利保險有限公司香港分行(「本公司」)提供關於閣下自己、保單持有人、受保人、受益人、索償人及/或其他有關人士的資料(「個人資料」)，以讓本公司為閣下提供保險及/或相關產品與服務。處理經由本公司發出及/或安排的保單之下的索償事宜，及/或處理閣下提出的任何或所有其他要求、查詢和投訴。
b) 閣下是自願向本公司提供個人資料的。然而，若閣下未能提供個人資料，可能導致本公司不能夠為閣下提供保險及/或相關產品與服務，處理經由本公司發出及/或安排的保單之下的索償事宜，及/或處理閣下提出的任何或所有其他要求、查詢和投訴。
c) 個人資料可被用於以下用途：i) 處理(包括但不限於承保)及/或審批保險及/或相關產品與服務的申請，以及該等產品與服務的任何附加、更改、變更、取消、續期及/或復效；ii) 管理經由本公司發出及/或安排的保單；iii) 處理(包括但不限於調查、分析、評估和裁定)及/或理賠經由本公司發出及/或安排的保單之下的索償事宜；iv) 向客戶追收尚欠金額(如有)；v) 經由本公司發出及/或安排的保單之下籌劃共同保險及/或再保險；vi) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊；vii) 客戶服務(包括但不限於處理查詢和投訴)、推銷，以及其他相關活動；ix) 進行資料核對程序；x) 設計保險及/或相關產品與服務供客戶使用；xi) 推銷本公司及/或本公司的關聯公司(包括但不限於本集團的公司、母公司、本母公司的信託公司(該等關聯公司在下文合稱為「關聯公司」))的保險及/或其他相關產品與服務；xii) 就閣下事前訂明的同意(如有)約束之下，直接促銷保險及/或其他相關產品與服務，而閣下可在任何時間知會本公司以行使撤回同意的權利；xiii) 本公司、關聯公司、相關的保險業協會或聯會、監管當局、政府部門及/或其他法定監管機構的統計或精算研究；xiv) 遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及本公司及/或關聯公司應遵守的任何其他有關規定，包括但不限於披露有關資料；及 xv) 實現與上述(i)至(xiv)直接有關的任何其他用途。
d) 由本公司持有的個人資料將受到保密，但本公司可依據以上(c)段所列的用途向以下各方(不論在香港特別行政區境內還是境外)提供個人資料，事前無須知會閣下及/或該等個人資料所涉及的任何其他有關人士：i) 就本公司的業務營運向本公司提供行政、電訊、電腦、付款、推銷、調查、諮詢及/或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及/或任何其他有關各方，以適用者為準；ii) 相關的保險業協會或聯會，及/或該等協會或聯會的成員；iii) 本公司及/或關聯公司的海外辦事處或分行，以適用者為準；iv) 根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及應遵守的任何其他有關規定之下，本公司及/或關聯公司負有義務須向其作出披露的人士；v) 根據對本公司及/或關聯公司有約束力的任何法律之下，本公司及/或關聯公司須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構(包括但不限於稅務局)；vi) 本公司的合法繼承人或受讓人；及 vii) 對本公司及/或關聯公司負有保密責任的人士。
e) 本公司可使用由相關的保險業協會或聯會及/或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有個人資料。
f) 根據《個人資料(私隱)條例》：i) 任何人士均有權：A) 查詢本公司有沒有持有其資料，如有的話，可取得一份該等資料；B) 要求本公司改正其任何不正確的個人資料；及 C) 查明關於本公司的個人資料政策和處事常規，並可獲通知有關本公司所持個人資料的種類；及 ii) 本公司有權就處理任何查閱個人資料的要求之下收取合理的費用。
g) 如欲查閱及/或改正個人資料及/或查詢關於本公司的政策和處事常規及所持個人資料的種類，請向以下人員提出要求：
個人資料保護主任
忠利保險有限公司香港分行 香港皇后大道東 8 號忠利集團大廈 5 樓

a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (the "Company") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/ or other relevant individuals (the "Personal Data") in connection with the provision of insurance and/ or related products and services to you, the processing of claims under insurance policies issued and/ or arranged by the Company, and/ or the processing of any or all other requests, enquiries and complaints from you.
b) Provision of the Personal Data to the Company by you is voluntary. However, failure to supply the Personal Data may result in the Company being unable to provide insurance and/ or related products and services to you, process claims under insurance policies issued and/ or arranged by the Company, and/ or process any or all other requests, enquiries, or complaints from you.
c) The purposes for which the Personal Data may be used are as follows: i) processing (including, without limitation, underwriting) and/ or approving applications for insurance and/ or related products and services, and any addition, alteration, variation, cancellation, renewal and/ or reinstatement of such products and services; ii) administering insurance policies issued and/ or arranged by the Company; iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/ or settlement of claims under insurance policies issued and/ or arranged by the Company; iv) exercising rights of subrogation, if applicable; v) collection of amounts outstanding (if any) from customers; vi) arranging co-insurance and/ or reinsurance in respect of the insurance policies issued and/ or arranged by the Company; vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means; viii) customer services (including, but not limited to, processing enquiries and complaints), marketing, and other related activities; ix) conducting data matching procedures; x) designing insurance and/ or related products and services for customers' use; xi) marketing insurance and/ or other related products and services of the Company and/ or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company's parent company (hereinafter such affiliated companies are collectively referred to as the "Affiliated Companies")); xii) direct marketing of insurance and/ or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the Company at any time; xiii) statistical or actuarial research of the Company, its Affiliated Companies, relevant insurance industry associations or federations, supervisory authority, government department and/ or other competent authority; xiv) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/ or its Affiliated Companies are expected to comply with, including, without limitation, making disclosures of the relevant information; and xv) fulfilling any other purposes directly relating to (i) to (xiv) above.
d) The Personal Data held by the Company shall be kept confidential, but the Company may provide the Personal Data to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/ or any other relevant individuals to whom the Personal Data is related: i) agents, intermediaries, claims investigation companies, co-insurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/ or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the Company in connection with the operation of its business; ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations; iii) overseas locations or branches, as appropriate, of the Company and/ or its Affiliated Companies; iv) persons to whom the Company and/ or its Affiliated Companies are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/ or its Affiliated Companies are expected to comply with; v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the Company and/ or its Affiliated Companies; vi) lawful successors or assigns of the Company; and vii) persons who owe a duty of confidentiality to the Company and/ or its Affiliated Companies.
e) The Company may verify any or all of the Personal Data by using information collected and released or transferred by relevant insurance industry associations or federations, and/ or members of such industry associations or federations.
f) In accordance with the Personal Data (Privacy) Ordinance: i) any individual has the right to: A) check whether the Company holds data about him/ her and, if so, obtain a copy of such data; B) require the Company to correct any data relating to him/ her that is inaccurate; and C) ascertain the Company's policies and practices in relation to data and to be informed of the kind of data held by the Company; and ii) the Company has the right to charge a reasonable fee for the processing of any data access request.
g) The person to whom requests for access to data and/ or correction of data and/ or for information regarding policies and practices and kinds of data held are to be addressed as follows: Personal Data Protection Officer, Assicurazioni Generali S.p.A., Hong Kong Branch, 5/F, Generali Tower, 8 Queen's Road East, Hong Kong.

使用和提供個人資料作直接促銷

(本節條文是組成「收集個人資料聲明」的一部分。)
1) 個人資料，包括但不限於：姓名、聯絡的詳細資料、其他產品及服務組合資料、交易模式及行為、財務背景及人口統計資料可被用作於直接促銷：i) 本公司及關聯公司的保險及/或其他相關產品與服務；ii) 本公司與聯名品牌夥伴的保險及/或其他相關產品與服務(聯名品牌夥伴之名稱將載於相關產品及服務的申請表、建議書、宣傳小冊子及/或廣告單張/海報，以適用者為準)及/或本公司所選定的第三方；iii) 本公司、關聯公司及聯名品牌夥伴的獎賞、忠誠及/或優惠項目/計劃。
2) 就以上(1)段所述的用途，個人資料亦可被提供予本公司的關聯公司、聯名品牌夥伴及本公司所選定的第三方服務提供商，包括但不限於：客戶服務中心。
3) 本公司須獲閣下允許(包括表示不反對)本公司可按照本節條文所述的用途使用個人資料。若閣下不希望本公司使用或向第三方提供個人資料作直接促銷用途，閣下可於下方行使退出權利或於日後任何時間知會本公司。
如閣下不同意個人資料作下列直接促銷用途，請在以下方格內加上剔號("√")：
[] 本人/我們不允許貴公司向本文所述的第三方提供個人資料作直接促銷用途。
[] 本人/我們不允許貴公司使用個人資料作直接促銷用途。
(若閣下沒有在方格內加上剔號但簽署本表格/文件，閣下會被視為不反對(即閣下允許)本公司使用或向第三方提供個人資料作直接促銷用途。)
附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。

Use and Provision of Personal Data in Direct Marketing

(This section forms part of the Personal Information Collection Statement.)
1) The Personal Data, including but not limited to, name, contact details, other products and services portfolio information, transaction pattern and behavior, financial background and demographic information may be used for the purpose of direct marketing: i) insurance and/ or other related products and services of the Company and its Affiliated Companies; ii) insurance and/ or other related products and services of the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s), proposals, brochures and/ or advertising leaflet(s)/ poster(s) for the relevant products and services, as appropriate) and/ or third parties selected by the Company; iii) reward, loyalty and/ or privileges programs/ plans of the Company, its Affiliated Companies and co-branding partners.
2) The Personal Data may also be provided to the Company's Affiliated Companies, co-branding partners and third party service providers selected by the Company for the purpose set out in paragraph (1) above, including, without limitation, call centres.
3) The Company requires your consent (which includes an indication of no objection) to the use of Personal Data for the purpose set out in this section. If you do not wish the Company to use or provide to other parties the Personal Data for the purpose of direct marketing, you may exercise the opt-out right below or by notifying the Company at any time thereafter.
Please tick ("√") the boxes below if you do not agree with the following use(s) of the Personal Data in direct marketing.
[] I/ We do not consent to the provision of the Personal Data to the third parties as described herein for the purpose of direct marketing.
[] I/ We do not consent to the use of the Personal Data by the Company for the purpose of direct marketing.
(If you do not tick the boxes but sign the Form/ document, you will be regarded as having indicated you have no objection (i.e. you consent) to the use or transfer to third parties of the Personal Data for the purpose of direct marketing by the Company.)
Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.