

大額問卷 LARGE AMOUNT QUESTIONNAIRE

(所有金額應是港幣顯示。如需要，請註明其貨幣值 All amount should be in HK\$. Please specify the currency if necessary.)

(準)受保人姓名 Name of (Proposed) Insured	(準)保單持有人姓名 Name of (Proposed) Policyholder	要保書/保單編號 Application/Policy No.
保險中介人姓名 Insurance Intermediary's Name	保險中介人註冊編號 Insurance Intermediary's Registration Code	分行/中介人編號 Branch/ Intermediary's Code

第一部份 Part 1:一般資料 General Information

1. 投保目的 PURPOSE OF INSURANCE			
☐ 家庭入息保障 (只須填第一部份) Family Protection (Complete Part 1 Only) ☐ 要員保障 (須填寫第一及第二部份) Keyman Protection (Complete Part s1 & 2) ☐ 合伙人保障 (須填寫第一部份及第三部份) Partnership Protection (Complete Parts 1 & 3) ☐ 抵銷債務保障 (須填寫第一及第四部份) Loan Repayment / Mortgage Cancellation Protection (Complete Parts 1 & 4) ☐ 其他 (請詳述之) Others (Please provide details) _____			
2. 最近三年的入息資料 - MOP Last 3 Years Income Details - MOP			
	年份 Year _____	年份 Year _____	年份 Year _____
工作所得之薪金/收入 Earned Annual Salary / Income			
獎金/分紅 Bonuses/Dividends			
其他收入 Other Earned Income			
過去 12 個月所有非工作賺取之收入 Unearned Income in the past 12 months – MOP			
租金收入 Rental Income		銀行存款利息收入 Interest from Bank Deposit	
商務投資淨利潤 Net Business Investment Profit		股份所得紅利 Dividend from Shares	
其他(請詳述) Others(please give details)			
3. 資產 Assets - MOP			
申請書上聲明的居住地方是: Residence as stated on application is		☐ 擁有 owned ☐ 租用 rented	
其他自置物業 (如多於三項，請另加紙填寫) Other Properties Owned (if more than three properties, please fill in separate sheet of paper)			
物業地址 Property Address	購買日期 Date of Purchase	購入價 Purchase Price	現值 Current Value
現金及銀行存款額 Cash and deposit(s) savings in banks	持有股票、證券、基金等現值 Stocks, securities, Unit Trust etc current value		
擁有私家車數量 No. of car(s) owned	擁有私家車型號 Model of the car(s) owned		
其他(例如持有的士牌照) Others (e.g. ownership of taxi license.)			



4. 負債 Liabilities			
按揭 Mortgage(s)	MOP	私人貸款/透支/其他 Personal Loan(s) Overdraft / Others	MOP
5. 估算淨資產值 Estimated Net Worth		MOP	
6. 在職資料 Employment Information			
(準)受保人職業 (Proposed) Insured's occupation		入職日期 Commencement Date of Employment	
(準)受保人在公司主要職務 Main duties of the (Proposed) Insured			
7. 業務資料 Business Information - MOP			
(準)受保人是否持有申請書上所述公司的股份或是該公司的合伙人? Is (Proposed) Insured a shareholder in the company or partner in the business as stated on the application? (請列明(準)受保人所佔比率及必須提供詳細資料 Please state the percentage owned by (Proposed) Insured and give details)			☐ 是 Yes ☐ 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	
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			
8. 生活方式 Family Life Style	a) 供養人數 No. of Dependents	b) 關係 Relationship	

第二部份 Part 2 : 公司要員壽險 Keyman Insurance

1. 請提供(準)受保人為公司要員之原因 Please give details why the (Proposed) Insured is considered as a keyman to the company	
a) 認可的專業資格 Knowledge and Expertise	
b) 原因 Reasons	
2. 請列出(準)受保人公司其他要員的投保詳情(如有)。若否，請提供原因。 Please give details of insurance coverage for other key person(s) in the (Proposed) Insured's company(if any). If no, please provide reasons	
a) 要員姓名 Name of Key person	
b) 職位 Position	
c) 壽險金額 Amount of Life Cover(MOP)	
d) 原因 Reasons	

第三部份 Part 3 : 合伙人保險 Partnership Insurance

1. 有否簽訂合伙人同意書或買賣合約? Is there a Partnership Agreement and / or Buy & Sell Agreement? (請提供買賣合約及市值報告 please submit Buy & Sell Agreement and current official valuation report)	☐ 是 Yes ☐ 否 No
2. 公司的資產市值是多少? What is the estimated current value of the Company?	MOP
3. 是否所有股東/合夥人均已投保? 如是，請詳述。若否，請提供原因。 Are policies affected on all shareholders/ partners? If yes, please give details. If no, please provide reasons.	☐ 是 Yes ☐ 否 No
合伙人/股東之姓名 Name of Partner(s)/ Shareholder(s)	壽險金額 Amount of Life Cover MOP
原因 Reasons	

第四部份 Part 4 :商業借貸保障 Business Loan Protection

請提供貸款合約以作參考。 Please submit Loan Agreement for reference.

貸款人姓名 Name of Lender		貸款額 Loan Amount	
還款期 Repayment Period		借款目的 Purpose of the Loan	
借貸日期 Commencement Date of the Loan			

第五部份 Part 5 :僱員福利投保(如適用) For Employee Benefit Application(If Applicable)

(準)保單持有人是否為所有相同職級員工投保相同保險金額？ Is it true that the (Proposed) Policyholder has applied or is applying equivalent insurance amount for all employee(s) of similar position?	☐ 是 Yes ☐ 否 No
如否，請解釋原因 If No, please explain	

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 is made available upon request.

聲明 DECLARATIONS

本人/我們謹此聲明，本人/我們所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，續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 may be 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

(準)受保人簽署 (若年齡在 18 歲或以上)
Proposed Insured's Signature (If age 18 or above)

_____/_____/_____
年 Year 月 Month 日 Day