



## Account Opening Form (For Agents of Sun Life Hong Kong Only)

### 開戶申請表 (永明金融保險代理專用)

Please complete the Form below and return to SCF Insurance Management Limited ("SCF") by email ([skykong@scf.com.hk](mailto:skykong@scf.com.hk)), we shall proceed to open an account for you accordingly. For enquiries, please feel free to call SCF on 3658 8833.

請填妥下列之申請表並電郵至錦豐保險管理有限公司 ([skykong@scf.com.hk](mailto:skykong@scf.com.hk))，本公司將按申請表上的資料為您開立戶口。如有查詢，請致電 3658 8833 聯絡本公司。

#### 1. Applicant's information 申請人資料

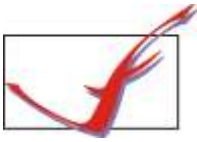
All fields are mandatory. 所有項目必須填報。 \*Please tick the appropriate box. \*請在適當方格內加上"✓"號。

Name in English (same as HKID) 英文姓名 (須與香港身份證相同)	
Name in Chinese (same as HKID) 中文姓名 (須與香港身份證相同)	
Sun Life Hong Kong 永明金融	
District Code 分區編號	Agent Code (6 digits) 保險代理編號 (6 位)
Office Phone Number 辦事處電話號碼	Mobile Phone Number 手提電話號碼
Sunlife Email Address 永明電郵地址	Designated Email Address for received e-policy (if different from Sunlife Email Address) 指定電郵地址以接收電子保單 (如與永明電郵地址不同)
Residential Address 住址	
Correspondence Address (if different from your residential address) 聯絡地址 (如與住址不同)	
*General Insurance Qualification *一般保險資格	
<input type="checkbox"/> Passed the Insurance Intermediaries Qualifying Examination ("IIQE") 已通過保險中介人資格考試 ("資格考試")	
<input type="checkbox"/> Exempted from the IIQE 已獲豁免參加資格考試	

#### 2. Bank Information 銀行資料

Please submit together with the proof of your bank account that shows full name of the account holder and the bank account number.  
請附上載有賬戶持有人姓名及賬戶號碼之銀行證明文件。

Name of Account Holder (joint name account is not acceptable) 賬戶持有人姓名 (不接受聯名賬戶)		
Name of Bank 銀行名稱		
Bank Number 銀行編號	Branch Number 分行編號	Account Number 賬戶號碼



## 1. Declaration 聲明

I hereby declare and agree that: 本人謹此聲明及同意：

The information provided (whether contained in this application form or “Notification of Appointment (Form N2) of Insurance Authority” or otherwise obtained) may be held, used and disclosed to SCF Insurance Management Limited (“Company”), any related companies, or any companies carrying on insurance/financial related business in or from Hong Kong or any regulator and authorities, association or federation of insurance companies that exists now or in the future or any individuals or organizations within or outside of Hong Kong to enable the Companies to:

本人所提供之資料（不論是透過此申請表格或保險業監管局的（表格 N2）或其他途徑提供）將會透露予錦豐保險管理有限公司（「貴公司」）、任何相關公司、或任何在或由香港從事保險／金融相關業務之公司、或任何現有或將成立之監管機構、管理機構、協會或保險公司聯會、任何香港境內或境外之個人或組織，並供其使用及持有，以便 貴公司：

- (1) facilitate the administration of insurance business and the relevant activities between the insurance agents and the Appointing Principal Insurers;  
管理保險代理及主要委託保險公司之間的保險業務及相關活動；
- (2) provide me with advice or information in relation to the services and/or products of the Company or any of its associates companies;  
為本人提供有關 貴公司或其任何相關公司之服務及／或產品之建議或資訊；
- (3) provide me with services and benefits directly or indirectly related to my agency appointment;  
為本人提供直接或間接與本人之代理委任相關的服務及福利；
- (4) process and assess this application including conducting any related research and analysis; and  
處理、審核本申請，包括進行相關研究或分析；及
- (5) meet the disclosure requirements of laws and regulations binding on the Company or its group and to comply with the legitimate requests of governments and authorities.  
符合對 貴公司或其所屬集團具約束力的任何法例或監管要求的披露規定，及遵循政府及監管機構作出的合法要求。

I hereby acknowledge and agree that any information with respect to me which is provided by me at the request of the Company or collected in the course of dealings between me and the Company may be disclosed to, or used and retained by, any other institution or any debt collection agency, credit reference agency or similar service provider, within or outside of Hong Kong, for the purpose of verifying such information or enabling them to provide such information to other institutions:

本人確知及同意，本人應 貴公司要求，或在本人與 貴公司進行交易期間，所取得有關本人的任何資料，將有可能被披露予香港境內或境外的任何其他機構、任何債務追收代理、信貸諮詢機構或類似的服務供應商，並供其使用或保留，以核實有關資料或使其向其他機構提供有關資料，作以下用途：

- (1) in order that they may carry out credit and other status checks in respect of me;  
以對本人進行信貸或其他狀況之審查；
- (2) for the purposes of reasonable monitoring of any indebtedness while there is a current default by me as borrower or guarantor; and/or  
若目前本人作為貸款人或擔保人出現任何債務違約時，以作出合理的負債監控；及/或
- (3) to assist them in collecting debts.  
協助其追收債務。

This consent shall remain in effect despite the termination of my business relationship with the Company for a period of ten years thereafter; or if later, for the period of ten years after settlement following a payment default of more than 60 days.

即使在本人與 貴公司之業務關係終止後十年，或在本人支付逾期超過 60 天的款項後十年（以較後者為準），本協議仍將繼續生效。

I understand that the Company will not be able to process this application with me if I fail to provide the information requested by the Company.

本人明白，如本人未能提供 貴公司要求的資料， 貴公司將無法處理本人之申請。

I also understand that I have the right to access and to request for correction of my personal information held by the Company. A request for such access and correction may be made to the Administration Department of the Company at 10/F, KP Tower, 93 Kings Road, North Point, Hong Kong.

本人明白，本人有權向 貴公司要求查閱及修正由 貴公司持有有關本人的任何個人資料。本人可向 貴公司行政部提出有關查閱及修正之要求，地址為香港北角英皇道 93 號錦平中心 10 樓。

The Company may charge a reasonable fee for the processing of any data access requests.

貴公司有權收取合理費用，藉以處理任何資料的查閱要求。

I hereby give my consent to the Company for collection or verification of any information relevant to my agency application herein.

本人謹此同意 貴公司收集或核實與本人之代理申請有關的任何資料。

Signature of Applicant

申請人簽署

Date

日期