香港年金
HKMC ANNUITY

醫療和牙科開支特別款項提取申請表
SPECIAL WITHDRAWAL FOR MEDICAL AND DENTAL EXPENSES FORM

保單編號 **Policy Number** *(如就同一受保人牽涉多於一份保單，請註明所有保單編號。If more than one policy in respect of the same Insured is involved, please state all the policy numbers.)*	

HKMCA Ref No.: _____

注意事項：

請於遞交此表格前向香港年金有限公司(「香港年金公司」)索取特別款項提取金額預算表，以了解特別款項提取對閣下保單的影響。

1. 請以**正楷**填寫本表格並將已填妥之表格連同相關文件(如適用)提交至香港年金公司以下地址。除非本表格另有說明，否則本表格中使用的詞語與保單中的詞語具有相同的含義。
2. 切勿在空白或尚未填妥之表格上簽署，或留空任何部分。
3. 如有任何更改或修正，敬請在更改或修正的位置旁簽署作實。
4. 如已指定不可撤銷受益人，任何特別款項提取申請須獲得不可撤銷受益人的書面同意，並於第五部分簽署作實。
5. 保單持有人、不可撤銷受益人(如適用)或其法定授權人(如適用)之簽署樣式必須與香港年金公司之記錄相符。
6. 本表格適用於在受保人有生之年以及保證期結束前，申請醫療和牙科開支特別款項提取，用以支付在香港進行或將會進行的醫療和牙科治療及／或醫療和牙科檢驗而衍生或將會衍生的實際或預計的醫療和牙科開支金額。
7. 特別款項提取只可在受保人有生之年為香港年金公司就同一受保人簽發之所有保單透過單次申請使用一次，而最高可提取金額為接受特別款項提取申請之日的特別款項提取價值。
8. 此特別款項提取在受保人有生之年及由香港年金公司就同一受保人簽發的所有保單下的總提取金額上限為港幣1,000,000元。
9. 保單持有人必須就香港年金公司簽發之所有保單針對與受保人相關之所有醫療和牙科開支提出單次申請，無論該開支是一次或多次醫療和牙科治療或醫療和牙科檢驗。一旦單次申請已經提出並被香港年金公司接受，將不會再接受任何其他申請。
10. 就已產生之實際醫療和牙科開支之特別款項提取批核，請於在進行醫療和牙科治療或醫療和牙科檢驗之日起(視情況而定)的一年內(或香港年金公司認為合理的時間內)，填妥並簽署本表格，連同所有必要的證明文件(請參閱本表格第七部分 - 所須文件參考表)一併提交至香港年金公司。另外，治療受保人疾病的註冊醫生和牙醫，必須填寫及簽署本表格第六部分。如多於一位註冊醫生和牙醫治療受保人的疾病，每位註冊醫生和牙醫需個別填寫及簽署本表格第六部分。任何填寫本表格所產生的費用將由閣下承擔。

SPWDL

11. 就預計的醫療和牙科開支之特別款項提取之預先批核，請於由註冊醫生和牙醫或醫療和牙科機構發出之疾病證明或醫療和牙科檢驗轉介信的30天內（或香港年金公司認為合理的時間內），填妥並簽署本表格，並連同所有必要的證明文件及預計將會招致之醫療和牙科開支金額，以及進行醫療和牙科治療或醫療和牙科檢驗之預定日期（請參閱本表格第七部分 - 所須文件參考表），一併提交至香港年金公司。
12. 如香港年金公司在本表格的簽署日期起計逾30天後收到閣下的表格，香港年金公司保留要求閣下重新遞交新的表格之權利。
13. 可供提取的特別款項提取價值將以接受特別款項提取申請之日釐定。接受日期為香港年金公司接納此申請之日。
14. 在特別款項提取後，其後的保證每月年金金額、保證現金價值、身故賠償（如適用）及保單所派發和將會派發的利益總額將會相應調低。如果保單下應付之保證每月年金金額在特別款項提取後變為零，該保單將會被終止。
15. 特別款項提取只限於用作支付醫療和牙科開支。請諮詢香港年金公司有關特別款項提取對保單價值的影響或應否考慮選擇申請保單部分退保。
16. 請參閱保單條款，以了解適用於醫療和牙科開支特別款項提取的條款及細則。
17. 如閣下未能符合任何香港年金公司訂定的規定／要求，香港年金公司保留拒絕接納本表格之權利。香港年金公司亦保留在其認為有需要時，要求進一步澄清及索取其他證明文件之權利。
18. 香港年金公司保留於其認為有需要時，不時更新本表格之權利。
19. 如有任何查詢，歡迎透過以下途徑與我們聯絡：

客戶服務熱線	：	(852) 2512-5000
客戶服務電郵	：	cs@hkmca.hk
地址	：	香港九龍觀塘偉業街180號 Two Harbour Square 19樓
辦公時間	：	星期一至星期五，上午9時至下午6時 （公眾假期除外）

IMPORTANT NOTES：

Please request a Quotation of Special Withdrawal Amount from HKMC Annuity Limited ("HKMCA") before submitting this form to understand the impact to your policy after the Special Withdrawal.

1. Please complete in **BLOCK LETTERS** and return the completed form with the relevant documents (if applicable) to the HKMCA at the address below. Capitalised terms used in this form shall have the same meanings as those in the policy, unless otherwise indicated in this form.
2. Do not sign on a blank or incomplete form or leave any space blank.
3. Any changes or amendments should be counter-signed by you.
4. If an Irrevocable Beneficiary has been designated, any special withdrawal application shall be subject to the written consent of the Irrevocable Beneficiary and such consent must be duly signed and executed in Part V – Signatures.
5. The signature(s) of the Policyowner, Irrevocable Beneficiary (if applicable) or his/her lawful attorney (if applicable) in this form shall correspond to the record of the HKMCA.
6. This form can be used during the Insured's lifetime and before the Guaranteed Period ends, to apply for Special Withdrawal for Medical and Dental Expenses for the purpose of payment for the actual or estimated amount of Medical and Dental Expenses incurred or to be incurred from Medical and Dental Treatment and/or Medical and Dental Examination carried out or to be carried out in Hong Kong.
7. Special withdrawal can only be made once under a single application in the Insured's lifetime for all the policies issued by the HKMCA in respect of the same Insured up to the maximum amount which is equivalent to the Special Withdrawal Value as at the date of acceptance of the special withdrawal application.
8. Special withdrawal is subject to an aggregate withdrawal limit of HK$1,000,000 in the Insured's lifetime for all the policies issued by the HKMCA in respect of the same Insured.
9. Policyowner must submit one single application for all the Medical and Dental Expenses in respect of the Insured for all policies issued by the HKMCA whether in respect of one or more than one Medical and Dental Treatment or Medical and Dental Examination. Once a single application has been made and accepted by the HKMCA, no other application will be accepted.
10. For approval of special withdrawal request in respect of actual Medical and Dental Expenses, please complete, sign and submit this form with all the requisite proof (Please refer to Part VII – Document Checklist of this form) to the HKMCA within 1 year (or such reasonable period of time as the HKMCA considers appropriate) from the date Medical and Dental Treatment or Medical and Dental Examination is carried out, as the case may be. Part VI of this form must be completed and signed by a Registered Medical and Dental Practitioner who attended to the Insured's Sickness. If more than one Registered Medical and Dental Practitioner attended to the Insured's Sickness, each Registered Medical and Dental Practitioner is required to complete and sign Part VI of this form separately. Any fees incurred for completing this form shall be borne by you.

11. For pre-approval of special withdrawal request in respect of estimated Medical and Dental Expenses, please complete, sign and submit this form with all the requisite proof (Please refer to Part VII – Document Checklist of this form) to the HKMCA within 30 days (or such reasonable period of time as the HKMCA considers appropriate) from the issuance of proof of Sickness or the referral letter for Medical and Dental Examination, as the case may be, issued by Registered Medical and Dental Practitioner or Medical and Dental Institution, with the estimated amount of Medical and Dental Expenses and the scheduled date for carrying out Medical and Dental Treatment or Medical and Dental Examination.
12. If this form is received by the HKMCA after 30 days of the signing date of this form, the HKMCA reserves the right to request you to submit a new form.
13. The Special Withdrawal Value available for withdrawal will be determined as at the date of acceptance of the special withdrawal application. The date of acceptance will be the date on which your application is accepted by the HKMCA.
14. After the special withdrawal, the amount of the Guaranteed Monthly Annuity Payment, the Guaranteed Cash Value, the Death Benefit (if applicable) and the total amount of benefits paid and payable of the policy will be reduced accordingly. If the amount of Guaranteed Monthly Annuity Payment payable under the policy becomes zero after the special withdrawal, the policy will be terminated.
15. Special withdrawal is for payment of Medical and Dental Expenses(s) only. Please consult the HKMCA on the impact of such special withdrawal on the policy values or whether the option of making a partial surrender of the policy should be considered.
16. Please refer to the policy provisions for details on the terms and conditions applicable to Special Withdrawal for Medical and Dental Expenses.
17. The HKMCA reserves the right to reject the form submitted by you if you failed to fulfill any of its prescribed requirements. The HKMCA also reserves the right to ask for clarification and further supporting documentation should it deem necessary.
18. The HKMCA reserves the right to update this form from time to time should it deem necessary.
19. If you have any enquiries, please contact us through the following channels:

Customer Service Hotline	:	(852) 2512-5000
Customer Service Email	:	cs@hkmca.hk
Address	:	19/F, Two Harbour Square 180 Wai Yip Street, Kwun Tong Kowloon, Hong Kong
Office Hours	:	Monday to Friday, 9 a.m. to 6 p.m. (except public holiday)

第一部分 受保人資料（由保單持有人／受保人填寫）
PART I INSURED'S INFORMATION (to be completed by the POLICYOWNER/INSURED)

1. 受保人姓名 Name of Insured	姓 Surname	名 First and Middle Name
2. 香港身份證號碼 Hong Kong Identity Card Number		

第二部分 醫療和牙科治療／檢驗詳情（由保單持有人／受保人填寫）
PART II MEDICAL AND DENTAL TREATMENT/EXAMINATION DETAILS (to be completed by the POLICYOWNER/INSURED)

3. 特別款項提取種類 Type of Special Withdrawal （請選擇其中一項） (Please select one of the types)	☐ 用於已產生的實際醫療及牙科開支 For actual Medical and Dental （請參照本表格第七部分提交所須文件並請主診註冊醫生和牙醫填寫及簽署本表格第六部分。Please refer to Part VII of this form for the document checklist and request the attending Registered Medical and Dental Practitioner to complete and sign Part VI of this form.）	☐ 用於將會產生的預計醫療及牙科開支 For estimated Medical and Dental Expenses to be incurred （請參照本表格第七部分提交所須文件。Please refer to Part VII of this form for the document checklist.）

若因疾病引致的醫療和牙科開支，請填報第4 – 9項
For Medical and Dental Expenses caused by Sickness, please complete 4 – 9

– 如醫療和牙科開支是就多次醫療和牙科治療或醫療和牙科檢驗而產生，請說明所有相關的醫療和牙科開支的詳情。
– If there are Medical and Dental Expenses in respect of more than one Medical and Dental Treatment or Medical and Dental Examination, please state all the Medical and Dental Expenses concerned.

序號 Number：	疾病 Sickness 1	疾病 Sickness 2	疾病 Sickness 3
4. 徵狀 Sign and symptoms			
5. 何時首次出現此徵狀? Since when have these symptoms first appeared?	_____ / _____ / _____ 日 Day 月 Month 年 Year	_____ / _____ / _____ 日 Day 月 Month 年 Year	_____ / _____ / _____ 日 Day 月 Month 年 Year
請提供主診註冊醫生和牙醫／醫療和牙科機構的資料 Please provide details of the attending Registered Medical and Dental Practitioner/Registered Medical and Dental Institution			
6. 註冊醫生和牙醫名稱 Name of Registered Medical and Dental Practitioner			
7. 註冊醫生和牙醫地址及聯絡電話 Address and Contact Phone Number of Registered Medical and Dental Practitioner			

第二部分 醫療和牙科治療／檢驗詳情（由保單持有人／受保人填寫）（續）
PART II MEDICAL AND DENTAL TREATMENT/EXAMINATION DETAILS (to be completed by the POLICYOWNER/INSURED) (CON'T)

8. 就診日期 Date of Consultation	由 From: _____ / _____ / _____ 日 Day 月 Month 年 Year 至 To: _____ / _____ / _____ 日 Day 月 Month 年 Year	由 From: _____ / _____ / _____ 日 Day 月 Month 年 Year 至 To: _____ / _____ / _____ 日 Day 月 Month 年 Year	由 From: _____ / _____ / _____ 日 Day 月 Month 年 Year 至 To: _____ / _____ / _____ 日 Day 月 Month 年 Year
9. 醫療和牙科機構名稱（如適用） Name of Registered Medical and Dental Institution (if applicable)			

若因意外引致的醫療和牙科開支，請填報第10 – 12項
For Medical and Dental Expenses caused by an accident, please complete 10 – 12
註：請附上警察報告、交通意外報告及／或口供紙副本（如有）
Remarks: Please provide a copy of the Police Report, Traffic Accident Report or Police Statement (if any)

10. 意外日期 Date of accident	_____ / _____ / _____ 日 Day 月 Month 年 Year
11. 意外地點 Location of accident	
12. 意外詳情 Details of accident	

第三部分 醫療和牙科開支特別款項提取金額（由保單持有人／受保人填寫）
PART III SPECIAL WITHDRAWAL AMOUNT FOR MEDICAL AND DENTAL EXPENSES (to be completed by the POLICYOWNER/INSURED)

13. 特別款項提取申請金額 Amount of Special Withdrawal Applied For	保單編號 Policy Number _____	特別款項提取金額 Special Withdrawal Amount 港幣 HK$ _____元
	保單編號 Policy Number _____	特別款項提取金額 Special Withdrawal Amount 港幣 HK$ _____元
	保單編號 Policy Number _____	特別款項提取金額 Special Withdrawal Amount 港幣 HK$ _____元
14. 特別款項提取金額支付方式 Payment Option of Special Withdrawal	☐ 港幣支票 HKD Cheque （支票會以平郵方式郵寄至保單持有人於香港年金公司記錄的通訊地址。） (Cheque will be mailed to Policyowner's correspondence address in the HKMCA's record by surface.) ☐ 入賬至現時收取保證每月年金金額之**本港**銀行賬戶 Pay to the existing **local** bank account for receiving the Guaranteed Monthly Annuity Payment 備註： 如現時收取保證每月年金金額之銀行賬戶屬中國內地銀行賬戶，必須選擇以港幣支票付款。 Note : If the existing bank account for receiving the Guaranteed Monthly Annuity Payment is a Chinese Mainland Bank Account, payment must be made by HKD cheque.	

第四部分 聲明
PART IV DECLARATION

1. 本人謹此聲明本表格所填資料皆是根據本人所知所信而作出的真實、正確及完備之事實，本人已閱讀、明白及同意本表格的注意事項並簽署作實。

2. 本人完全明白特別款項提取對保單價值的影響，並決定就本表格第三部分所指定的保單作特別款項提取。

3. 本人不可撤銷地授權任何知悉或擁有本人之意外或損失（任何類別）之詳情、健康狀況、病歷或任何治療或諮詢記錄及曾為或將為本人診治之機構、組織或人士、向香港年金公司透露有關資料，不得撤回，即使本人死亡或喪失能力，此授權書仍然存有法律效力而本人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。

4. 本人進一步確認已閱讀並明白香港按揭證券有限公司和其附屬公司有關《個人資料（私隱）條例》的收集個人資料聲明內容（詳見本表格第八部分）。

5. 本人明白及同意直至所有有關文件收妥前本申請將不會生效，本申請是須經香港年金公司接納後方可作實。

1. I hereby declare that the information given on this form is true, correct and complete to my best knowledge and belief and by signing below, I have read, understand and agree to the Important Notes stated in this form.

2. I fully understand the impact of special withdrawal on the policy values and decide to make special withdrawal under the policy(ies) as specified in Part III of this form.

3. I hereby irrevocably authorise that any organisation, institution, or individual that has any record or knowledge of my accident or loss details (of any sort), health, medical history or any treatment or advice may disclose any such information to any authorised representative of the HKMCA. This authorisation shall bind my successors and assignors and remain valid notwithstanding my death or incapacity in so far as legally possible. A photocopy of this authorisation shall be as valid as the original.

4. I further confirm that I have read and understand the contents of the Personal Information Collection Statement of The Hong Kong Mortgage Corporation Limited and its subsidiaries in relation to the Personal Data (Privacy) Ordinance (please see Part VIII of this form for details).

5. I understand and agree that the request for change shall not take effect until any required documents are submitted in full and the request is endorsed by the HKMCA.

第五部分 簽署
PART V SIGNATURES

SIGN

保單持有人簽署 Signature of Policyowner	保單持有人姓名 Name of Policyowner	日期（日／月／年） Date (DD/MM/YYYY)

（如適用）本人作為保單的不可撤銷受益人，特此確認並同意此申請，並於下方簽署作實。
(If applicable) I, being the Irrevocable Beneficiary of the Policy, hereby confirm my consent to this application and execute the same by signing below.

SIGN

不可撤銷受益人簽署（如適用） Signature of Irrevocable Beneficiary (if applicable)	不可撤銷受益人姓名（如適用） Name of Irrevocable Beneficiary (if applicable)	日期（日／月／年） Date (DD/MM/YYYY)

若本表格是由法定授權代表簽署，請填寫此欄。
Please complete this part if this form is signed by the lawful attorney.

SIGN

法定授權代表簽署 Signature of Lawful Attorney	法定授權代表姓名 Name of Lawful Attorney	日期（日／月／年） Date (DD/MM/YYYY)

如保單持有人、不可撤銷受益人或其法定授權代表以圖章蓋印或指紋作簽署，必須由一名見證人見證下簽署本表格。
Where any Policyowner, Irrevocable Beneficiary or his/her lawful attorney uses name chop or fingerprint as signature, a Witness is required to witness the signing of this form.

收集個人資料聲明（見證人用）

1. 閣下所提供的個人資料僅用作核實閣下之見證人身分及記錄保存之用；該等資料並**不會**用作直接促銷或向任何其他第三者披露或轉移。
2. 閣下有權向香港年金公司要求查閱或更正閣下的個人資料。有關要求可以書面形式送至香港九龍柯士甸道西一號環球貿易廣場65樓，向按揭證券公司集團的個人資料保障主任提出。

Personal Information Collection Statement (for Witness only)

1. Personal data provided by you is required to enable us to verify your identity as a Witness and also for record keeping only; your data will **NOT** be used for direct marketing or disclosed or transferred to any other third party.
2. You have the right to request access to and correction of your personal data held by the HKMCA. Your request can be made in writing to the Data Protection Officer of the HKMC Group at Level 65, International Commerce Centre, 1 Austin Road West, Kowloon, Hong Kong.

SIGN

見證人簽署（如適用） Signature of Witness (if applicable)	見證人姓名（如適用） Name of Witness (if applicable)	日期（日／月／年） Date (DD/MM/YYYY)

見證人與保單持有人／不可撤銷受益人／法定授權代表的關係
Relationship between Witness and Policyowner/Irrevocable Beneficiary/Lawful Attorney

☐ 親屬 Relative
☐ 朋友 Friend
☐ 其他，請註明 Other, please specify _____

身份證明文件類別
Type of Identification Document

☐ 香港身份證 Hong Kong Identity Card
☐ 護照 Passport
☐ 其他 Other _____

身份證明文件號碼
Identification Document Number

第六部分 由主診註冊醫生和牙醫填寫
PART VI TO BE COMPLETED BY THE ATTENDING REGISTERED MEDICAL AND DENTAL PRACTITIONER

1. 種類 Type(s)	☐ 醫療治療 Medical Treatment ☐ 牙科治療 Dental Treatment ☐ 牙科檢驗 Dental Examination ☐ 醫療檢驗 Medical Examination	
	是次治療／檢驗是否因意外引致？ Was the treatment/examination caused by an accident? ☐ 否 No ☐ 是 Yes	
2. 病人資料 Patient's Details	姓名 Name	香港身份證號碼 Hong Kong Identity Card Number
	年齡 Age	性別 Gender ☐ 男 Male ☐ 女 Female
3. 醫療和牙科治療／檢驗詳情 Medical and Dental Treatment/ Examination Details	醫療和牙科治療／檢驗日期 Date of Medical and Dental Treatment/ Examination	_____ / _____ / _____ 日 Day 月 Month 年 Year
	醫療和牙科治療／檢驗是否由日間護理中心提供? Was the Medical and Dental Treatment/ Examination managed at day care center? ☐ 否 No ☐ 是 Yes	這是否緊急個案? Was it a case of emergency? ☐ 否 No ☐ 是 Yes 如是，請詳述情況 If Yes, please specify: _____
	請提供是次醫療和牙科治療／檢驗的原因： Please provide reason(s) for this Medical and Dental Treatment/Examination:	
	請提供是次醫療和牙科治療／檢驗期間建議進行的診斷測試及測試原因： Please state the recommended diagnostic tests and the reason of tests for this Medical and Dental Treatment/Examination:	
	是否施行手術? Was surgery performed? ☐ 否 No ☐ 是 Yes 如是，請詳述 If Yes, please specify: _____	手術日期 Date of Surgery: _____ / _____ / _____ 日 Day 月 Month 年 Year 手術名稱 Name of Surgery: _____ 手術醫生姓名 Name of Surgeon: _____
	醫療和牙科治療／檢驗結果摘要 Summary of the Medical and Dental Treatment/Examination given and test performance with results	
4. 主診註冊醫生和牙醫資料 Details of Attending Registered Medical and Dental Practitioner	_____ 主診註冊醫生和牙醫姓名（資歷） Name of Attending Registered Medical and Dental Practitioner (with qualifications)	_____ 簽名（蓋印）Signature (with chop)
	_____ 地址及電話 Address and Telephone Number	日期 Date _____ / _____ / _____ 日 Day 月 Month 年 Year

第七部分 所須文件參考表
PART VII DOCUMENT CHECKLIST

文件類別 Document Type	就已產生的**實際**醫療及牙科開支 For **actual** Medical and Dental Expenses incurred	就將會產生的**預計**醫療及牙科開支（預先批核） For **estimated** Medical and Dental Expenses to be incurred (Pre-approval)
☐ 醫療和牙科開支特別款項提取申請表 Special Withdrawal for Medical and Dental Expenses Form	✓	✓
☐ 由註冊醫生和牙醫或醫療和牙科機構發出之疾病證明之正本。 必須清楚列明以下資料： – 疾病詳情（例如徵狀）、及將會進行的相關治療詳情（例如建議進行的治療／檢驗及原因）； – 預計將會招致之醫療和牙科開支金額； – 進行醫療和牙科治療及／或醫療和牙科檢驗之預定日期。 Original copy of proof of Sickness issued by Registered Medical and Dental Practitioner or the Medical and Dental Institution. Following information must be clearly indicated: – details of the Sickness (e.g. sign and symptoms) and the relevant medical treatment(s) to be taken (e.g. recommended medical treatment/examination and the reason); – the estimated amount of the Medical and Dental Expenses to be incurred; – the scheduled date(s) for carrying out Medical and Dental Treatment and/or Medical and Dental Examination.	不適用 Not applicable	✓
☐ 由註冊醫生和牙醫或醫療和牙科機構發出之醫療和牙科檢驗之轉介信副本 Copy of the Referral Letter for Medical and Dental Examination issued by Registered Medical Practitioner and Dentist or Medical and Dental Institution	如適用 If applicable	如適用 If applicable
☐ 醫療和牙科開支收據／收費單正本 Original Receipt/Statement of Charges for Medical and Dental Expenses	✓	不適用 Not applicable
☐ 出院總結／出院紙副本 Copy of Discharge Summary/Discharge Slip	✓	不適用 Not applicable
☐ 主診註冊醫生和牙醫報告副本 Copy of Attending Registered Medical and Dental Practitioner Statement	✓	不適用 Not applicable
☐ 警察報告／交通意外報告／口供紙副本 Copy of the Police Report/Traffic Accident Report/Police Statement	如適用 If applicable	如適用 If applicable
☐ 由註冊醫生和牙醫填寫、簽署並蓋印本表格第六部分 （如多於一位註冊醫生和牙醫治療受保人的疾病，每位註冊醫生和牙醫需個別填寫及簽署本表格第六部分。） Part VI of this form completed & signed by Registered Medical and Dental Practitioner with chop (If more than one Registered Medical and Dental Practitioner attended to the Insured's Sickness, each Registered Medical and Dental Practitioner is required to complete and sign Part VI of this form separately.)	✓	不適用 Not applicable

香港年金公司保留在其認為有需要時，要求進一步澄清及索取其他證明文件之權利。
The HKMCA reserves the right to ask for clarification and further supporting documentation should it deem necessary.

第八部分　收集個人資料聲明(「本聲明」)
PART VIII　PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")

1. 本聲明不會限制資料當事人在《個人資料(私隱)條例》下所享有的權利。

2. 除非有關資料收集表格中注明為必要的個人資料，否則提供個人資料屬自願性質。如該注明為必要的個人資料未獲提供，將導致我們無法完成如下所述的目的。

目的

3. 使用資料當事人個人資料的目的將取決於資料收集的情況和背景，但我們認為的目的將包括下列所述：

(a) 管理、維持、營運、服務、市場推廣、優化和支援我們與融資、貸款及收購貸款、退休規劃(例如AMIGOS By HKMC會員計劃)、保險及信貸支援業務相關的產品／服務／活動(包括其可能不時進行的優化措施)(例如購買按揭貸款計劃、按揭保險計劃、安老按揭計劃、中小企融資擔保計劃及保單逆按計劃)(「**業務**」)；
(b) 處理、篩選及評估任何涉及資料當事人的與我們業務相關的申請、要求、查詢或投訴；
(c) 提供涉及資料當事人的與我們業務相關的後續或持續的服務，包括但不限於提供資料及管理已發出的保單或擔保或已提供的貸款或信貸支援；
(d) 任何有關我們的業務的索賠或請求的目的，包括相關的核實、篩選及調查工作，而無論該索賠或請求是資料當事人提出的、或針對資料當事人的、或涉及資料當事人的；
(e) 偵查、調查及防止欺詐、罪行、不當行為或違規情況；
(f) 協助按揭證券公司集團的任何成員設計其產品／服務／活動；
(g) 為市場推廣、統計、精算、產品研發、研究或其他目的進行調研及維持資料庫；
(h) 就本聲明所列任何目的，不時對所持有的與資料當事人有關的個人資料進行核對及核實第三方提供的資料和資訊；
(i) 建立及維持資料當事人檔案及分類及業務營運模式，以及進行風險管理；
(j) 評估任何來自或涉及資料當事人的與我們業務相關的日後的申請；
(k) 登記資料當事人及管理透過電訊或網上渠道及／或平台或流動應用程式而提供的業務；
(l) 進行核保、身份及信貸審查及債務追收；
(m) 向資料當事人提議、提供及促銷本公司、按揭證券公司集團的其他成員或我們的商業夥伴的業務；
(n) 進行與資料當事人的商業合作(包括轉介或其他形式的合作)；
(o) 向資料當事人發送關於按揭證券公司集團任何成員的關於教育、消閒或其他活動的通訊及資料(不論是印刷版或可透過網路存取或查看)；
(p) 向資料當事人提供優惠以作客戶關係管理用途；
(q) 依照任何適用的法律、規則、規例、實務守則或指引的要求進行披露，或以此協助香港或其他地區的警方或其他政府或監管機構執法、調查或查詢；
(r) 遵守我們預期或一般須遵從的任何適用司法管轄區的法律、監管要求及任何其他政府或監管機構或執法機關的規則、指引、指令或要求；
(s) 遵守為符合制裁或防止或偵測清洗黑錢、恐怖分子融資活動或其他非法或禁止的活動或行為而制訂的按揭證券公司集團內共用個人資料和資訊及／或其他個人資料和資訊使用而指定的任何責任、要求、政策、程序、措施或安排，包括但不限於對申請進行篩選，以及對制裁和相關資料庫進行持續監察；
(t) 供我們的實際或潛在承讓人，或就我們對資料當事人享有權利的參與人或從屬參與人衡量有關轉讓、參與或從屬參與所涉交易；
(u) 提供和支援上述未提及的人力資源職能，包括但不限於招聘、僱傭、薪資和福利以及學習和發展；及
(v) 與上述任何目的直接有關的目的。

資料承轉人

4. 個人資料會予以保密，但取決於所適用的法律，我們可能就以上第3段所列的目的將其提供給香港境內或境外的以下各方，包括雲端服務供應商：

(a) 按揭證券公司集團的任何成員；
(b) 資料當事人在香港或其他地區的任何經紀人、推薦人或介紹人；
(c) 任何聯名申請人或聯名借款人，及為資料當事人就我們的業務所承擔的責任擬提供或正在提供財務或信貸支援的人士；
(d) 任何參與按揭證券公司集團成員營運的有關我們業務的計劃的商業夥伴；
(e) 與任何有關本公司或按揭證券公司集團的任何成員提供的業務的索賠有關的任何人士，不論該索賠是資料當事人提出的、或針對資料當事人的、或涉及資料當事人的；
(f) 在香港或其他地區對按揭證券公司集團的任何成員有保密責任，並為其提供行政、審計、資料處理(包括網上雲端處理)、文件管理、科技、通訊、存儲(包括網上雲端存儲)、資料庫、支付或其他服務(包括直接促銷和推播及／或提醒通知服務)的任何代理人、承辦商或第三方；
(g) 如適用，與我們的業務相關的任何承保人或再保險人(包括該再保險人的任何再保險人)或就我們的業務提供財務支援的任何實體；

(h) 任何由或將由業務獲取的資金來支付的估價方、醫療服務提供方或產品或服務的提供方;
(i) 信貸資料服務機構(包括信貸資料服務機構所使用的任何中央資料庫之經營者),以及在客戶欠帳時,則可將該等資料提供給追討欠款公司;
(j) 任何代理人、核數師、會計師、稅務顧問、律師、顧問或其他專業顧問;
(k) 香港或其他地區的任何法院、裁判院或行政、政府或監管機構,或執法機關(包括本地或外地的稅務機關);及
(l) 任何實際或潛在承讓人、受讓人、我們的權利或業務的參與人或從屬參與人。

直接促銷中個人資料的使用及提供

5. 我們擬:

(a) 將我們持有的資料當事人的姓名、聯絡資料、業務組合資料、交易模式及行為、財務、就業或其他背景及人口統計數據不時用於直接促銷,而除非獲得資料當事人的同意或表示不反對,否則我們不能使用該等資料;及
(b) 對以下類別的產品/服務/活動進行直接促銷:
(i) 保險、金融服務、退休規劃及相關產品/服務/活動;及
(ii) 獎賞、會員、聯名商品或禮遇計劃,及相關產品/服務/活動。

6. 以上產品/服務/活動可能由我們及/或下列人士提供或推薦:

(a) 按揭證券公司集團的任何成員;
(b) 第三方金融機構及承保人;及
(c) 第三方獎賞、會員、聯名商品或禮遇計劃的供應商或營運商。

7. 除促銷上述產品/服務/活動外,我們亦可能將以上第5(a)段所列的資料當事人的資訊提供予以上第6段所列的全部或任何人士,以供該等人士在促銷該等產品/服務/活動中使用,而我們為此用途須獲得資料當事人書面同意(包括表示不反對)。

如資料當事人不希望我們如上述使用其個人資料或將其個人資料提供予其他人士作直接促銷用途,資料當事人可通知我們行使其選擇權拒絕促銷。

查閱及改正資料的權利

8. 資料當事人可以書面形式向我們的個人資料保障主任提出查閱或改正其個人資料的要求,其通訊地址為:香港九龍柯士甸道西一號環球貿易廣場65樓。

9. 我們可就處理任何查閱資料的要求收取不超乎適度的費用。

本聲明中,除非文義不許可或另有所指,

「**本公司**」、「**我們**」及「**我們的**」指收取相關個人資料的文件中所述的公司(其為按揭證券公司集團成員)及其繼承人及承讓人;

「**資料當事人**」就個人資料而言,指屬該個人資料的當事人的個人;及

「**按揭證券公司集團**」指香港按揭證券有限公司、其附屬公司及附屬企業。

注意

(a) 本聲明可由我們不時修改或更新。
(b) 資料當事人使用或繼續使用或參加任何我們的業務、提供其本人資料、或向我們提供服務或與我們簽訂商業或其他合同安排時,資料當事人被視為已經接受及同意本聲明所陳述的安排及受相關條款約束。

由本公司刊發

第八部分　收集個人資料聲明(「本聲明」)(續)
PART VIII　PERSONAL INFORMATION COLLECTION STATEMENT ("PICS") (CON'T)

1. Nothing in this PICS shall limit the rights of Data Subjects under the Personal Data (Privacy) Ordinance.

2. The supply of personal data is voluntary except for the personal data specified in the relevant data collection form as obligatory. Failure to supply such obligatory data will prevent us from fulfilling the purposes described below.

PURPOSES

3. The purposes for which personal data of the Data Subject may be used will vary depending on the circumstances and context of its collection, but the purposes perceived by us will include the following:

   (a) administering, maintaining, operating, servicing, marketing, enhancing and supporting our products/services/events (including their amendments and enhancements as may be effected from time to time) relating to our financing, loans and loans acquisition, retirement planning (such as AMIGOS by HKMC loyalty programme), insurance and credit support businesses (such as mortgage purchase programme, mortgage insurance programme, reverse mortgage programme, SME financing guarantee scheme and policy reverse mortgage programme) from time to time provided or operated by us (**Services**);
   (b) processing, screening and evaluating any applications, requests, enquiries or complaints involving the Data Subject relating to our Services;
   (c) providing subsequent or ongoing services in relation to our Services involving the Data Subject, including but not limited to providing information and administering the policies or guarantees issued or the loans or credit supports granted;
   (d) any purposes in connection with any claim or requests made by or against or otherwise involving the Data Subject in respect of our Services, including the related verification, screening and investigation work;
   (e) detecting, investigating and preventing fraud, crime, wrongdoing or irregularity;
   (f) facilitating design of products/services/events of any members of the HKMC Group;
   (g) conducting research and maintaining databases for marketing, statistical, actuarial, product development, research or other purposes;
   (h) matching any personal data held which relates to the Data Subject from time to time for any of the purposes listed herein and verifying data or information provided by any third party;
   (i) creating and maintaining Data Subject profile and segregation and business model and performing risk management;
   (j) evaluating any future application by or involving the Data Subject in relation to our Services;
   (k) registering Data Subjects and administering the provision of Services through telecommunications or online channels and/or platforms, or mobile applications;
   (l) conducting underwriting, identity and credit checks and debt collection;
   (m) offering, providing and marketing to the Data Subject the Services of the Company, other members of the HKMC Group or our business partners;
   (n) carrying out business co-operation with the Data Subject (including referral or other modes of co-operation);
   (o) sending to the Data Subject newsletters and materials (whether printed or accessible or viewable through online means) about educational, recreational or other events of any member of the HKMC Group;
   (p) providing benefit(s) to the Data Subject for relationship management purposes;
   (q) making disclosures as required by any applicable law, rules, regulations, codes of practice or guidelines or for assisting law enforcement purposes, investigations or enquiries by police or other government or regulatory authorities in Hong Kong or elsewhere;
   (r) complying with the laws, regulatory requirements and any other rules, guidelines, orders or requests of any governmental or regulatory body or law enforcement agency in any applicable jurisdiction which we are expected to or would normally comply with;
   (s) complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing personal data and information within the HKMC Group and/or any other use of personal data and information for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful or prohibited activities or conduct, including but not limited to screening of applications and ongoing monitoring for sanctions and of relevant databases;
   (t) enabling an actual or potential assignee of us, or participant or sub-participant of our rights in respect of the Data Subject to evaluate the transaction intended to be the subject of the assignment, participation or sub-participation;
   (u) providing and supporting human resources functions not mentioned above, including but not limited to recruitment, employment, compensation and benefits and learning and development; and
   (v) purposes directly relating to any of the above.

TRANSFEREES

4. Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to the following parties within or outside Hong Kong, including cloud service providers for the purposes outlined in paragraph 3 above:

   (a) any member of the HKMC Group;
   (b) any broker, referrer or introducer of the Data Subject in Hong Kong or elsewhere;
   (c) any co-applicant or co-borrower, and any person proposing to provide or providing any financial or credit support in relation to the Data Subject's obligations in connection with our Services;
   (d) any business partner which has participated in programmes operated by any member of the HKMC Group in relation to our Services;

(e) any person in connection with any claims made by or against or otherwise involving the Data Subject in respect of any Services provided by the Company or any member of the HKMC Group;
(f) any agent, contractor or third party, which provides administrative, audit, data-processing (including online cloud processing), document management, technology, telecommunication, storage (including online cloud storage), database, payment or other services (including direct marketing and push and/or alert notification services) to any member of the HKMC Group in Hong Kong or elsewhere under a duty of confidentiality to the same;
(g) where applicable, any insurer or reinsurer (including any re-reinsurers of such reinsurer) of, or any entity providing financial support in relation to our Services;
(h) any valuer, medical service provider or provider of products or services which is, or will be paid by funds drawn from the Services;
(i) credit reference agencies (including the operator of any centralised database used by credit reference agencies), and, in the event of default, debt collection agencies;
(j) any agent, auditor, accountant, tax adviser, lawyer, consultant or other professional adviser;
(k) any court, tribunal or administrative, governmental or regulatory body or law enforcement agency in Hong Kong or elsewhere (including local or foreign tax authorities); and
(l) any actual or potential assignee, transferee, participant or sub-participant of our rights or business.

USE AND PROVISION OF PERSONAL DATA IN DIRECT MARKETING

5. We intend to:

(a) use the names, contact details, Services portfolio information, transaction pattern and behaviour, financial, employment or other background and demographic data of the Data Subject held by us from time to time for direct marketing and we cannot use such data unless we have received the Data Subject's consent or indication of no objection; and
(b) conduct direct marketing in relation to the following classes of products/services/events:
  (i) insurance, financial services, retirement planning and related products/services/events; and
  (ii) reward, loyalty, co-branding or privilege programmes, and related products/services/events.

6. The above products/services/events may be provided or solicited by us and/or:

(a) any member of the HKMC Group;
(b) third-party financial institutions and insurers; and
(c) third-party reward, loyalty, co-branding or privilege programme providers or operators.

7. In addition to marketing the above products/services/events, we may provide the Data Subject's information described in paragraph 5(a) to all or any of the persons described in paragraph 6 above for use by them in marketing those products/services/events, and we require the Data Subject's written consent (which includes an indication of no objection) for that purpose.

If the Data Subject does not wish us to use or provide to other persons his personal data for use in direct marketing as described above, the Data Subject may exercise his opt-out right by notifying us.

RIGHTS OF ACCESS AND CORRECTION

8. The Data Subject may request access to or correction of his personal data by making a request in writing to our Data Protection Officer at Level 65, International Commerce Centre, 1 Austin Road West, Kowloon, Hong Kong.

9. We may charge a fee which is not excessive for processing any data access request.

In this PICS, unless the context does not permit or otherwise requires,

Company, **we**, **our** and **us** mean the company named in the document collecting the relevant data (which is a member of the HKMC Group) and its successors and assigns;

Data Subject, in relation to personal data, means the individual who is the subject of the personal data; and

HKMC Group means The Hong Kong Mortgage Corporation Limited, its subsidiaries and subsidiary undertakings.

Notes

(a) This PICS may from time to time be revised or updated by us.
(b) By using or continuing to use or participate in any of our Services, providing information about the Data Subject, or providing services to or entering into commercial or other contractual arrangements with us, the Data Subject is deemed to have accepted and agreed to the arrangements set out in and to be bound by the provisions herein.

Issued by the Company