

Part 1: Client Declaration

第1部分: 客户声明

I, the undersigned Applicant, declare that:

本人, 即下列签署人, 声明:

1. I do not reside in the United States of America;
本人不居住在美国;
2. I do not reside in a sanctioned country;
本人不居住在受制裁国家;
3. I am in Hong Kong at the time of signing and submitting this medical insurance application;
本人在香港签署并提交此医疗保险申请;
4. I have provided to my appointed broker and/or Now Health International (Asia Pacific) Limited my current, complete and accurate proof of entry into Hong Kong (or the Statement of Travel Record) issued by the Hong Kong Immigration Department and personal identification document along with my medical insurance application; and
本人已经向本人指定的经纪人和/或时康国际(亚太)有限公司提供本人现时、完整及准确由香港入境事务处发出的出入境纪录证明、个人身份证明文件以及医疗保险申请; 和
5. I acknowledge that any medical insurance policy issuance by AXA General Insurance Hong Kong Limited and arranged by Now Health International (Asia Pacific) Limited, including any disputes arising out of the said policy, is governed by and construed in accordance with the laws and courts of Hong Kong as per the terms and conditions of the Members' Handbook.
本人确认, 由安盛保险香港有限公司签发并由时康国际(亚太)有限公司安排的任何医疗保险单, 包括因该保单引起的任何争议, 均受香港法律和法院的管辖, 并根据会员手册的条款和条件进行解释。

Applicant's Full name as per ID document:

申请人身份证件上的全名:

Applicant's Signature:

申请人签名:

Date (dd/mm/yyyy) and Time of signing this declaration in Hong Kong:

在香港签署此声明的日期(日/月/年)和时间:

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Time:

时间:

Part 2: Broker Declaration

第2部分: 经纪人声明

In complying with relevant regulatory requirements, by submitting a quotation request or a policy purchase request to Now Health International (Asia Pacific) Limited for the above-signed applicant, we understand and declare that:

为遵守相关监管要求, 本人们向时康国际(亚太)有限公司代表上述已签名的申请人提交报价请求或保单购买请求, 我们理解并声明:

1. We did not solicit the business from outside Hong Kong;
我们未在香港以外招揽业务;
2. In certain territories soliciting customers and providing regulated services is not permitted ("prohibited activity") and we confirm that we do not undertake such prohibited activity;
在某些不允许招揽客户并提供受监管的服务(「禁止活动」)之地区, 确认我们不会从事此类禁止活动;
3. We are responsible for our actions in managing and complying with any and all relevant regulatory requirements whilst conducting our business; and
我们对在开展业务时管理和遵守任何及所有相关监管要求的行为负责;
4. We are solely responsible and liable for any such non-compliance with applicable regulatory requirements.
我们对任何此类不遵守适用监管要求的行为负全部责任。

Broker's Full name as per ID document:

经纪人身份证件上的全名:

Broker's Representative No.:

经纪人代表编号:

Broker's Signature:

经纪人签名:

日期(日/月/年):

Date (dd/mm/yyyy):

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Should there be any inconsistency or conflict between the English and Chinese versions of the Agreement, the English version shall prevail.

如果协议的中英文版本有任何不一致或冲突, 以英文版本为准。

Plans issued in Hong Kong are underwritten by AXA General Insurance Hong Kong Limited and arranged by Now Health International (Asia Pacific) Limited.

Registered address: Units 1501-3, 15/F, AIA Tower, 183 Electric Road, North Point, Hong Kong.

Insurance Agent Registration Number: 10974559.