

FINANCIAL NEEDS ANALYSIS (BUSINESS INSURANCE)


Policy Number																Insurance Intermediary's Name / Code (1)										Insurance Intermediary's Name / Code (2)																			
T	P	L	H	K													0	0	8																										
Name of Applicant																Name of Proposed Insured										Insurance Intermediary's contact no. (1)										Insurance Intermediary's contact no. (2)									

IMPORTANT NOTES:

The objective of this Financial Needs Analysis (FNA) form is to facilitate the identification of suitable insurance product(s) to meet your needs and circumstances. Please answer all questions in this form. Do NOT sign on this form if any question is unanswered or has been crossed out. Do NOT sign on blank form. You need to inform us if there is any substantial change of information provided in this form. If you are unable to provide us the required information, China Taiping Life Insurance (Hong Kong) Company Limited ("the Company") may reject your application.

I. APPLICANT'S PARTICULARS
A. BASIC INFORMATION

(a) Full Name of the Applicant (Legal Entity):	
(b) Nature of Business:	
(c) Date of Incorporation (dd/mm/yyyy):	(d) Place of Incorporation:
(e) Type of Legal Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Company Limited by Shares <input type="checkbox"/> Company Limited by Guarantee <input type="checkbox"/> Unlimited Company <input type="checkbox"/> Others (Please specify: _____)	
(f) Listing on Stock Exchange: <input type="checkbox"/> Yes (Name of Stock Exchange: _____ Stock Code: _____) <input type="checkbox"/> No	
(g) Registered Office Address:	
(h) Business Address (if different from registered office address):	
(i) Correspondence Address (if different from registered office address):	
(j) Telephone Number:	(k) Fax Number:
(l) Name of Contact person / Authorized signatory: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	(m) Position Held by Contact person / Authorized signatory:
(n) Day time contact number of Contact person / Authorized signatory:	(o) Mobile number of Contact person / Authorized signatory:
(p) E-mail Address of Contact person / Authorized signatory:	

B. CORPORATE INCOME

[Note: You must reply all questions in "B.CORPORATE INCOME". Do not leave it blank.]

* Please give a rough estimate in Hong Kong dollars (HKD) equivalent if the figures are denominated in other currencies.

FINANCIAL INFORMATION OF PAST 2 YEARS	Year 20__	Year 20__
Net Profit (HKD)*		

C. CORPORATE ASSET

[Note: You must reply all questions in "C.CORPORATE ASSET". Do not leave it blank.]

* Please give a rough estimate in Hong Kong dollars (HKD) equivalent if the figures are denominated in other currencies.

FINANCIAL INFORMATION OF PAST 2 YEARS	Year 20__	Year 20__
Total Liquid Assets (HKD)* (A)		
Total Liquid Liabilities (HKD)* (B)		
Net Liquid Assets (HKD)* (C) = (A) – (B)		

II. SUITABILITY & AFFORDABILITY ASSESSMENT

D. SUITABILITY ASSESSMENT

[Note: You must reply to the question below. Do not leave it blank. We will reject your application if you do not reply.]

- 1 What are your objectives for seeking to purchase an insurance product? (tick one or more)
- ☐ a. Financial protection for employee or company against adversities (e.g. the incident of death, accident, disability, etc of employee or keyman)
- ☐ b. Preparation for health care needs of employee or keyman (e.g. critical illness, hospitalization, etc.)
- ☐ c. Providing funding or regular returns for business continuity
- ☐ d. Executive bonus (providing long service payment, retirement protection etc. for executive) and/or corporate's reserve
- ☐ e. Corporate's investment
- ☐ f. Others (Please specify : _____)

[Note: The supplementary question to question D1 below is applicable only if "b. Preparation for health care needs of employee or keyman" is chosen as one of the objectives in question D1.]

- 1.1 To meet your "Preparation for health care needs of employee or keyman" objective indicated above, which of the following features do you prefer for the medical insurance products? (tick one or more)
- ☐ 1. Providing protection against loss of income during hospital confinement
- ☐ 2. Providing protection against increasing expenses for medical and healthcare services, offers the hospitalization expense reimbursement benefit
- ☐ 3. Providing protection for future healthcare services and offers Lump Sum Payment upon claims of health protection/critical illness
- ☐ 4. Others (Please specify : _____)

[Note: The supplementary question to question D1 below is applicable only if "e. Corporate's investment" is chosen as one of the objectives in question D1 above.]

- 1.2 To meet your "Corporate's investment" objective indicated above, how would you prefer to manage different investment options/investment choices, if available, under the insurance product? (tick one)
- ☐ 1. I want to make my own decisions (without any professional advice to be provided by the authorized insurer and/or licensed insurance intermediary) to choose and manage different investment options/investment choices, if available, under an insurance product, and I am willing to do it throughout the entire duration of the target benefit/protection period of an insurance product.

	<input type="checkbox"/> 2. I want to make my own decisions (with professional advice to be provided by the authorized insurer and/or licensed insurance intermediary) to choose and manage different investment options/investment choices, if available, under an insurance product, and I am willing to do it throughout the entire duration of the target benefit/protection period of an insurance product. <input type="checkbox"/> 3. I do not want to choose or manage different investment options/investment choices, if available, under an insurance product.
[Note: You must reply to the question below. Do not leave it blank. We will reject your application if you do not reply.]	
2	What is your target benefit / protection period / expected timeframe for meeting the target amount for insurance policy? (tick one) <input type="checkbox"/> a. Less than 1 year <input type="checkbox"/> b. 1-5 years <input type="checkbox"/> c. 6-10 years <input type="checkbox"/> d. 11-15 years <input type="checkbox"/> e. 16-20 years <input type="checkbox"/> f. More than 20 years <input type="checkbox"/> g. Whole of life

E. APPLICANT'S NEEDS

[Note: You must reply all questions in the forms. Do not leave it blank. We will reject your application if you do not reply.]

Applicant's Desired / Indicated Needs	HKD	Existing Coverage of Proposed Insured Purchased by Applicant (Including the coverage under China Taiping Life Insurance (Hong Kong) Company Limited and other insurance companies)	Sum assured / Amount (HKD)
Target savings amount (R)		Current savings amount (U)	
Life protection needs (S)		Existing Life coverage (V)	
Critical Illness protection needs (T)		Existing Critical Illness coverage (W)	
Protection gap for savings (X) = (R) – (U)		HKD	
Protection gap for Life coverage (Y) = (S) – (V)		HKD	
Protection gap for Critical Illness coverage (Z) = (T) – (W)		HKD	

F. AFFORDABILITY ASSESSMENT

[Note: You must reply to the question below. Do not leave it blank. We will reject your application if you do not reply.]

1	For how long are you able and willing to contribute to an insurance policy? (tick one) <input type="checkbox"/> a. 2-5 years <input type="checkbox"/> b. 6-10 years <input type="checkbox"/> c. 11-15 years <input type="checkbox"/> d. 16-20 years <input type="checkbox"/> e. More than 20 years <input type="checkbox"/> f. Whole of life <input type="checkbox"/> g. A single payment of not more than HK\$ _____
[Note: You must reply to the question below. Do not leave it blank. We will reject your application if you do not reply.]	
2	In considering your ability to make payments, what are the sources of funds you intend to use? (tick one or more) <input type="checkbox"/> a. Net Profit <input type="checkbox"/> b. Net Liquid Assets <input type="checkbox"/> c. Premium Financing <input type="checkbox"/> d. Reserve <input type="checkbox"/> e. Others (please specify: _____) <i>⁴Note: If your selections include "c. Premium Financing", the followings must be noted.</i> <ol style="list-style-type: none"> An additional source of fund other than "premium financing" must be selected in the above question; The intermediary is required to answer Q3 of "H.REASON(S) OF RECOMMENDATION BY INSURANCE INTERMEDIARY" and you are required to make an appropriate declaration in (g) of "IV. DECLARATION"; Please submit "IMPORTANT FACTS STATEMENT – PREMIUM FINANCING" for application; The company may need to obtain your income/assets proofs for approval depending on the premium amount or applicant's level of risk of over-leveraging.

[Note: If you chose "c. Premium Financing" in question F2 and your asset proofs (may be required) include investment properties, you must reply the question below.]

2.1 In order to accurately calculate the net value of the investment properties, please indicate the total amount of the outstanding mortgage for all investment properties:
Total outstanding mortgage of investment properties: HKD _____
☐ No outstanding mortgage of investment properties

[Note: If you chose "a. Net Profit" in question F2, you must reply to the question below. We will reject your application if you do not reply.]

3 What percentage of your net profit would you be able and willing to use to pay for the insurance premium throughout the entire term of the insurance policy mentioned in question F1?
(Please tick one, the highest percentage set out in your selection will be used to calculate your maximum affordable premium)
☐ a. Less than 10% ☐ b. 10%-20% ☐ c. 21%-30% ☐ d. 31%-40% ☐ e. 41%-50% ☐ f. More than 50%

[Note: If you chose "b. Net Liquid Assets" in question F2, you must reply the question below. We will reject your application if you do not reply.]

4 What percentage of your net liquid assets# would you be able and willing to use to pay for the total premium paid/single premium (including your existing insurance policy(ies)) throughout the entire term of the insurance policy?
(Please tick one, the highest percentage set out in your selection will be used to calculate your maximum affordable premium)
☐ a. Less than 10% ☐ b. 10%-20% ☐ c. 21%-30% ☐ d. 31%-40% ☐ e. 41%-50% ☐ f. More than 50%

[Note: You must reply the question below. Do not leave it blank. We will reject your application if you do not reply.]

5 Do you have any other existing insurance policy(ies) that is funded by premium financing facility or has been pledged or assigned or have other outstanding liabilities? (tick one)
☐ a. Yes ☐ b. No

Note: If your answer is "a. Yes", you must fill in the "Financial Expense" and/or "Liabilities" in the appropriate section as indicated below according to the source(s) of fund for loan repayments.

If the Corporate Income has been used to pay the outstanding premium financing facility / loans collateralized by insurance policies or the outstanding liabilities mentioned above, please deduce the amount of the outstanding premium financing facility / loans collateralized by insurance policies / liabilities that debts from the Corporate Income before calculating the "Net profit" in section "B. CORPORATE INCOME";
If the Corporate Asset has been used to pay the outstanding premium financing facility / loans collateralized by insurance policies mentioned above, please include the amount of the outstanding premium financing facility / loans collateralized by insurance policies / liabilities that using Corporate Asset for payment in the "Total Liquid Liabilities" in section "C. CORPORATE ASSET STATUS".

III. EVALUATION & RECOMMENDATION

G. INSURANCE INTERMEDIARY'S RECOMMENDATION (To be completed by insurance intermediary)

Insurance intermediary must introduce insurance product matched to the needs of applicant based on the answers filled in question D1, D1.1, D1.2, and D2. Please fill up the "Name of Insurance Product(s) Introduced" and tick for the objectives of products, target benefit / protection period / expected timeframe for meeting the target amount of the respective product. After that, please select the product that client wishes to apply.

Objective of Products (Please make reference to Question D1, D1.1 and D1.2)										Target Benefit / Protection Period / Expected Timeframe for Meeting the Target Amount (Please make reference to Question D2)							Name of Insurance Product(s) Introduced (Please introduce product(s) based on the answers of question D1, D1.1, D1.2 and D2)		Product(s) Selected (Please tick)
a	b				c	d	e			f	a	b	c	d	e	f	g		
	1	2	3	4			1	2	3										
																		<input type="checkbox"/>	
																		<input type="checkbox"/>	
																		<input type="checkbox"/>	
																		<input type="checkbox"/>	
																		<input type="checkbox"/>	

H. REASON(S) OF RECOMMENDATION BY INSURANCE INTERMEDIARY (To be completed by intermediary)

- 1 Insurance intermediary has performed an evaluation according to client's financial objectives, total protection needs, the priorities of the needs, budget, willingness and affordability to the premium and payment terms, the evaluation result of the recommended product(s) is as follow:
- ☐ (a) The recommended product(s) match with client's affordability and needs.
- ☐ (b) The recommended product(s) match with client's affordability, but mismatch with client's needs as stated as below.
(tick one or more)
- ☐ i. Objectives of the insurance product ☐ ii. Protection / benefit period ☐ iii. Payment term
- ☐ iv. The coverage of life/critical illness or targeted saving amount
(Insurance Intermediary must clearly explain the above mismatch to client)
- Please explain the reason(s) why you still recommended the product to applicant even though the recommended product(s) do not meet the above needs of the client:
-
- 2 Insurance intermediary should provide at least two insurance options that match with client's needs and circumstances. For insurance intermediary of other licensed insurance agencies and licensed insurance broker companies, he/she should also provide at least another insurance option from a different authorized insurer to client.
- ☐ (a) At least two insurance options meet the above requirements have been introduced to client and have been completed in part (G) "Name of Insurance Product(s) Introduced" under Section III.
- ☐ (b) No other insurance options available to client. Please explain the reason(s) in details:
-

[Note: If the applicant chose "c. Premium Financing" in question F2 as one of the sources of fund, you must reply the question below.]

- 3
- | | |
|---|---|
| The loan facility amount and the portion of out-of-pocket premium for applying the selected product of "Product Selected" in "G. INSURANCE INTERMEDIARY'S RECOMMENDATION" | Loan facility amount (i): HKD |
| | Out-of-pocket premium (ii): HKD |
| | Total sum of loan facility amount and out-of-pocket premium (iii) = (i)+(ii): HKD |
| Applicant's net liquid assets (Refer to "C.CORPORATE ASSET") | (iv) HKD |
| Ratio of the total sum of loan facility amount and out-of-pocket premium to the value of applicant's net current assets* (iii) ÷ (iv) x 100 (%) | (v)* % |
- Please be noted that the above ratio calculation is only a preliminary assessment to facilitate the understanding of the customer and to raise the customer's awareness to the risk of over-leveraging. Upon receipt of the insurance application, the company will further evaluate the level of risk of over-leveraging based on the overall situation of the applicant and the details of the financing facility. We reserve the right to reject the application for customers who are at risk of over-leveraging.
- *The intermediary needs to be aware that the client is likely to be exposed to the risk of over-leveraging when the above ratio (v) is more than 70%. The insurance intermediary **SHOULD NOT** recommend a policy that would amount to risk of over-leveraging unless there is sufficient justification.
- ☐ (a) Ratio (v) is less than or equal to 70%. The result of the preliminary assessment was that, the client has sufficient current assets to meet the facility repayments and is not required to repay by using the surrender value of the proposed policy.
- ☐ (b) Ratio (v) is more than 70%. The result of the preliminary assessment was that, I'm aware that the client is likely at risk of over-leveraging and the facility repayments are likely can only be met using the surrender value of the proposed policy, but I still recommend this product to applicant for the following justification:
-

IV. DECLARATION

- (a) I understand that the Insurance Intermediary has conducted Financial Needs Analysis for my company and I confirm that all the above information provided by me herein is true and accurate to the best of my knowledge and belief.
- (b) I understand that any incomplete or inaccurate information provided by me may affect the results of the analysis of my company's needs, and I may encounter difficulties in proving the case in respect of any future complaints my company may have.
- (c) I understand that this Financial Needs Analysis only serves as a guide to understand the company's financial situation as at the date of this Declaration.
- (d) I further confirm that:
- i) I/my company would rely on my own judgment in making ultimate decision to purchase the insurance plan.
 - ii) I have been advised to seek independent professional advice, including legal and financial, in connection with my company's particular situation before deciding to purchase the product.
 - iii) I understand that China Taiping Life Insurance (Hong Kong) Company Limited and/or its agents/employees have taken the above information, which is provided by me, into account before making recommendations for the insurance options in part (G) "Name of Insurance Product(s) Introduced" under Section III of this Financial Needs Analysis for my consideration.
 - iv) I have read, understood and agreed the Personal Information Collection Statement issued by China Taiping Life Insurance (Hong Kong) Company Limited and China Taiping Insurance Group Ltd ("PICS").
- (e) The authorized signatory agrees to the company's use of contact person's personal data for direct marketing purposes in accordance with the use and purposes as stated in accordance with PICS:
- ☐ China Taiping Life Insurance (Hong Kong) Company Limited and China Taiping Insurance Group Ltd may only use your personal data for direct marketing purposes with your consent. If you do not wish to receive any promotional offer and information, please tick the box on the left.
- (f) I hereby declare and agree that:
- A. ☐ I have considered the opinions and recommendations of the insurance intermediary, the product(s) and the coverage amount I selected are suitable for my company's needs. As they meet my company's needs and provide it with additional protection, my company is able to afford and will pay the required premiums continuously.
 - B. ☐ Despite the fact that the product(s) I selected may not be suitable for my company with reference to the disclosed needs, I confirm on my company's behalf that it is our intention and desire to proceed with the application due to the following reason(s). Besides, we can afford and will pay the required premiums continuously.

(The authorized signatory must complete the explanation in own handwriting in this box)

- (g) For applicant who intends to use premium financing as one of the sources of fund for premium payment:
- I understand that I must consider the loan repayment capacity (including principal and interest) of my company and the associated risks involved when my company funding the purchase of the life insurance policy using premium financing, and I acknowledge that:
- A. ☐ I have considered the opinions and recommendations of the insurance intermediary, and confirm that if loan repayment was requested by the lender before maturity of the policy, my company will have sufficient current assets to meet the repayment and will not be required to repay the loan with the surrender value of the policy.
 - B. ☐ I understand that the ratio calculated in question 3 of "H.REASON(S) OF RECOMMENDATION BY INSURANCE INTERMEDIARY" is more than 70%, which means that if loan repayment was requested by the lender before maturity of the policy, my company's net liquid assets may not be sufficient to meet the repayment and it is likely can only be met using the surrender value of the policy, and the risk of over-leveraging may exists. I confirm that it is my company's intention and desire to proceed with the application due to the following reason(s).

(Applicant must complete the explanation in own handwriting in this box)

Full Name of the Applicant (Legal Entity)

Signature of Authorized Signatory and Company Chop

On _____
DD / MM / YYYY

Name of Authorized Signatory and Position Held

Signature of Insurance Intermediary as witness

On _____
DD / MM / YYYY

Name of Insurance Intermediary as witness

IMPORTANT NOTE:

- (1) Please read and fill in this form carefully. Do not leave any questions blank. Do not sign if any questions are unanswered and have not been crossed out.
- (2) The signing date of the first Financial Needs Analysis (FNA) form must be on or before the signing date of an Insurance Application Form.
- (3) You are required to inform us (the insurance company) if there is any substantial change of information provided in this FNA form before the policy is issued.

Privacy Policy Statement

CHINA TAIPING LIFE INSURANCE (HONG KONG) COMPANY LIMITED and CHINA TAIPING INSURANCE GROUP LTD. (collectively "the Company and the Group") recognize their responsibilities in relation to the collection, holding, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company and the Group is accurate. The Company and the Group will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use. The Company and the Group will not provide your personal data to third parties for direct marketing or other unrelated purposes without your written consent. The Personal Information Collection Statement set out below also forms part of this Privacy Policy Statement.

Personal Information Collection Statement

The provision of your personal data is voluntary. Please note that if you do not provide the Company and the Group with the required personal data, the Company and the Group may not be able to provide your requested information, products or services.

Purpose: From time to time it is necessary for us to use your personal data for the following purposes:

1. offering, providing and marketing to you the products/services of the Company and the Group and its subsidiaries (see "Use of Personal Data for Direct Marketing Purposes" below) and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and the Group and its subsidiaries;
3. providing subsequent services to you and administering the policies issued e.g. arranging medical examination for you (if required) and additions, alterations, variations, cancellation, renewal or reinstatement of the relevant policies;
4. any purposes in connection with any claims made by or against or otherwise involving you or other claimants in respect of any products/services provided by the Company and the Group and / or its subsidiaries, including investigation of claims;
5. for our data matching, internal business and administrative purposes;
6. designing new or enhancing existing products/services of the Company and the Group and its subsidiaries;
7. conducting market or actuarial research for statistical or similar purposes undertaken by the Company and the Group and its subsidiaries, the financial services industry or our respective regulators;
8. matching any data held which relate to you from time to time for any of the purposes listed herein;
9. meeting requirements imposed by any applicable law, rules, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere including Mainland China;
10. conducting identity and/or credit checks and/or debt collection;
11. sending out administrative communications about any account you may have with the Company and the Group or about future changes to this Personal Information Collection Statement; and
12. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be transferred to:

1. any of the subsidiaries of the Company and the Group in Hong Kong or elsewhere including Mainland China;
2. any person (including private investigators and claims investigation companies) in connection with any claims made by or against or otherwise

- involving you in respect of any products/services provided by the Company and the Group and / or its subsidiaries;
3. any agent, contractor or third party who provide services in connection with the product/services provided by the Company and the Group and / or its subsidiaries in the following classes of business: reinsurance, insurance intermediary, fund management or finance;
 4. any agent, contractor or third party who provides administrative, technology, data processing, telecommunications, computer, payment, debt collection, call centre services, direct marketing services or other services to the Company and the Group and / or its subsidiaries in connection with the operation of its business;
 5. other companies who help gather your information or communicate with you, such as research companies and credit reference agencies or, in the event of default, debt collection agencies;
 6. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
 7. any medical clinics or hospitals or medical facilities for the purposes of carrying out any required medical examinations; and
 8. any government department or other appropriate governmental or regulatory authority, whether within or outside Hong Kong (such as Mainland China), to whom the Company and the Group and / or its subsidiaries are requested or required by any applicable law, rules, regulations, codes of practice or guidelines to make disclosures.

Your personal data may be provided to any of the above parties who may be located in Hong Kong or outside of Hong Kong (such as Mainland China), and in this regard you consent to the transfer of your data outside of Hong Kong including but not limited to Mainland China.

Transfer of your personal data will only be made for one or more of the purposes specified above. For our policy on using your personal data for promotional or marketing purposes, please see the section entitled "Use of Personal Data for Direct Marketing Purposes".

Use of Personal Data for Direct Marketing Purposes:

The Company and the Group intends to:

1. Use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company and the Group from time to time for direct marketing in Hong Kong and outside Hong Kong (such as Mainland China);
2. Conduct direct marketing (including providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company and the Group and its subsidiaries may offer:
 - a. insurance, annuities, banking, wealth management, retirement plans, investment, financial services, credit cards, securities and related products and services; and
 - b. health, wellness and medical, food and beverage, sporting activities, memberships and related products and services;
3. The above products and services may be provided by:
 - a. the Company and the Group or any of its subsidiaries;
 - b. any agent, contractor or third party service provider who provides administration, data processing, telecommunications, computer, payment, debt collection or securities clearing, technology outsourcing, call center services, mailing and printing services in connection with the operation of the Company and the Group's business and provision of our services to you;
 - c. agents, contractors or third party service providers including companies to help deliver our services, such as reinsurance companies, investment management companies, claims investigation companies, industry associations or federations; and
 - d. other companies who help gather your information or communicate with you, such as research companies and ratings agencies.
4. The Company and the Group requires your written consent (which includes an indication of no objection) for the Company and the Group to use and to provide the data to the third parties as set out above for any promotional or marketing purpose.

You may withdraw your consent for the Company and the Group to use and to provide to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company and the Group shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact the Data Protection Officer (details below).

Access and correction of personal data: Under the Personal Data (Privacy) Ordinance, you have the right to ascertain whether the Company and the Group holds your personal data, to obtain a copy of the data, to correct any data that is inaccurate, and to ascertain the Company and the Group's policies and practices in relation to personal data. You may also request the Company and the Group to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and types of data held should be addressed in writing to: Data Protection Officer, 9F, 18 King Wah Rd., North Point, Hong Kong / Email: tplhk@tplhk.cntaiping.com Telephone: 2853 6333 / Fax: 2853 6323

A reasonable fee may be charged to offset the Company and the Group's administrative and actual costs incurred in complying with your access requests.

This Privacy Policy Statement and the Personal Information Collection Statement have been translated into Chinese. If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.