Personal Information Collection Statement		
客戶編號 Client No.;	客户姓名(或保單持有人): Client's Name (or Policy Owner)	受保人姓名: Name of Insured:
collected by Global Investment Advisor: ● 評估及處理閣下之帳戶的服務申 ● 評估及處理閣下之投資相連畫 application/policy service request;	s Limited (GIA) / Global Wealth Services Limited 司請及要求 evaluating or processing your account app 條險計畫與其他投保計畫的申請/計畫與保單的 條餘計畫與保單提供行政或後續的服務 administerin 及務	lication and service request; D服務要求 evaluating or processing your ILAS and insura
	information requested by GIA/GWS may result in GI	相連壽險計畫或其他保單計畫的申請並未其提供相關後續3 A/GWS not being able to process your application of account, II
於閣下的個人資料 Your personal inform (whether within or outside HK) for the putheir governmental/regulatory functions:	nation collected by or held by GIA/GWS may be tra uposed as specified above or to any governmental/regallM公司 GIA group companies and their associated/a 公介紹人 product providers, insurance companies, interpretations/federations and their members; governmental/regulatory bodies and law enforcement MM	ermediaries and referral persons;
灣仔譚臣道 141 號大業大廈 28 樓。You		顧問或客戶服務部門提出有關要求,並以書面方式呈交至香 ct, any of your personal information held by GIA/GWS on Road, Wan Chai, Hong Kong.
寰宇將不能把閣下之個人之個人資料 relation to financial investment, health, consent. 如閣下不同意上述個人資料的使用,	4作上述使用。GIA/ GWS intends to use your name medical, insurance, retirement products or services. I 請於下述方格填上剔號。 Should you find such us	退休產品或服務有關的直接促銷。如未能得到閣下之同意, and any of your contact details for direct marketing activities in However we may not so use your personal data without your se of your personal data not agreeable, please tick the box below.
marketing by GIA/GWS. 如陽下在下方簽署而未在上述方格上ticking the box above, it is an indication 若闊下不欲收到寰宇的營銷推廣及資廈 28 樓。 If you prefer not to receive:	上填上剔號,即表示關下同意寰宇使用其個人資料化 n of your consent for GIA/GWS to so use your persor 科,關下可向寰宇的顧問或客戶服務部門提出有	乍直接促銷用途∘ If you sign at the end of this statement withou
本人/我們已閱讀個人資料收集聲明的 consent to the terms above.	內容,並確認本人/我們明白及接受其條款。I/We h	nave read the above PICS and confirm that I/we fully understand
客户(或 保單持有人)簽署: Client's or Policy Owner's signature:	受保人簽署: Signature of Insured:	

日期 Date:

PICS Updated: 7Sep2016

日期 Date: