

Disclaimer

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- 1.1 Please read the terms of this Disclaimer carefully which applies to your use of the sample of [Financial Needs Analysis] (the "FNA") enclosed hereto. If you continue to place applications for insurance products or services with Heng An Standard Life (Asia) Limited ("HASL Asia"), you are deemed to have understood, accepted and agreed to the terms of this Disclaimer.

2 Accuracy

- 2.1 Whilst HASL Asia endeavors to capture necessary information in the FNA based on industry practice and applicable guidelines issued by Insurance Authority ("IA") as at the date of issue, you should treat the FNA only as reference material for you to develop your specific version of the financial needs analysis and risk profile questionnaire and/or suitability check process which are appropriate and suitable for your clientele and business and in compliance with the Applicable Laws (as defined below).
- 2.2 You should not rely solely on the FNA to (i) develop your "know your client" procedures and suitability check and sales procedures; (ii) perform the financial needs analysis, risk profiling of your client and/or suitability checks with your client; and (iii) discharge your obligations under the Applicable Laws (as defined below). You should exercise your independent professional judgment and (where appropriate) obtain independent professional advice to tailor the FNA to address your specific business requirements and situation and to ensure that you are in compliance with the Applicable Laws (as defined below).
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- 3.2 You will be subject to the legal and regulatory requirements in Hong Kong or elsewhere which are applicable to you and such requirements may be subject to changes from time to time (the "Applicable Laws"), such requirements may include without limitation those imposed by IA. Changes to the Applicable Laws may affect and necessitate changes to the FNA. You acknowledge and agree that HASL Asia has no obligations or duties whatsoever to notify, inform or advise you of such changes and you shall be solely responsible for monitoring the Applicable Laws on a continuous basis and to ensure that your "know your client" procedures and suitability check and sales procedures are in compliance with the Applicable Laws.
- 3.3 You should seek independent professional advice from your industry bodies such as Hong Kong Federation of Insurers ("HKFI"), Professional Insurance Brokers Association ("PIBA") and Hong Kong Confederation of Insurance Brokers ("CIB") when you are in any doubt as to the content of and your obligations in connection with the requirements pertaining to the FNA.

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6 Chinese Version

- 6.1 If there is any conflict or difference between the Chinese and English versions of this Disclaimer, the English version prevails. If any part of the Chinese version is unclear, reference should be made to the English version.

Notes to customer: This 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 questions are unanswered or have been crossed out. Do NOT sign on blank form. You need to inform us (the insurance company) if there is any substantial change of information provided in this form.

Appendix [1]

Sample of Financial Needs Analysis

免責聲明

1 接納

- 1.1 請細閱本免責聲明的條款，有關條款於閣下使用本文件附帶的財務需要分析的範本（「文件」）時適用。如閣下繼續申請使用恒安標準人壽（亞洲）有限公司（「恒安標準人壽亞洲」）的保險產品或服務，閣下即被視為已了解、接納及同意本免責聲明的條款。

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- 2.1 儘管恒安標準人壽亞洲盡力根據行業慣例及保險業監管局（「保監局」）截至頒佈日期所頒佈的適用指引輯錄本文件的必要資料，閣下應僅視文件為參考材料，以供閣下編製閣下特定的財務需要分析及遵守適用法律（定義見下文）。
- 2.2 閣下不應僅依賴本文件 (i) 編製閣下的「認識客戶」程序及適合性檢查及銷售程序；(ii) 進行財務需要分析；及 (iii) 履行閣下於適用法律（定義見下文）下的責任。閣下應運用閣下的獨立專業判斷及（如適用）取得獨立專業建議以調整文件以切合閣下的特定業務需要及情況，以及確保閣下遵守適用法律（定義見下文）。
- 2.3 謹請注意，恒安標準人壽亞洲可全權酌情隨時更改文件的全部或部分內容、呈列方式及可用性而毋須事前通知閣下。恒安標準人壽亞洲並無任何責任或職責以通知、知會或告知閣下任何有關更改。如恒安標準人壽亞洲向閣下提供任何經修訂文件，則本免責聲明將同樣適用於經修訂文件。

3 建議

- 3.1 文件僅供參考。恒安標準人壽亞洲於編製文件時並無考慮閣下的特定情況及業務需要，而文件並非構成及無意以任何方式替代任何官方、專業或正式建議。恒安標準人壽亞洲提供文件並非向閣下暗示認許文件，亦並非就任何保險中介機構或某一特定類別的保險中介機構而認許其適合性及適用性。
- 3.2 閣下將需要遵從香港或其他地方適用於閣下的法律及監管規定，而該等規定可能不時更改（「適用法律」），該等規定可能包括但不限於由保監局施加的規定。更改適用法律可能影響及促使更改文件。閣下確認及同意恒安標準人壽亞洲並無任何責任或職責以通知、知會或告知閣下任何有關更改，而閣下須全權負責以持續方式監察適用法律，以及確保閣下的「認識客戶」程序及適合性檢查及銷售程序遵守適用法律。
- 3.3 閣下如對文件內容及閣下與文件涉及的規定有關的責任有任何疑問，應向香港保險業聯會、香港專業保險經紀協會及香港保險顧問聯會等行業機構尋求獨立專業建議。

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- (b) 恒安標準人壽亞洲不就文件的內容的任何錯誤、誤述或遺漏承擔任何法律責任或責任。尤其是，恒安標準人壽亞洲不會就文件的內容的準確性、完整性、充足性、時間性或全面性而負責。**所提供的一切資料均以「按照原樣」方式提供並不附帶任何形式的明示或隱含的保證，包括但不限於適銷性或就特定用途的適合性的隱含保證。**

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- 6.1 如本免責聲明中英版本有任何衝突或差異，應以英文版本為準。如中文版本的任何部分有欠清晰，則應參考英文版本。

客戶須知：本財務需要分析表格旨在協助尋找適合的保險產品，以滿足閣下的需要及情況。請回答本表格所述的所有問題。請勿於未完成回答本表格的所有問題或於任何問題被刪除的情況下簽署本表格。請勿在空白的表格上簽署。如在本表格中提供的資料有任何重大變更，請告知我們（保險公司）。

Financial Needs Analysis ("FNA") Form

財務需要分析表格

CONFIDENTIAL 保密

Notes to customer: This 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 questions are unanswered or have been crossed out. Do NOT sign on blank form. You need to inform us (the insurance company) if there is any substantial change of information provided in this form.

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Section 1 Proposed Policy Owner's Personal Particulars and Background

第一部份 準保單持有人個人資料及背景

A) Personal Details 個人資料

Title 稱號	<input type="checkbox"/> Mr 先生	<input type="checkbox"/> Ms 女士	<input type="checkbox"/> Miss 小姐	<input type="checkbox"/> Mrs 太太
Surname 姓氏	<input type="text"/>			
Given Name 名字	<input type="text"/>			
Date of Birth 出生日期	dd 日	mm 月	yyyy 年	
Sex 性別	<input type="checkbox"/> Male 男		<input type="checkbox"/> Female 女	
Marital Status 婚姻狀況	<input type="checkbox"/> Single 未婚	<input type="checkbox"/> Married 已婚	<input type="checkbox"/> Other 其他	
Occupation 職業	<input type="text"/>			

Address 地址	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Phone Numbers 電話號碼	*Home *住宅
	*Business *辦事處
	*Mobile *流動電話

*(Country Code + Area Code + Telephone No)
*(國家號碼 + 地區號碼 + 電話號碼)

Education level 教育程度

<input type="checkbox"/> University or above 大學或以上	<input type="checkbox"/> Post-secondary 預科	<input type="checkbox"/> Secondary 中學	<input type="checkbox"/> Primary or below 小學或以下
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B) Family Members 家庭成員

Name 姓名	Sex 性別 (M 男 / F 女)	Date of Birth 出生日期 dd 日 mm 月 yyyy 年			Relationship 關係

A) Current Monthly Income and Expenses 現時每月收入及支出

Monthly Income (select and complete the applicable items) 每月收入 (選擇合適項目填寫)	
Salary 薪金	<input type="text"/>
Commission 佣金	<input type="text"/>
Bonus 花紅	<input type="text"/>
Other Income 其他收入	<input type="text"/>
Total Monthly Income 每月總收入	<input type="text"/>

Monthly Expenses (select and complete the applicable items) 每月支出 (選擇合適項目填寫)	
House Rent or Mortgage Payment 租金或按揭供款	<input type="text"/>
Loan Repayment 貸款還款	<input type="text"/>
Living Expenses 生活費用	<input type="text"/>
Insurance Premium and/or Investment Contribution 保費開支及 / 或投資供款	<input type="text"/>
Other Expense 其他支出	<input type="text"/>
Total Monthly Expenses 每月總支出	<input type="text"/>

B) Protection Needs 保障需要

1. Protection Needs 保障需要 (Estimated value for your rest of whole life 餘生的約估值)	
Future Family Expenses 未來家庭開支	<input type="text"/>
Mortgage Repayment or Future Rent 繳清按揭餘額或未來租金	<input type="text"/>
Loans or any Liabilities 貸款或其他負債	<input type="text"/>
Education Fund 子女教育基金	<input type="text"/>
Emergency Reserves 緊急儲備	<input type="text"/>
Others (e.g. Provisions for Funeral or Estate Duties) 其他 (如葬禮開支或預計遺產稅)	<input type="text"/>
Total Protection Needs 總保障需要	<input type="text"/>

2. Existing Coverage and Assets 現有保障及資產	
Life Insurance 人壽保險	<input type="text"/>
Company Benefits 公司福利	<input type="text"/>
Accumulative Liquid Assets* 累積的流動資產 *	<input type="text"/>
Other Assets (Market Value) 其他資產 (市值)	<input type="text"/>
Total Existing Coverage and Assets 總現有保障及資產	<input type="text"/>

Total Protection Needs - Total Existing Coverage and Assets: Surplus / (Deficit) 總保障需要 - 總現有保障及資產：盈餘 / (差額)	<input type="text"/>
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* Liquid assets are assets which may be easily turned into cash. Real estate, coin collection and artwork are not considered to be liquid assets.
 流動資產是指可以容易變為現金的資產。物業，錢幣收藏及藝術品均不被視為流動資產。

Section 3 Financial Needs Analysis

第三部份 財務需要分析

1. What are your objectives for seeking to purchase an insurance product? (tick one or more)

閣下選購保險產品的目標為何？(可選多於一項)

- a) Financial protection against adversities (e.g. death, accident, disability etc)
為應付不時之需提供財務保障(例如：身故，意外，殘疾等)
- b) Preparation for health care needs (e.g. critical illness, hospitalization etc)
為應付醫療保健需要(例如：危疾，住院等)
- c) Providing regular income in the future (e.g. retirement income etc)
為未來提供定期收入(例如：退休收入等)
- d) Saving up for the future (e.g. child education, retirement etc)
為未來需要作儲蓄(例如：子女教育，退休等)
- e) Investment
投資
- f) Others (Please specify _____)
其他(請詳述 _____)

If "Investment" is chosen as one of the objectives above, please also answer the supplementary question as follow:
如在上述問題中選擇「投資」作為目標之一，請亦回答以下的補充問題：

To meet your "Investment" objective indicated above, how would you prefer to manage different investment options/ investment choices, if available, under the insurance product? (please tick one)

為實現上述「投資」的目標，閣下希望如何管理保險產品項下的不同投資選項/投資選擇(如有)？(請選一項)

- a) I want to make my own decisions (without any professional advice to be provided by the authorized insurer and/ or licensed insurance intermediaries) 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.
本人願意按個人決定(毋須獲授權保險人及/或持牌保險中介人提供任何專業意見的情況)選擇及管理保險產品項下的不同投資選項/投資選擇(如有)，並且願意在保險產品的目標利益/保障期的整個期間作出此決定。
- b) I want to make my own decisions (with professional advice to be provided by the authorized insurer and/or licensed insurance intermediaries) 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.
本人願意按個人決定(經獲授權保險人及/或持牌保險中介人提供專業意見的情況)選擇及管理保險產品項下的不同投資選項/投資選擇(如有)，並且願意在保險產品的目標利益/保障期的整個期間作出此決定。
- c) I do not want to choose or manage different investment options/investment choices, if available, under an insurance product.
本人不願意選擇或管理保險產品項下的不同投資選項/投資選擇(如有)。

2. What type(s) of insurance products you are looking for to meet your objectives above? (tick one or more)

閣下考慮以哪種類型的保險產品迎合閣下上述的目標？(可選多於一項)

- a) Pure insurance product (without any savings or investment element)
(e.g. term insurance)
純保險產品(沒有任何儲蓄或投資成份)
(例如：定期保險)
- b) Insurance product with savings element (with savings but without investment element)
(e.g. non-participating policy)
有儲蓄成份的保險產品(有儲蓄但沒有投資成份)
(例如：非分紅保單)
- c) Insurance product with investment element (Investment decisions and risks borne by insurer)
(e.g. participating policy, universal life insurance)
有投資成份的保險產品(投資決定及風險由保險公司承擔)
(例如：分紅保單，萬用壽險)
- d) Insurance product with investment element (Investment decisions and risks borne by policyholder)
(e.g. Investment-Linked Assurance Schemes)
有投資成份的保險產品(投資決定及風險由保單持有人承擔)
(例如：投資相連壽險計劃)
- e) Others (Please specify _____)
其他(請詳述 _____)

3. What is your target benefit/protection period/expected timeframe for meeting the target amount for insurance policy? (please tick one)

閣下的保單目標利益/保障期/實現目標金額的預期時間為？(請選一項)

- Less than 1 year
少於1年
- 1-5 years
1-5年
- 6-10 years
6-10年
- 11-15 years
11-15年
- 16-20 years
16-20年
- More than 20 years
超過20年
- Whole of Life
終身

4. Your ability and willingness to pay insurance premiums:

閣下繳付保費的能力及意願：

a) What is your average monthly disposable income (i.e. after deducting the expenditure) from all sources (including income from liquid assets) in the past 2 years?

在過去兩年內，閣下透過所有收入來源 (包括流動資產收入) 獲得的平均每月可動用收入 (即經扣除開支後) 為？

Not less than HK\$ _____; or
 不少於港幣 _____; 或

In the following range:
 在以下範圍：

- less than HK\$10,000
少於 10,000 港元
- HK\$10,000 - HK\$19,999
10,000 港元至 19,999 港元
- HK\$20,000 - HK\$49,999
20,000 港元至 49,999 港元
- HK\$50,000 - HK\$100,000
50,000 港元至 100,000 港元
- over HK\$100,000
超過 100,000 港元

b) What percentage of your monthly disposable income (i.e. after deducting the expenditure) from all sources (including income from liquid assets) would you be able and willing to use to pay for the insurance premium (including your existing insurance policy(ies)) throughout the entire term of the insurance policy? (please tick one)

在整個保單期內，閣下能夠及願意繳付的保費 (包括閣下現有的其他保單) 佔透過所有收入來源 (包括流動資產收入) 獲得的每月可動用收入 (即經扣除開支後) 的比率為？ (請選一項)

- Less than 10% 少於 10%
- 10% - 20%
- 21% - 30%
- 31% - 40%
- 41% - 50%
- More than 50% 超過 50%

c) For how long are you able and willing to pay for an insurance policy? (please tick one)

閣下能夠及願意為保單支付保費的年期為？ (請選一項)

- 2-5 years
2 至 5 年
- 6-10 years
6 至 10 年
- 11-15 years
11 至 15 年
- 16-20 years
16 至 20 年
- More than 20 years (until target retirement age of ____)
超過 20 年 (至 ____ 歲的目標退休年齡)
- Whole of life (including period after target retirement age of ____)
終身 (包括 ____ 歲的目標退休年齡後的時期)
- A single payment of not more than HK\$ _____
不超過 _____ 港元的一次性付款

5. Based on your answers to the questions above, the intermediary concerned has explored the following insurance options (as available to the intermediary) to meet your objective(s) and need(s):

根據閣下的上述選項，中介人曾與閣下討論下列保險產品的選擇 (因應中介人所能提供的產品)，以迎合閣下選購保險產品的目標及滿足閣下的需要：

Objective(s) of Buying the Product(s) (Q1) 選購產品的目標 (問題 1)	Type(s) of Insurance Product Explored (Q2) 曾討論的保險產品的類型 (問題 2)	Name of Insurance Product(s) Introduced (if any) 曾介紹的保險產品名稱 (如有)	Product(s) Selected (if any) 最終選購的產品 (如有)

If you choose to deviate in any respect from the Financial Needs Analysis process, you must indicate your reason(s) in writing. Please note that we (the insurance company) will reject your application if you choose not to answer all questions above.

如閣下選擇偏離任何關於「財務需要分析表格」的過程，您必須書面詳述有關原因。如閣下選擇不回應上述所有問題，本公司必須拒絕閣下的申請。

(Customer must complete explanation in this box. 客戶必須此欄內提供原因。)

Section 4 Declaration and Signature 第四部份 聲明及簽署

I DECLARE that any personal data provided by me to the Company (whether by way of this Financial Needs Analysis Form or otherwise) which is in relation to a third party not being myself has been obtained by me in compliance with the Personal Data (Privacy) Ordinance, and the relevant third party has explicitly agreed to the disclosure of his/her personal data to the Company for the purposes set out in the Personal Information Collection Statement. I agree to indemnify and hold harmless the Company against all loss, liability and cost which the Company may incur or suffer as a result of, or in connection with, any breach of my declaration contained in this paragraph.

本人聲明，任何由本人向貴公司提供（不論是透過本財務需要分析表格或其他方式提供）有關第三者（而非本人）的個人資料，乃是以符合個人資料（私隱）條例規定的手法取得，而有關第三者已明確同意向貴公司披露其個人資料作個人資料收集聲明所述的用途。本人同意彌償及確保貴公司免受因本人違反於本文下的聲明而產生或引致的任何損失、責任或費用。

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Name of Proposed Policy Owner
準保單持有人姓名

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Signature of Proposed Policy Owner
準保單持有人簽署

dd 日	mm 月	yyyy 年
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Date of Signature
簽署日期

Note: You are required to inform us (the insurance company) if there is any substantial change of information provided in this form before the policy is issued.

註：若財務需要分析表格上填報的資料有任何重大改變，閣下在保單簽發前，必須通知我們（保險公司）。

Section 5 Broker's reason(s) of recommendation 第五部份 保險經紀商建議之原因

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Name of Financial Adviser
理財顧問之姓名

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Signature of Financial Adviser
理財顧問之簽署

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Name and stamp of broker company
保險經紀公司名稱及 蓋章

dd 日	mm 月	yyyy 年
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Date of Signature
簽署日期

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Address of broker company
保險經紀公司地址

1. Your personal data collected in this Financial Needs Analysis (“FNA”) Form will be used for the purpose of enabling your financial adviser to identify your financial needs and to make recommendations in order to meet those needs. Failure to obtain personal data from you may result in your financial adviser being unable to provide suitable financial solution to you and unable to process your insurance application.
在此財務需要分析表格 (“FNA ”) 中所收集的個人資料將會被閣下之財務顧問用作確定其財務需要及提供有關建議以符合閣下所需。未能取得閣下的個人資料可能導致閣下之財務顧問無法向閣下提供合適的財務方案並無法處理投保申請。
2. The data that you have supplied in this FNA Form may be disclosed or transferred to:
閣下在此財務需要分析表格中所提供的個人資料有可能會被披露或轉移至：
 - a) your selected insurance company for the purpose of assessment, evaluation (including the merits and/or suitability of a product or service to you), processing, and approval of your insurance application;
閣下之指定保險公司以用作評估、衡量 (包括向客戶提供產品或服務是否有利及 / 或適宜)、處理及批准閣下投保申請；
 - b) the reinsurance companies to whom any part of your selected insurance company’s business is ceded;
承保閣下之指定保險公司業務之任何部份的再保公司；
 - c) any regulators, government authorities, court, adjudicators and/or industry bodies, associations or federations to whom your financial adviser and/or selected insurance company is under obligation to make disclosure under the requirements of any present or future laws, rules, regulations, codes, or guidelines binding or enforceable on them.
閣下之財務顧問及 / 或指定之保險公司根據所須遵守的現有或未來法例、規則、法規、守則或指引而對其有披露責任之任何監管機構、政府部門、法院、裁判機構及 / 或行業機構、協會或聯會。
3. Under the Personal Data (Privacy) Ordinance (“PDPO”), you have the right to make a data access or correction request concerning your personal data held by us. The request may be made in writing to the Data Protection Officer, Heng An Standard Life (Asia) Limited, 12/F, Lincoln House, Taikoo Place, 979 King’s Road, Quarry Bay, Hong Kong.
根據個人資料 (私隱) 條例 (「私隱條例」), 閣下有權向本公司查閱或更改有關其本人的任何資料。有關要求可以書面形式郵寄予恒安標準人壽 (亞洲) 有限公司資料保護主任, 地址為香港鰂魚涌英皇道 979 號太古坊林肯大廈 12 樓。
4. In accordance with the PDPO, we have the right to charge a reasonable fee for processing any data access request.
根據私隱條例, 本公司有權就處理查閱資料的要求收取合理費用。
5. If there is any inconsistency between the English and Chinese versions of this FNA Form, the English version shall prevail.
若本財務需要分析表格的中英文版本如有差異, 概以英文版為準。