

## Electronic Copy 電子副本

## **Client Needs Analysis** 客戶需求分析

- This form is to be filled in BLOCK LETTERS and signed by the Proposed Owner/Owner.
- Please do not sign on blank form. 2.
- This Client Needs Analysis form is designed in accordance with the requirement of the Insurance Authority to ensure that clients purchase insurance products that are suitable for them and consistent with their needs and risk appetite (if applicable).

- 此表格應由建議持有人/持有人以正階填寫及簽名。
- 請勿在空白表格上簽署。
- 此客戶需求分析表格乃根據保險業監管局之指引設計,旨在確保客戶投保的產品適合他們,並與其要 求及風險取向(如適用)吻合。

#### Section 1: Financial Needs Analysis ("FNA")

#### 第一部份:財務需要分析

#### Note≢ ·

This FNA form is to facilitate the identification of suitable insurance product(s) to meet your needs and circumstances. Please answer all applicable 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.

本財務需要分析表格旨在協助尋找適合的保險產品,以滿足您的需要及情況。請回答本表格所述的所有適用的問題。<u>請勿</u>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。<u>請勿</u>在空白的表格上簽署。

You need to inform The Company if there is any substantial change of information provided in this form. Please note if any of the below information are incomplete, the Company will have the right to reject the application.

如在本表格中提供的資料有任何重大變更,請告知本公司。請注意,如有任何資料不完整,本公司將有權拒絕您的申請。

#### Part A 甲部:

Personal Details 個人資料				
Full Name 姓名				
Sex 性別	□ Male 男 □ Female 女	Date of Birth 出生日期		
Marital Status 婚姻狀況	□ Single 未婚 □ Married 已婚	Number of Dependents 需供養的家庭成員數目		
Education 教育程度	□ Primary or below 小學或以下 □ Secondary/Advanced Level 中學 / 預科 □ Tertiary or above 大專或以上	Occupation 職業		

art	
1a.	What are your objectives for seeking to purchase an insurance product? (tick one or more) 您購買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.)
	□ 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.)  為未來提供定期的收入(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):

Application/Policy Number投保書/保單編

'The Company'

limited liability)

Company Limited

安盛金融有限公司

"本公司"或"貴公司": AXA China Region Insurance Company (Bermuda) Ltd (Incorporate in Bermuda with

CONFIDENTIAL機密文件

安盛保險(百慕達)有限公司(於

百慕達註冊成立的有限公司)/

**AXA China Region Insurance** 

New Business 新生意 Existing Policy 現有保單

	below is applicable only if "Investment" is chosen as one of the objectives in Q1a above. 問題1b僅適用在上述問題1a中選擇「投資」作為目標之一的情況。
1b.	To meet your "Investment" objective indicated above, how would you prefer to manage different investment options/investment choices, if available, under the insurance product? (tick one) 為實現上述「投資」的目標,您希望如何管理保險產品下的不同投資選項/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)。
obje	below is applicable only if "Preparation for health care needs (e.g. critical illness, hospitalization etc.)" is chosen as one of the ectives in Q1a above. 問題1c僅適用在上述問題1a中選擇「為應付醫療保健需要(例如:危疾、住院等)」作為目標之一的情況。
	What type(s) of health-related insurance products are you looking for to meet your insurance needs? (tick one or more)
	您正在物色哪一類與醫療相關的保險產品以切合您的保險需要?(可選多於一項)  a. Medical – reimbursement (inpatient/outpatient protection) 醫療 – 實報實銷(住院/門診保障)
	□ b. Medical – hospital income/lump sum cash benefit 醫療 – 住院現金/一筆過現金保險賠償 □ c. Critical illness with saving elements/cash value 危疾(設儲蓄成份/現金價值) □ d. Critical illness without saving elements/cash value 危疾(不設儲蓄成份/現金價值) □ e. Long-term care 長期護理
chile 以下	below is applicable if "Providing regular income in the future (e.g. retirement income etc.) and/or "Saving up for the future (e.g. d education, retirement etc.)" is chosen as one of the objectives in Q1a above. 問題1d僅適用在上述問題1a 中選擇「為未來提供定期的收入(例如:退休收入等)」或「為未來需要作儲蓄(例如:子女教育、退休等)」作標之一的情況。
1d.	What is your approximate target benefit/protection/income/saving amount in your expected timeframe ? 在預期時間內,您投購保單的目標得益/保障/收入/儲蓄實現金額約為多少?
	HK\$/港幣
2.	What is your target benefit/protection period/expected timeframe for meeting the target amount for insurance policy? (tick one) 您投購保單的目標得益/保障年期/實現目標金額的預期時間為多久?(請選一項 )
	□ <1 year 少於1年 □ 1-5 years 年 □ 6-10 years 年 □ 11-15 years 年 □ 16-20 years 年 □ Whole of life 終身
3.	Your ability and willingness to pay insurance premiums: 您繳付保費的負擔能力及意願:
За.	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? (tick one) 在過去兩年裡,您透過所有收入來源 (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? (請選一項)
	□ Specific amount: Not less than HK\$ per month; <b>OR</b> 具體金額: 每月不少於港幣 ; <b>或</b>
	□ In the following range: 在以下節圍內:
	□ less than HK\$10,000
	* Expenditure might include your existing insurance expenses/premium financing/loan repayment with interests (if any). 開支可包括現有保費支出/保費融資/償還貸款及利息(如有)。
3b.	What is the approximate current amount you are paying for insurance premiums (including your existing insurance policy(ies) within our company and/or other insurers) per month? 您現時每月的繳付保費(包括您現有與本公司或其他保險公司的保單)約為?
	HK\$/港幣

axa.com.hk,以了解詳情。

3	liquid assets) would you and current application 在整個保單期內,您能夠	r monthly disposable income (i u be able and willing to use to <sub> </sub> ) throughout the entire term of   及願意繳付的保費 (包括您現有I  余開支)的比率為?(請選一項)	pay for the insurance the insurance policy	e premium ? (tick one)	(including your exist	ting insurance policy(ies)
	□ <10%少於10%	□ 10% - 20% □ 21%	- 30% □ 31%	- 40%	□ 41% - 50%	□ > 50% 超過 50%
S	kip this question.	mium with your liquid asset#, 是費,則可以在以下問題3d中提供			mation in the follow	ring Q3d. If not, you may
3	traded stock etc.)?	ate current accumulative amou 的有多少(例如現金、銀行存款債	•		money in bank acco	ount, bonds and actively
	Amount 金額:HK\$ 港幣		_			
	liquid assets.	ts which may be easily turned 變成現金的資產。物業、錢幣收				are not considered to be
3	您能夠及願意為保單支付	le and willing to pay for an insu 保費的年期為?(請選一項)	, , ,	·		
	☐ A single payment of	not more than HK\$	不超過港幣		的一次性付款	
	□ 2-5 years 年 □ 6-10 years 年 □ 11-15 years 年 □ 16-20 years 年					
	□ > 20 Years (until targ	et retirement age of	) 超過20年(至		歲的目標退休年齡	7)
	☐ Whole of life (Includ	ing period after target retireme	nt age of	) 終身(1	包括歲的	的目標退休年齡後的時期)
in: 根或	surance options (as available 據您的上述選項,持牌保險中 滿足您的需要: Objective(s) of Buying the Product(s) (Q1a) 選購產品的目標 (問題1a)	e questions above in Part B, t e to be provided by the License 介人曾與您討論下列保險產品的  Preference to Manage Investment Options (Q1b) [if applicable] 管理投資選項的意願 (問題1b) [如適用]	d Insurance Interme D選擇 (因應持牌保險 Type(s) of health-	diary) to me中介人所能护 中介人所能护 related ts (Q1c) e] E品的類別	eet your objective(s) 是供的產品),以迎合 Name of Insurance (	and/or your need(s): h您選購保險產品的目標及/ e Product(s) Introduced if any)  愈產品名稱(如有)
pp山井 If u女村 N y	protection/investment/savin, payment (as disclosed to the 比理財顧問/持牌保險中介人的 詩牌保險中介人所獲得的資料》 If Financial Consultant/Licen Issing the "Supplement to Ap 加理財顧問/持牌保險中介人管 各一併交回。 Note: Please refer to the responder	ed Insurance Intermediary's reg needs (as applicable), as wel Financial Consultant/Licensed 的建議已考慮客戶的理財目標、信)。 sed Insurance Intermediary haplication - For General Informate	I as client's willingnon Insurance Intermed R障/投資/儲蓄需要 s considered other ration" form and submet religion for the features and the the Company's webs	ess and abi iary). (如適用)、 easons for it it togethe if充 — 一般 e policy provite at www.ä	lity to pay premium 願意並能夠支付的保 the recommendatio er with this form. 事項」表格作補充說明 visions for the terms axa.com.hk for the re	of the entire duration of 費及年期 (因應理財顧問/ n, please supplement by 引,並將有關補充連同此表 and conditions (including levant details.

#### Declaration and Acknowledgement 聲明及確認

- (1) I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred to in this application (hereinafter referred to as "Relevant Persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself and such other persons) that this Analysis and the results or answers provided by myself or the Relevant Persons therein serves only as a reference for my/Our consideration. It does not constitute as an investment advice and should not be regarded as an offer to sell or a solicitation to buy any insurance products or service. I/We represent that the information provided by me/Us in this Analysis is true, accurate and complete to the best of my/Our knowledge. The Company shall not be held responsible or liable for any loss incurred by me/Us or any persons/parties in reliance on the accuracy or completeness of the information, results or answers provided by the Relevant Persons.
- (2) I, on behalf of myself and other persons referred to in this application (hereinafter referred to as "We" or "Our"), acknowledge that this form is a supplemental to the application for insurance, change or reinstatement (the "Application Form") in relation to the above Application No./Policy No. signed by me/Us. I agree and confirm that (1) to the best of my knowledge and belief the above statements and answers to all questions are true and complete; (2) We have not had any change in material facts and/or medical consultation since the date I/We signed the Application Form of the above mentioned application; (3) the declarations, agreements and authorisations made by me/Us under the Declaration & Authorisation Section and Personal Information Collection Statement Section of the Application Form shall also apply to this form; and (4) this statement shall form the basis and become a part of the policy to be issued/reinstated or issued by the Company.
- (1) 本人謹此代表本人及其他在此客戶需求分析提及之人士(下稱「相關人士」或「我們」)(為免存疑,「相關人士」或「我們」指包括本人及此客戶需求分析提及之其他人士)聲明及同意本人/相關人士就本客戶需求分析所提供之結果或答案,只供我/我們作為個人投資決定的參考,並不可當為投資建議及不可視為對任何保險產品及服務的銷售或誘使購買之邀請。我/我們表示我/我們在客戶需求分析所提供的資料,就我/我們所知所言,均為事實之全部及確實無訛。貴公司就相關人士所提供的資料、結果或答案之準確性或完整性或因而導致我/我們或任何人士/一方有任何損失並不負上任何責任或法律責任。
- (2) 本人,代表本人及其他在此投保申請提及之人士(下稱「我們」)確認此表格補充本人/我們就有關上述投保書編號/保單編號已簽署的投保、保單更改或保單復效申請書(「申請書」)。本人同意及確認(1)上述一切陳述及問題的所有答案,就本人所知所言,均為事實之全部及確實無能;(2)自簽署上述申請書,我們之重要事項並無轉變,亦沒有接受任何醫療診治;(3)載於申請書上聲明及授權部份及收集個人資料的聲明部份內的聲明、協議及授權均適用於此表格;及(4)此聲明將作為貴公司發出/復效的保單的根據,並作為保單一部份。

 Full Name of Proposed Owner/Owner 建議持有人/持有人姓名	 Date signed in Hong Kong (YYYY/MM/DD) 在香港簽署日期(年/月/日)

#### WARNING 警告:

Please read and fill in this form carefully. Do not leave any questions blank. Do <u>NOT</u> sign if any questions are unanswered and have not been crossed out.

請小心細閱及填寫本財務需要分析表格。請不要留空任何問題。如有任何未回答的問題未被刪去,請<u>不要</u>在表格上簽署。

#### Note註:

You are required to inform us if there is any substantial change of information provided in this form before the policy is issued. 若此表格上填報的資料有重大改變,您在保單未簽發前,必須通知本公司。

# Section 2: Risk Profile Questionnaire ("RPQ") – Applicable to Investment-Linked Assurance Scheme ("ILAS") only

第二部份:風險承擔能力問卷-只適用於投資連繫式壽險計劃

#### Part A 甲部:

1.	t A 甲部: How many years of experience do y	ou have with investment products	such as bonds/certificate of	Score
	deposits, stocks, unit trusts/mutual funds, futures and options, derivatives, structured products or			
	Investment-linked insurance schem 您有多少年投資於債券、存款證、股票、		衍生工具、結構性產品式投資相連壽險計劃	
	的經驗?			0
	< 1 year年 1 – 4 years年			1
	5 – 10- years年			1
	> 10 years年			1
2.	By what mean(s) have you used or ar 您曾透過或現正透過什麼渠道涉取投資方		nt knowledge? (Tick one or more)	Score 得分
	Review and research investment relate 從多處獲得相關投資材料 (如課堂、研討		s classes, seminars or books.	2
	Pay attention to investment or finance 留意投資或金融相關新聞。	related news.		2
	Discuss investment or finance related to 跟朋友,親戚和 / 或同事討論投資或金融		eagues.	1
	No and/or not interested in any investm 沒有任何投資知識和/或對投資知識不感			0
3.	Which statement best describes your f 當您的投資組合之價值出現波動時,以下嗎		ment portfolio goes up and down:	Score 得分
	l am very depressed. I cannot tolerate an 我感到沮喪,不能接受任何波動。	y volatility.		1
	l am nervous. I am concerned more about 我感到非常焦慮,我著重資本的保值多於均	capital preservation than capital growth. ∮長。		2
	I am upset but I understand that high investment return bears high volatility. 我感到不安,但我明白追求高投資回報必要承受大幅波動。			3
	I am rather unhappy but I realize the volatility of my investment and I accept occasional negative investment return. 縱使有點不開心,但我理解投資必涉及波動,並接受偶爾出現的投資虧損。			4
	I am not bothered at all. I eye on high cap 無任何情緒上的波動,因我著眼資本增長立	ital growth and I anticipate that my inve 近且已預料到投資會有虧損。	estment return is sometimes negative.	5
1.	If your investment portfolio drops 20% 若您的投資組合之價值在 3 個月內下跌 20%	6 in 3 months, what would you do? 6,您會怎樣?		Score 得分
	Liquidate my portfolio to cut loss. 止蝕離場。			1
	Sell out more than half of my portfolio to 拋售過半投資組合以保存資本。	preserve capital.		2
	Sell out less than half of my portfolio and 拋售不多於一半的投資組合,然後留意市場	I see how the market moves. 影走勢。		3
	No reaction and wait for rebound. 不作任何行動,等待價值回升。			4
	Invest more to average down the cost. 作進一步投資以沖淡平均成本。			5
	. Which of the following 10-year investment portfolios do you prefer: 您會選擇以下哪一個為期 10年的投資組合?		Score 得分	
	Average annual return 每年平均回報	Maximum return in one year 一年內之最高回報	Minimum return in one year 一年內之最低回報	
	7.5%	16%	-2.5%	1
	8.5%	20.5%	-3.5%	2
	9.0%	25.0%	-4.0%	3
	10.0%	52.0%	-12.0%	4
	10.5%	69.5%	-20.5%	5

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6.	How long do you prefer to invest for your long-term goals? 要達成長遠目標,您會選擇以下哪一個投資年期?	Score 得分
	< 5 years年	0
	5–10 years年	2
	> 10 years年	4
7.	Do you anticipate a need to utilize your cash reserve currently in hand within 2 years? 您預計自己有需要在兩年內動用現有的現金儲備嗎?	Score 得分
	Yes是	-4
	No否	0
8.	If you invest now, do you have adequate cash in hand for emergency use? 若於現時作出投資,您仍有足夠現金預留作不時之需?	Score 得分
	Yes是	2
	No否	0
9.	Do you plan to retire within 5 years? 您是否計劃於5年內退休?	Score 得分
	Yes是	-8
	No否	0
10	How many dependant(s) do you have? 您需要供養的家庭成員人數?	Score 得分
	Nil沒有	3
	1-2	2
	3 – 4	1
	> 4	0

Total Score 總得分:\_\_\_\_\_

### Result 結果

Total Scores 總得分	<-3	>= -3 & < 5	>= 5 & < 13	>= 13 & < 20	>= 20
Risk Tolerance	Low	Low to Medium	Medium	Medium to High	High
風險承擔能力	低	低至中	中	中至高	高
Investment Objective	Preservation	Income	Income & Growth	Growth	Aggressive Growth
投資目的	保本	保守	保守及進取	進取	積極進取

V 12	Do you have knowledge and/or experience of derivatives? (Derivatives includes but not limited to futures, options, varrants, callable bull/bear contracts, convertible bonds, synthetic exchange traded funds and structured products etc.) 因是否擁有衍生工具知識及/或經驗?(衍生工具包括但不限於交易所買賣的期貨/期權、認股權證、牛熊證、可轉換債券、合成交易所買賣基金和結構性產品等)
	]Yes 有  (Please answer the question 11b. 請回答問題 11b。)
	No 沒有(Please note that derivative fund is not suitable as your investment options. 請注意,衍生工具基金不合適作為您的投資選擇。)
	Please choose the best describe the way(s) you acquired your derivatives products' knowledge. (can choose more than one) 請問下列哪項陳述最能表達閣下從以下哪種途徑獲得提及的衍生產品的知識?(可選多項)
	Past trading experience in derivative products (whether traded on an exchange or not), derivative funds or selecting derivative funds as underlying investment options(s) (whether held in an insurance product or not), i.e. executed 5 or more transactions in any type of derivative product within the past 3 years 過去曾進行了衍生產品(不論是否於交易所進行交易)、衍生工具基金或衍生工具基金作為相關投資選擇(不論是否保險產品持有)之交易經驗、即過去三年內已進行了五次或以上的任何類型的衍生產品之交易
	]Underwent training or attended courses on derivative products 曾接受有關衍生產品的培訓或修讀相關課程
	]Current or previous work experience related to derivatives products 現時或過去的工作經驗與衍生產品有關

#### Declaration and Acknowledgement 聲明及確認

- (1) I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred to in this application (hereinafter referred to as "Relevant Persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself and such other persons) that this Analysis and the results or answers provided by myself or the Relevant Persons therein serves only as a reference for my/Our consideration. It does not constitute as an investment advice and should not be regarded as a recommendation, or an offer to sell or a solicitation to buy any insurance products or service. I/We represent that the information provided by me/Us in this Analysis is true, accurate and complete to the best of my/Our knowledge. The Company shall not be held responsible or liable for any loss incurred by me/Us or any persons/parties in reliance on the accuracy or completeness of the information, results or answers provided by the Relevant Persons.
- (2) I, on behalf of myself and the Relevant Persons, acknowledge that this Risk Profile Questionnaire is supplemental to my/Our signed application for insurance, change or reinstatement (the "Application Form") in relation to the above Application No./Policy No. and relevant application(s)/policy(ies) in my/Our name(s) (if any). I, on behalf of myself and the Relevant Persons, agree and confirm that (1) to the best of my knowledge and belief the above statements and answers to all questions are true and complete; (2) We have not had any change in material facts and/or medical consultation since the date I/We signed the Application Form of the above mentioned application; (3) the declarations, agreements and authorisations made by me/Us under the Declaration & Authorisation Section and Personal Information Collection Statement Section of the Application Form shall also apply to this form; and (4) this statement shall form the basis and become a part of the policy to be issued/reinstated or issued by the Company.
- (1) 本人謹此代表本人及其他在此客戶需求分析提及之人士(下稱「相關人士」或「我們」)(為免存疑,「相關人士」或「我們」指包括本人及此客戶需求分析提及之其他人士)聲明及同意本人/相關人士就本客戶需求分析所提供之結果或答案,只供我/我們作為個人投資決定的參考,並不可當為投資建議及不可視對任何保險產品及服務的銷售或誘使購買之邀請。我/我們表示我/我們在客戶需求分析所提供的資料,就我/我們所知所言,均為事實之全部及確實無訛。貴公司就相關人士所提供的資料、結果或答案之準確性或完整性或因而導致我/我們或任何人士/一方有任何損失並不負上任何責任或法律責任。
- (2) 本人,代表本人及相關人士,確認此風險承擔能力問卷補充本人/我們就有關上述投保書編號/保單編號及本人/我們名下之相關投保/保單之已簽署的投保申請書、保單更改或保單復效申請書(「申請書」)。本人,代表本人及相關人士,同意及確認(1)上述一切陳述及問題的所有答案,就本人所知所言,均為事實之全部及確實無訛;(2)自簽署上述申請書,我們之重要事項並無轉變,亦沒有接受任何醫療診治;(3)載於申請書上聲明及授權部份及收集個人資料的聲明部份內的聲明、協議及授權均適用於此表格;及(4)此聲明將作為貴公司發出/復效的保單的根據,並作為保單一部份。

Full Name of Proposed Owner/Owner	Signature of Proposed Owner/Owner	Date signed in Hong Kong (YYYY/MM/DD)
建議持有人/持有人姓名	建議持有人/持有人簽署	在香港簽署日期(年/月/日)

#### Note註:

You are required to inform us if there is any substantial change of information provided in this form before the policy is issued. 若此表格上填報的資料有重大改變,您在保單未簽發前,必須通知本公司。

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I have reviewed the completeness of Financial Need Analysis, Risk Profiling Questionnaire and Important Facts Statement and Applicant's Declaration (if applicable) and the suitable based on information provided if any. 本人已檢閱「財務需要分析」、「風險承擔能力問卷」及「重要資料聲明書及申請人聲明書」(如適用)並確認文件已填妥,及因應客戶提供資料(如有),完成適合性審查程序。				
Full Name of Financial Consultant 理財顧問姓名	Signature of Financial Consultant 理財顧問簽署	Date signed in Hong Kong (YYYY/MM/DD) 在香港簽署日期 (年/月/日)		
Full Name of Financial Consultant's Manager 理財顧問之經理姓名	Signature of Financial Consultant's Manager 理財顧問之經理簽署	Date signed in Hong Kong (YYYY/MM/DD) 在香港簽署日期(年/月/日)		

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