



# 中銀香港(控股)有限公司

## BOC HONG KONG (HOLDINGS) LIMITED

(「本公司」the “Company”)

### 健康申報表 HEALTH DECLARATION FORM

#### 2020 年股東週年大會及股東特別大會 (「大會」)

#### 2020 Annual General Meeting and Extraordinary General Meeting (“GMs”)

鑒於新型冠狀病毒疫情，本公司將於大會上實施防疫措施，以減低出席大會人士受感染的風險。敬請閣下於大會會場入口備妥已填寫及簽署的健康申報表，以供收集。

Given the Novel Coronavirus (COVID-19) pandemic, the Company will implement precautionary measures at the GMs with a view to reducing the risk of infection for the attendees. The completed and signed Health Declaration Form should be ready for collection at the entrance of the meeting venue.

請填妥下列資料 Please complete the following :

全名 Full Name : \_\_\_\_\_ 電話號碼 Phone number : \_\_\_\_\_

如閣下(i)出現甲部所列出的任何一項症狀，或(ii)於乙部的任何問題的回答為「是」，閣下可能不會獲准進入大會會場。

If (i) you have any of the symptoms as set out in Part A, or (ii) your answer to any of the questions under Part B is “Yes”, you may not be granted access to the meeting venue.

#### 甲部 Part A

在過去 14 日內，閣下是否有以下任何症狀？

Have you had any of the following symptoms within the last 14 days?

沒有出現下述症狀  
None of the below symptoms

如有，請於方格內填上「✓」號。If yes, please put a “✓” in the box.

發燒 Fever

喉嚨痛 Sore throat

咳嗽 Cough

乏力 Malaise

氣促 Shortness of breath

呼吸困難 Breathing difficulty

#### 乙部 Part B (請於適當方格內填上「✓」號。Please put a “✓” in the appropriate box.)

在過去 14 日內 In the past 14 days :		是 Yes	否 No
(1)	閣下曾否到訪香港以外地區？ Did you travel outside Hong Kong?	<input type="checkbox"/>	<input type="checkbox"/>
(2)	閣下是否與曾經到訪香港以外地區的人士有緊密接觸#？ Have you been in close contact# with any person who travelled outside Hong Kong?	<input type="checkbox"/>	<input type="checkbox"/>
(3)	閣下是否曾經或現正接受香港衛生署的強制檢疫或醫學監察安排？ Have you been under compulsory quarantine or medical surveillance order by the Department of Health of Hong Kong?	<input type="checkbox"/>	<input type="checkbox"/>
(4)	閣下是否曾經或現在與正在接受家居檢疫的人士同住？ Have you lived with any person under home quarantine?	<input type="checkbox"/>	<input type="checkbox"/>
(5)	閣下曾否與任何懷疑、疑似或確診感染新型冠狀病毒的人士有緊密接觸#？ Have you been in close contact# with any person with a suspected, probable or confirmed case of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>

# 緊密接觸可指（其中包括）：有直接身體接觸、一同居住或有近距離社交接觸。

# Close contact could mean (among other things): having direct physical contact, living in the same household or having social contact in close proximity.

本人簽署此表格，以聲明以上申報內容全部屬實，並同意按下文之收集個人資料聲明所述使用本人的個人資料。

By signing this form, I declare that all the above information is true, and I consent to the uses of my personal data as described in the Personal Information Collection Statement below.

簽名 Signature : \_\_\_\_\_

日期 Date : \_\_\_\_\_ 29/06/2020

收集個人資料聲明：閣下須提供在此表格中收集的所有資料，以用於本公司評估閣下是否適合出席大會。若閣下未能提供所有資料，則可能不會獲准進入大會會場。獲收集的資料只會在閣下同意或在《個人資料（私隱）條例》允許的情況下，向其他人士或機構作出披露。閣下有權按照《個人資料（私隱）條例》要求查閱、修改及/或刪除閣下的個人資料，而有關要求須以書面形式向本公司（地址為香港花園道1號中銀大廈53樓）提出。

Personal Information Collection Statement: Your supply of all information collected in this form is required for the purpose of the Company's assessment of your suitability to attend the GMs. If you fail to provide all the information, you may not be granted access to the meeting venue. The information collected will only be disclosed to other parties or authorities with your consent or where it is permitted under the Personal Data (Privacy) Ordinance. You have the right to request access to, correction and/or erasure of your personal data in accordance with the provisions of the Personal Data (Privacy) Ordinance, and any such request should be made in writing and addressed to the Company at 53rd Floor, Bank of China Tower, 1 Garden Road, Hong Kong.