



中銀香港(控股)有限公司

BOC HONG KONG (HOLDINGS) LIMITED

(「本公司」 the “Company”)

健康申报表

HEALTH DECLARATION FORM

2021 年股东周年大会 (「大会」)

2021 Annual General Meeting (“AGM”)

鉴于新冠肺炎疫情，本公司将于大会上实施防疫措施，以减低出席大会人士受感染的风险。敬请阁下于大会会场入口备妥已填写及签署的健康申报表，以供收集。

Given the COVID-19 pandemic, the Company will implement precautionary measures at the AGM 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.

请填写下列资料 Please complete the following :

全名 Full Name : _____ 电话号码 Phone number : _____

甲部 Part A (请于适当方格内填上「✓」号。Please put a “✓” in the appropriate box.)

- ☐ 本人于过去 14 天内无须按香港特区政府要求进行新型冠状病毒强制检测。

I was **not required** to undergo the HKSAR Government’s compulsory COVID-19 testing in the past 14 days.

或 OR

- ☐ 本人于过去 14 天内须按香港特区政府要求进行新型冠状病毒强制检测，检测结果为阴性。

I was required to undergo the HKSAR Government’s compulsory COVID-19 testing in the past 14 days and was **tested NEGATIVE**.

如阁下(i)出现乙部所列出的任何一项症状，或(ii)于丙部的任何问题的回答为「是」，阁下可能不会获准进入大会会场。

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

乙部 Part B

在过去 21 日内，阁下是否有以下任何症状？

Have you had any of the following symptoms **within the last 21 days**?

- ☐ 没有出现下述症状

None of the below symptoms

如有，请于方格内填上「✓」号。If yes, please put a “✓” in the box.

- ☐ 发烧 Fever

- ☐ 喉咙痛 Sore throat

- ☐ 咳嗽 Cough

- ☐ 气促 Shortness of breath

- ☐ 呼吸困难 Breathing difficulty

丙部 Part C (请于适当方格内填上「✓」号。Please put a “✓” in the appropriate box.)

在过去 21 日内 In the past 21 days :		是 Yes	否 No
(1)	阁下曾否到访香港以外地区? Did you travel outside Hong Kong?	<input type="checkbox"/>	<input type="checkbox"/>
(2)	阁下是否与曾经到访香港以外地区的人士有紧密接触#? Have you been in close contact# with any person who travelled outside Hong Kong?	<input type="checkbox"/>	<input type="checkbox"/>
(3)	阁下是否曾经或现正接受香港卫生署的强制检疫或医学监察安排? 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)	阁下是否曾经或现在与正在接受家居检疫的人士同住? Have you lived with any person under home quarantine?	<input type="checkbox"/>	<input type="checkbox"/>
(5)	阁下曾否与任何怀疑、疑似或确诊感染新型冠状病毒的人士有紧密接触#? 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"/>

紧密接触可指 (其中包括): 有直接身体接触、一同居住或有近距离社交接触。

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

本人签署此表格, 以声明以上申报内容全部属实, 并同意按下文之收集个人资料声明所述使用本人的个人资料。

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.

签名 Signature : _____

日期 Date : _____ 17/05/2021

收集个人资料声明: 阁下须提供在此表格中收集的所有资料, 以用于本公司评估阁下是否适合出席大会。若阁下未能提供所有资料, 则可能不会获准进入大会会场。获收集的资料只会在阁下同意或在《个人资料(私隐)条例》允许的情况下, 向其他人士或机构作出披露。阁下有权按照《个人资料(私隐)条例》要求查阅、修改及/或删除阁下的个人资料, 而有关要求须以书面形式向本公司(地址为香港花园道1号中银大厦53楼)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 AGM. 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.