

# Vision

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## Application Booklet

Application Booklet



**GENERALI**  
Pan Europe

**Financial Adviser Details**

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Financial Adviser: \_\_\_\_\_

Introducer number: \_\_\_\_\_

Additional information / special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE ALL SECTIONS**

Failure to provide all relevant information and documentation may result in a delay in the application being processed. Further information may be required during the validation process (i.e. questions arising from the information provided). Please note that non-disclosure of any relevant information may affect the validity of any claims.

**Please tick alongside all sections or supplementary forms when completed and also ensure that all necessary documentation is included.**

Completed by:

Application Form	Section 1 – 2	<input type="checkbox"/> Applicant
	Section 3	<input type="checkbox"/> Life/Lives Assured
	Section 4 - 10	<input type="checkbox"/> Applicant
Declarations	Section 11	<input type="checkbox"/> Applicant
Payment Instruction Forms	Section 12	<input type="checkbox"/> Applicant
Verification of Applicant or Life Assured Identity	Section 13	<input type="checkbox"/> Financial Adviser
Source of Funds Questionnaire	Section 14	<input type="checkbox"/> Financial Adviser

**The following supplementary forms may need to be completed and are available from us on request:**

Verification of Corporate or Trustee Applicant Identity (Required if the Applicant is a Company or a Trust)	<input type="checkbox"/> Financial Adviser
Nomination of Beneficiaries Form	<input type="checkbox"/> Applicant
Medical Questionnaire (Required at our discretion)	<input type="checkbox"/> Applicant/Lives Assured





# Application Form - Generali PanEurope Vision

This application shall form the basis for the contract with Generali PanEurope Limited. Please complete all sections in BLOCK CAPITALS or tick the boxes, where appropriate.

## 1. Life Assured

Please indicate the life assurance option you require:

Single Life       Joint Life, First Death       Joint Life, Second Death

## 2. Applicant - Personal Details

### First Applicant

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Gender:      M       F

Residential address: (If at this address for less than 18 months, see Section 13)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correspondence address (if different to above): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_

Tel. no. (home): \_\_\_\_\_

(mobile): \_\_\_\_\_

Country of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Marital status: \_\_\_\_\_

Date of birth:

Occupation and nature of employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(if retired, please state former occupation)

### Second Applicant (if any)

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Gender:      M       F

Residential address: (If at this address for less than 18 months, see Section 13)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correspondence address (if different to above): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_

Tel. no. (home): \_\_\_\_\_

(mobile): \_\_\_\_\_

Country of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Marital status: \_\_\_\_\_

Date of birth:

Occupation and nature of employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(if retired, please state former occupation)

Relationship to first Applicant: \_\_\_\_\_



<p><b>First Applicant</b></p> <p><b>a) If resident in Spain:</b></p> <p>ID no. (NIE / DNI): _____</p> <p>Tax ID no. (NIF): _____</p> <p><b>b) If Applicant is a Corporate:</b></p> <p>Corporate tax ID no. (CIF): _____</p>	<p><b>Second Applicant (if any)</b></p> <p><b>a) If resident in Spain:</b></p> <p>ID no. (NIE / DNI): _____</p> <p>Tax ID no. (NIF): _____</p>
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### 3. Life or Lives Assured - Personal Details

Please complete if the Life / Lives Assured is / are **not** the Applicants as outlined in Section 2.

**First Life Assured**

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Gender:        M         F

Residential address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Marital status: \_\_\_\_\_

Date of birth:

Occupation and nature of employment:  
(if retired, please state former occupation) \_\_\_\_\_

\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**If resident in Spain:**

ID no. (NIE / DNI): \_\_\_\_\_

**Second Life Assured (if any)**

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Gender:        M         F

Residential address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Marital status: \_\_\_\_\_

Date of birth:

Occupation and nature of employment:  
(if retired, please state former occupation) \_\_\_\_\_

\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**If resident in Spain:**

ID no. (NIE / DNI): \_\_\_\_\_

- My signature is confirmation that I agree to be a Life Assured. To the best of my knowledge and belief, the information above is true and complete.
- If Additional Death Benefit is chosen I have completed and signed a Medical Questionnaire.
- I agree with the declarations in this Application Form in Section 11 (xii) regarding Data Protection.

**Signature of First Life Assured:**

**Signature of Second Life Assured:**

Date:

Date:

Sections 4 to 11 must be completed by the Applicant(s)

**4. Other Investment Policies**

Do you already hold any other policies with Generali PanEurope Yes  No  or Generali International? Yes  No

If yes, please advise us of your policy number(s): \_\_\_\_\_

**5. Currency of Policy**

Please indicate the currency in which you require your policy to be denominated.

Euro  US dollar  GB pound

**6. Amount to be Invested**

Please indicate the amount you wish to invest, noting that single and regular premium payments can be made in the policy currency only (as selected in Section 5 above).

Regular Premium  Single Premium

Regular Premium Payment Frequency: Monthly  Quarterly  Half-yearly  Annually

Please refer to the Policy Terms and Conditions for details of the minimum premiums payable.

**7. Premium Payment Term**

Please specify the Premium Payment term required:  years (in figures)

years (in words)

**8. Protection Cover**

Please complete this section if you require either form of additional protection cover.

Please tick the relevant boxes:

(a) Additional Death Benefit Yes  No

Please specify the sum assured you require in the denominated currency of your policy:

**Note:** The maximum sum assured cannot exceed the annualised regular premium (after the deduction of the premium protection cover if applicable) multiplied by 40.

(b) Premium Protection Cover Yes  No

Please calculate the total premium protection cover charge due by multiplying the appropriate rate from the table below by the regular premium stated in Section 6:

Age at policy commencement	Male Rate	Female Rate
Up to 40 next birthday	1% of premium	1.5% of premium
41 to 59 next birthday	2% of premium	3% of premium

**Notes:**

- In the case of joint applicants, the premium protection cover is applicable to one employed applicant only and the benefit will be applied to the first named applicant unless we are otherwise advised.
- Please ensure that the additional charge due for premium protection cover is included in the sum specified on the Payment Instruction Form in Section 12.

## 9. Investment Details

### Regular Premium Investment Instructions

- The maximum number of funds that can be selected at outset is 10
- The minimum to be invested in each fund depends on the frequency of your premium payments, as follows:

Currency	Monthly	Quarterly	Half-Yearly	Annually
EUR	30	90	180	360
USD	36	108	216	432
GBP	21	63	126	252

Please enter the premium amount per fund below in the denominated currency of your policy, using the minimums above as a guide.

Fund Manager	Fund Name	Fund Currency	Proportion of your regular premium to be invested in each fund
<b>Total Investment Amount</b>			
(Please note that this figure should match the regular premium amount in Section 6)			

### Single Premium Investment Instructions (if applicable)

- The maximum number of funds that can be selected at outset is 10
- The minimum to be invested in each fund is EUR400 / USD480 / GBP280

Please enter the premium amount per fund below in the denominated currency of your policy, using the minimums above as a guide.

Fund Manager	Fund Name	Fund Currency	Proportion of your single premium to be invested in each fund
<b>Total Investment Amount</b>			
(Please note that this figure should match the single premium amount in Section 6)			

## 10. Automatic Fund Switching

Is Automatic Fund Switching required?

Yes  No

If yes, please select a commencement date

D	D	M	M	Y	Y
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(Must be at least five years after the policy commencement date)

Please select the currency in which your AFS fund is to be denominated. The currency of the AFS fund should match the policy currency.

Euro  US dollar  GB pound

## 11. Declarations

**It is important that you read, understand and accept the following declarations:**

- i) I declare that this application was completed in \_\_\_\_\_ (country) and I confirm that I am living in that country. I apply for a policy of the type and with the features indicated in this document. I confirm that before I signed this declaration, I had seen, read and understood the Brochure including the Policy Details Guide and the Information Sheet (for the relevant country), International Fund Selection Brochure and the Illustration document given to me by my Financial Adviser explaining the Vision product to which this Application Form relates. I have been given an opportunity to raise any queries and have received satisfactory answers to those queries.
- ii) I declare that I am neither resident nor ordinarily resident for tax purposes in Ireland. I undertake to immediately inform Generali PanEurope Limited (the "Company") of any change in my country of residence during the life of the Policy.
- iii) I declare that to the best of my knowledge and belief, the statements in the Application Form are accurate and true and that no material fact has been omitted or concealed. I also confirm that the original source of funds being used to fund the premium(s) is/are derived from legitimate activities. I agree that they, together with any written statements made to the Company, by the Applicant/Policyholder and/or Life/Lives Assured on application or in the future, the Policy Terms and Conditions, Policy Schedule and any endorsements issued by the Company shall form the basis of the contract in accordance with the laws of the above country, unless otherwise agreed.
- iv) I understand that this Policy will not commence until this completed Application Form has been received and accepted by the Company. I understand that this Policy can only be negotiated with and accepted by an authorised official of the Company at the Company Head Office in Ireland. However, Generali PanEurope will be committed to concluding the Policy if they do not respond to me with an offer of insurance, a refusal of insurance, or a request for further information within 30 days of receipt of this Application Form.
- v) I take full responsibility for the selection and choice of any investments made by me, including, to the extent that I consider necessary, reading and understanding the fund manager's prospectus and supporting literature and seeking independent advice.
- vi) I understand that the realisable value of my selected investments determines the value of my policy. I acknowledge that the value of my policy is not guaranteed and that asset values may fall as well as rise in line with fluctuations in investment markets. I understand also that investments that are denominated in a currency other than that of my policy may involve a currency risk and that the value of my policy may fall as well as rise as a result of exchange rate fluctuations.
- vii) I acknowledge that, where the investments in this policy are not easily convertible to cash, Generali PanEurope reserves the right to defer the payment of benefits, either in whole or in part, until such time as it is able to realise those investments allowing for, among other things, notice periods, dealing dates and settlement dates of the investments in question.
- viii) I understand and agree that all associated documentation relating to my policy may be sent to my Financial Adviser until written notice to the contrary is provided by me.
- ix) If an existing similar policy has been or is to be replaced in full or in part by this policy, I declare that my Financial Adviser has explained to me the financial consequences of such a replacement, including the possibility of financial loss.
- x) I have been informed of and understand my rights to cancel my policy as detailed in the section entitled "Cancellation Rights" in the Policy Details Guide in the Brochure.
- xi) I request that all policy documentation is to be issued in English.

xii) *Data Protection*

I undertake to disclose all facts material to the assessment by the Company of this application. Such facts are those which an insurer would regard as likely to influence the assessment and acceptance of a proposal. (If in doubt as to the relevance of any particular information, you should disclose it as failure to do so could result in you being quoted the wrong terms, a claim being rejected or reduced, or rendering the policy invalid).

I accept and consent that Generali PanEurope may pass data originating from this application or data relating to the execution of this contract (e.g. investment amounts, events insured against, changes to risk or contract), to other insurance companies of the Generali Group, financial advisers, investment advisers, portfolio managers, investment fund providers, fiscal representatives, reinsurers and other parties as required by the regulatory authorities wherever they are located in the world but only in so far as it is required to ensure the proper execution of my insurance matters. I accept that the above applies regardless of whether this contract is concluded.

I also accept that personal data, however obtained, will be held, recorded and processed by Generali PanEurope (which is registered under and adheres to the Irish Data Protection (Amendment) Act 2003 as may be amended from time to time) on computer and/or manual systems in respect of my insurance dealings with Generali PanEurope both now and in the future for administrative, identification, customer care, service and marketing purposes only.

I accept that some of the parties to whom Generali PanEurope may disclose my information may be in countries outside the European Economic Area (EEA) and may not have laws to protect my information. Details of such countries can be provided on request.

I hereby confirm that prior to my provision of information to the Company in respect of a third party the said party has been informed of the use of such information and in this regard I hereby indemnify the Company against and in respect of any liability which the Company may incur in the event of my failure to so notify the third party.

I understand that I have the right to obtain access to and request correction of any personal information concerning me held by the Company. Requests for such access can be made to Head of Customer Services, Generali PanEurope, Navan Business Park, Athlumney, Navan, Co.Meath, Ireland.

If you do not wish Generali PanEurope to contact you for marketing purposes, please tick this box

Signature of the First Applicant:

Signature of the Second Applicant (*if any*):

Date:

Date:





## 12. Payment Instruction Forms

### Regular Premium Payment Instructions

Please complete either section 1 or 2.

<b>SECTION 1. ELECTRONIC TRANSFERS, STANDING ORDERS AND BANKERS DRAFT/CHEQUE</b>			
<b>Applicant Details</b>			
Applicant Name(s): _____			
Payment Frequency			
Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Half-Yearly <input type="checkbox"/>	Annually <input type="checkbox"/>
Amount payable			
Currency	Euro <input type="checkbox"/>	USD <input type="checkbox"/>	GB Pound <input type="checkbox"/>
Amount in Figures: _____		Amount in Words: _____	
<b>Note:</b> If you have applied for the Premium Protection Cover option in Section 8 you should ensure that the charge, in addition to the premium stated in Section 6, is included in the sum specified above.			
<b>Please indicate your chosen payment method:</b>			
(A) Electronic Transfer <input type="checkbox"/>	} (Available for any payment frequency except monthly)	Commencing: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
(B) Standing Order <input type="checkbox"/>		(Available for any payment frequency)	
(C) Banker's Draft/Cheque <input type="checkbox"/>	} (Available for any payment frequency except monthly)	Payable to: Generali PanEurope Ltd.	
If you wish to pay by personal cheque or a draft drawn against your own bank account, please make payable to Generali PanEurope Ltd and attach securely to the Application Booklet.			
<b>Bank Details</b>			
Name of the remitting bank: _____			
Bank address: _____			
Account Name: _____		Account Number: _____	
<b>Routing Instructions:</b>			
● Please refer to the top of this form for details on the relevant sums and frequencies.			
● All charges/expenses incurred in the transfer should be charged to the Applicant's account.			
● Please quote Applicant's name and policy number _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
● For all telegraphic transfers, please ensure that a SWIFT MT103 is sent to Citibank London, SWIFT Code CITIGB2L for final credit to Generali PanEurope Limited.			
Euro: Citibank N.A, London (SWIFT CITIGB2L) <b>Generali PanEurope A/C No: 10959758 IBAN: GB27 CITI 1850 0810 9597 58</b>			
US dollar: Citibank N.A, New York (SWIFT CITIUS33) favour of Citibank N.A, London (SWIFT CITIGB2L) <b>Generali PanEurope A/C No: 10959812 IBAN: GB24 CITI 1850 0810 9598 12</b>			
GB pound: Citibank N.A, London (SWIFT CITIGB2L) Sort Code: 18-50-08 <b>Generali PanEurope A/C No: 10959782 IBAN: GB58 CITI 1850 0810 9597 82</b>			
<b>Authorisation</b>			
First Account Signatory: _____		Second Account Signatory (if any): _____	
Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	

**SECTION 2. CREDIT CARDS** (regular premium payments only)

PLEASE NOTE THAT WE CAN ONLY ACCEPT PAYMENT BY VISA OR MASTERCARD.

Applicant Details

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

\_\_\_\_\_

Payment Frequency

Monthly       Quarterly       Half-Yearly       Annually

Amount payable

Currency      Euro       USD       GB Pound

Amount in Figures: \_\_\_\_\_ Amount in Words: \_\_\_\_\_

**Note:** If you have applied for the Premium Protection Cover option in Section 8 you should ensure that the charge, in addition to the premium stated in Section 6, is included in the sum specified above.

Cardholder name: \_\_\_\_\_

Visa/MasterCard Number:

Expiry Date:   /

Your premiums will be automatically collected approximately 48 hours in advance of the next premium due date. This is determined by the policy commencement date.

If you wish to specify an alternative date, please indicate here:

Policy No.         (If unknown, please leave blank)

**Authorisation**

Signature of cardholder:

Date:



## Single Premium Payment Instructions

### ELECTRONIC TRANSFERS

Applicant Name: \_\_\_\_\_

#### To The Sending Bank

Please charge the following amount and any charges/expenses incurred from my/our account, quoting my/our name(s) on the transfer advice.

#### Amount payable

Currency            Euro             USD             GB Pound

Amount in Figures: \_\_\_\_\_ Amount in Words: \_\_\_\_\_

#### Bank Details

Name of remitting bank: \_\_\_\_\_

Bank address: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

#### Routing Instructions:

Please ensure that a SWIFT MT103 is sent to Citibank London, SWIFT Code CITIGB2L for final credit to Generali PanEurope Limited.

Euro: Citibank N.A, London (SWIFT CITIGB2L)

**Generali PanEurope A/C No: 10959758 IBAN: GB27 CITI 1850 0810 9597 58**

US dollar: Citibank N.A, New York (SWIFT CITIUS33) favour of Citibank N.A, London (SWIFT CITIGB2L)

**Generali PanEurope A/C No: 10959812 IBAN: GB24 CITI 1850 0810 9598 12**

GB pound: Citibank N.A, London (SWIFT CITIGB2L) Sort Code: 18-50-08

**Generali PanEurope A/C No: 10959782 IBAN: GB58 CITI 1850 0810 9597 82**

### ALTERNATIVE PAYMENT BY CHEQUE OR DRAFT

If you wish to pay by personal cheque or draft drawn against your own bank account, please make payable to Generali PanEurope Ltd and attach securely to the Application Booklet. We recommend that applicants check the likely clearance times before making payment by cheque or draft.

#### Authorisation

First Account Signatory:

Date:

Second Account Signatory (if any):

Date:





# 13. Verification of Applicant or Life Assured Identity

The introducing Financial Adviser should complete this section for all applications.

Full name of First Applicant: \_\_\_\_\_

Full name of Second Applicant: \_\_\_\_\_

Full name of First Life Assured (if different to First Applicant) \_\_\_\_\_

Full name of Second Life Assured (if different to Second Applicant) \_\_\_\_\_

This section is required to verify the identity of the Applicants and/or Lives Assured, if different.

All identification papers must be certified by the Financial Adviser or a Notary Public and include a photograph of the Applicants and Life/Lives Assured.

Please tick alongside all items enclosed and ensure that all necessary documents are included.

**(a) For each Individual Applicant (and each Life Assured, if different)**

First Applicant:

- 1. Certified copy of an original photo passport
- 2. Certified copy of suitable proof of address (showing name and current residential address)

Prior residential address\*: \_\_\_\_\_

\* Please complete if the Applicant has been less than 18 months at their current residential address, as detailed in Section 2.

Second Applicant:

- 1. Certified copy of an original photo passport
- 2. Certified copy of suitable proof of address (showing name and current residential address)

Prior residential address\*: \_\_\_\_\_

\* Please complete if the Applicant has been less than 18 months at their current residential address, as detailed in Section 2.

**(b) Corporate and Trust Applicants**

If the Applicant(s) shown in this Application Booklet is/are a Company or a Trust, additional information is required. The introducing Financial Adviser should complete a Verification of Corporate or Trustee Applicant Identity form, available from us on request.

**Declaration**

- I confirm that I have seen the original documents specified above and have checked the name and identity of the Applicant(s) and Life/Lives Assured and attach a certified copy of these documents for your records.

Signature of Financial Adviser: \_\_\_\_\_

Financial Adviser Name (Printed in BLOCK CAPITALS): \_\_\_\_\_

Date:



## 14. Source of Funds Questionnaire

The introducing Financial Adviser should complete this section for all applications.  
Please continue on a separate sheet if required.

1. How and when were you introduced to the Applicant(s)? (specify number of months/years):

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2. Please provide Applicant(s) bank details:

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_

Account number: \_\_\_\_\_

Account holder's name: \_\_\_\_\_

Years account held: \_\_\_\_\_

Please tick appropriate box

3. Are there any other parties indirectly involved with this application e.g. lender? Yes  No

If yes, please give details:

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4. Are there any concurrent financial proposals being made elsewhere? Yes  No

If yes, please give details:

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5. Please state Annual Income.

Please include a breakdown of Annual Income, its nature and source. Where wealth is generated by employment please specify **name and address details of Employer** as well as bonuses and benefits, etc.

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6. Please state how the source of wealth for this investment has been raised if other than Annual Income.

i) Gift or inheritance from a third party? Yes  No

If yes, please give details:

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ii) The disposal of a business or other asset? Yes  No

If yes, please give details and specify the original source of wealth for the investment in the business or asset:

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iii) Other? Yes  No

If yes, please give details and specify the original source of wealth for the investment:

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7. When answering these questions has the information been supplied from your own knowledge of the Applicants' circumstances? Yes  No

If no, where did it originate?

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8. Please outline your client's reasons for applying for this product:

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**Declaration**

- I declare that, to the best of my knowledge and belief, the Applicant(s) is/are of good standing and the information given in this questionnaire is true and complete.
- I confirm and am satisfied that, to the best of my knowledge and belief, the original source of monies being used to pay the premiums is derived from legitimate activities.

Signature of Financial Adviser:

Financial Adviser Name (Printed in BLOCK CAPITALS): \_\_\_\_\_

Date:



**Generali PanEurope Limited**

Registered Office: 25 - 28 North Wall Quay, Dublin 1, Ireland  
Business Address: Navan Business Park, Athlumney, Navan, Co. Meath, Ireland  
Tel: +353 (0)46 906 0266

**If you have any sales queries please contact:**

Tel: +353 (0)46 906 0222  
Fax: +353 (0)46 906 0223  
E-mail: [ulenquiries@generali.ie](mailto:ulenquiries@generali.ie)

**[www.generali-gpe.com](http://www.generali-gpe.com)**

This product is provided by Generali PanEurope Limited, a limited liability company registered in Ireland (number 311420) and licensed to transact life assurance business by the Irish Financial Services Regulatory Authority.

Generali PanEurope Limited is part of the Generali Group.