

Consultant name 顧問姓名	
Code 編號	AA _____
District 區域	_____

# Personal Data Alteration Form

## 個人資料更改申請表

Private & Confidential 私人及保密文件

Policy number 保單號碼	Name of Life Insured 受保人姓名	Name of Policy Owner 保單持有人姓名
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Please tick the relevant box(es). 請在適當的項目加上“✓”號

1.  **Change of personal information for 更改個人資料**     **Policy Owner 保單持有人**     **Life Insured 受保人**     **Others 其他**

New title: 尊稱:     Dr. 博士     Mr. 先生     Miss 小姐     Ms. 女士     Mrs. 太太

New name 新名字 (please submit legal document as proof of change 請提供法律證明文件)

Surname 姓 \_\_\_\_\_ First name 名 \_\_\_\_\_ Other name 別名 \_\_\_\_\_

Marital status: (only applicable to Life Insured) 婚姻狀況: (只適用於受保人填寫)     Single 未婚     Married 已婚     Widowed 鰥/寡     Divorced 離婚     Separated 分居

New signature 新簽名式樣 \_\_\_\_\_  Nationality 國籍 \_\_\_\_\_

Others 其他 \_\_\_\_\_

2.  **Change of address details for 更改地址**     **Policy Owner 保單持有人**     **Life Insured 受保人**     **Assignee 受讓人**

**Correspondence address 通訊地址**

Flat/Rm 室/單位 \_\_\_\_\_ Floor 樓 \_\_\_\_\_ Block 座 \_\_\_\_\_ Building 大廈名稱 \_\_\_\_\_

Estate name 屋苑名稱 \_\_\_\_\_ No. & street name 街名及門牌 \_\_\_\_\_

Lot no. 地段 \_\_\_\_\_ District 地區 \_\_\_\_\_ HK / KLN / NT\* (\* Please delete where inappropriate) 香港/九龍/新界\* (\*請刪去不適用者)

Country 國家 \_\_\_\_\_ ZIP / Postal code 郵遞區號 \_\_\_\_\_

**Residential address 居住地址** (Not for mailing purpose 此地址不會作為郵遞之用)

Flat/Rm 室/單位 \_\_\_\_\_ Floor 樓 \_\_\_\_\_ Block 座 \_\_\_\_\_ Building 大廈名稱 \_\_\_\_\_

Estate name 屋苑名稱 \_\_\_\_\_ No. & street name 街名及門牌 \_\_\_\_\_

Lot no. 地段 \_\_\_\_\_ District 地區 \_\_\_\_\_ HK / KLN / NT\* (\* Please delete where inappropriate) 香港/九龍/新界\* (\*請刪去不適用者)

Country 國家 \_\_\_\_\_ ZIP / Postal code 郵遞區號 \_\_\_\_\_

3.  **Change of contact information for 更改聯絡資料**     **Policy Owner 保單持有人**     **Life Insured 受保人**     **Assignee 受讓人**

Telephone no. (Home) 電話號碼 (住宅) \_\_\_\_\_  Telephone no. (Office) 電話號碼 (辦公室) \_\_\_\_\_

Fax no. (Home) 傳真號碼 (住宅) \_\_\_\_\_  Fax no. (Office) 傳真號碼 (辦公室) \_\_\_\_\_

E-mail address 電郵地址 \_\_\_\_\_  Mobile phone no. 流動電話號碼 \_\_\_\_\_

### Declaration by Policy Owner 保單持有人聲明

I declare and agree that all statements made in this application and associated questionnaires or documents, including any statement made to the Medical Examiner of the Underwriting Company (the Company) are full, complete and true and shall form the basis of the contract.

I declare and agree that the personal information collected or held by the Company, whether contained in this form or otherwise obtained, may be used by the Company, or disclosed to or transferred to any individual or organisation within or outside Hong Kong for the purpose to (1) assess this form and to provide on-going insurance and customer services, (2) process and give effect to the Direct Debit Authorisation, (3) provide marketing material in respect of insurance related services of the Company or its associated companies and (4) process claims or analysis of the insurance. (5) conduct direct marketing activities of any other products and services of the Company, its associated companies and business partners.

The Policy Owner or Life Insured shall have the right of access to and to request correction of any personal information concerning themselves held by the Company. A request for such access may be made to the Personal Data Privacy Officer of the Company at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong.

吾聲明及同意在此申請表格內的一切資料、原有之投保申請及關連問卷或文件，包括向承保公司(貴公司)的專業醫生所提供的任何資料，是完全及確實無訛，並將作為建議合約的基礎。吾同意一切由貴公司從這申請表格或其他方式所收集或持有的個人資料，均可供貴公司使用或向在香港境內或境外之任何人士或機構披露作以下用途：(1) 評核此項申請及提供保險和顧客服務，(2) 辦理直接付款授權書，(3) 提供貴公司及關連機構有關保險的推廣資料，(4) 處理保險的索償或有關之分析，及(5) 推廣貴公司、關連機構及合作伙伴其他相關的產品及服務。

保單持有人及受保人有權查閱及要求更改由貴公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求，可向貴公司之個人資料私隱主任提出，地址為香港港島東華蘭路18號港島東中心24-27樓。

Signature of Policy Owner / Assignee  
保單持有人 / 受讓人簽署 **X**

Signature of Consultant  
保險顧問簽署

Date 日期  
D D M M Y Y  
日 日 月 月 年 年

### For office use only 本公司內部專用

Date received

Miscellaneous

Company endorsement / Approved by