

Corporate information alteration form 企業資料更改申請表

Private and confidential 私人及保密文件

Policy no.
保單號碼

Name of life insured
受保人姓名

Name of policyholder
保單持有人名稱

Please fill the circle in full when you select the answer.
當 貴公司選擇答案時，請填滿整個圓圈。

Section A 部：Change of corporate information 更改企業資料

Corporate name in English
企業英文名稱

Corporate name in Chinese
企業中文名稱

Corporate incorporated in Hong Kong?
企業是否於香港成立？

Yes
是

No
否

If "No", please state the country of incorporation
如「否」，請提供成立的國家

Corporate registered in Hong Kong?
企業是否於香港註冊？

Yes
是

No
否

If "No", please state the country of registration
如「否」，請提供註冊國家

Section B 部：Change of contact details 更改通訊資料

Principal place of business 主要營運地址

Flat/Room
室/單位

Floor
樓

Block
座

Name of building/estate
大廈/屋邨名稱

Name of street/road
街道名稱

District/City/Province
地區/城市/省

HK/KLN/NT
香港/九龍/新界

Country
國家

ZIP/Postal code
郵遞區號

Is the above address same as the address of registered office?
上述地址是否與企業註冊地址相同？

Yes
是

No
否

If "No", please provide the address of registered office.
如「否」，請提供企業註冊地址。



Change of contact details (continued) 更改通訊資料(續)

Correspondence address (if different from above address) 聯絡地址(如與上述地址不同)

Flat/Room 室/單位	Floor 樓	Block 座
Name of building/estate 大廈/屋邨名稱		
Name of street/road 街道名稱		
District/City/Province 地區/城市/省		HK/KLN/NT 香港/九龍/新界
Country 國家	ZIP/Postal code 郵遞區號	

Contact telephone no. and office email address 聯絡電話號碼及公司電郵地址

Mobile telephone no. 流動電話號碼	_____ (_____) _____	Is this a US based telephone no.? 這個是美國電話號碼嗎?	<input type="radio"/> Yes 是	<input type="radio"/> No 否
	Country 國家 (Country code) Telephone no. (國家編號) 電話號碼			
Office telephone no. 公司電話號碼	_____ (_____) _____	Is this a US based telephone no.? 這個是美國電話號碼嗎?	<input type="radio"/> Yes 是	<input type="radio"/> No 否
	Country 國家 (Country code) Telephone no. (國家編號) 電話號碼			
Office email address 公司電郵地址				

Section C 部 : Change of authorized signature specimen 更改授權簽名式樣

New signature specimen of authorized signor(s)

獲授權簽署人士的新簽名式樣

	Authorized signor 1 獲授權簽署人 1	Authorized signor 2 獲授權簽署人 2	Authorized signor 3 獲授權簽署人 3
1. Signature specimen 簽名式樣			
2. Name 姓名			
3. Nationality 國籍			
4. Type of identification document 身分證明文件類別			
5. Identification no. 證件號碼			
6. Residential address 住宅地址			

(Please submit certified identity documents for each authorized signor(s). 請遞交所有獲授權簽署人士的已核實身分證明文件副本。)

Section D 部 : Change of company shareholder(s)/member(s) information 更改公司股東/成員資料

Please provide information of all Substantial shareholder(s)/member(s) (more than 25% shareholding or voting right).

請提供所有主要股東/成員資料(持股或投票權25%以上)。

	Shareholder/member 1 股東/成員 1	Shareholder/member 2 股東/成員 2	Shareholder/member 3 股東/成員 3
1. Name 姓名			
2. Nationality 國籍			
3. Type of identification document 身分證明文件類別			
4. Identification no. 證件號碼			
5. Residential address 住宅地址			
6. Percentage of shareholding (%) 持有股份百分比			

(Please complete "Business insurance questionnaire" and "Automatic exchange of information - self-certification for entity" and refer to "Corporate policyholder requirement checklist" to submit relevant document.

請填妥「商業保險問卷」和「自動交換資料 — 實體自行核證」, 然後根據「企業保單持有人所需遞交文件檢查表」遞交所需文件。)

Section E 部：Change of company director(s) information 更改公司董事資料

Please provide information of all directors.
請提供所有董事資料。

	Director 1 董事 1	Director 2 董事 2	Director 3 董事 3
1. Name 姓名			
2. Nationality 國籍			
3. Type of identification document 身分證明文件類別			
4. Identification no. 證件號碼			
5. Residential address 住宅地址			

Note: Please provide additional "Corporate information alteration form" for additional director(s) information, if any.
註：如有其他董事資料，請附上「企業資料更改申請表」補充有關資料。

(Please complete "Business insurance questionnaire" and "Automatic exchange of information - self-certification for entity" and refer to "Corporate policyholder requirement checklist" to submit relevant document.
請填妥「商業保險問卷」和「自動交換資料 — 實體自行核證」，然後根據「企業保單持有人所需遞交文件檢查表」遞交所需文件。)

Section F 部：Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") 有關個人資料(私隱)條例(「私隱條例」)的客戶通知

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Life Insurance (Hong Kong) Limited ("Company")** from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group ("**Zurich Insurance Group**") for the purposes necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

由蘇黎世人壽保險(香港)有限公司(「本公司」)不時收集或持有的客戶(包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人)個人資料，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料(例如從第三方收到的索償資料和病歷)，均可供本公司及/或其所屬集團(「蘇黎世保險集團」)內的公司使用作為向客戶提供服務而必須的用途(否則本公司將無法為未能提供所需資料的客戶提供服務)。

Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Hotline at +852 2968 2383 or insurance intermediaries for enquiries.

本公司之私隱政策詳載於 www.zurich.com.hk/pics 或可透過掃描 QR 碼細閱。閣下亦可致電 +852 2968 2383 與我們的客戶服務部聯絡或向保險中介人查詢。



Section G 部：Declaration for data protection 個人資料保障聲明

I/We confirm that I/we, and the life insured (if different from the policyholder/assignee) agree to the use or transfer of my/our personal data for the purposes as set out above.

本人/我們確認本人/我們及受保人(如與保單持有人/受讓人不同)同意 貴公司使用或向第三方提供本人/我們的個人資料作上述用途。

I/We declare that proper consent from the life insured (if different from the policyholder/assignee) has been obtained before the personal data are provided to Zurich Life Insurance (Hong Kong) Limited ("the Company").

本人/我們於提供受保人(如與保單持有人/受讓人不同)的個人資料予蘇黎世人壽保險(香港)有限公司(「貴公司」)前已獲得受保人之正式同意。

Section H 部：Declaration and Acknowledgement 聲明及確認

I/We declare that the answers given in this application, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief, and will form the basis of my/our contract of life insurance.

本人/我們現聲明，據本人/我們所知及相信，本人/我們在本申請表格提供的資料，不論是否本人/我們親筆書寫，均屬真實及完整，並會構成本人/我們這份人壽保單依據。

I/We understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits. (Note: a material fact is one which may influence the assessment or acceptance of your application for insurance. If you are in any doubt as to the relevance of any information, please give details.)

本人/我們明白如本人/我們隱瞞任何重大事實，這份合約可能會失效並導致損失保障。(註：重大事實指可影響本公司評估或接受閣下/閣下保險申請的事實。如閣下對任何有關資料的相關性存疑，敬請詳述。)

I/We agree to immediately inform Zurich Life Insurance (Hong Kong) Limited ("the Company") in writing of any change to the information that I/we have provided on this application form.

本人/我們同意，如本人/我們在此申請表格提供的資料有任何變更，會立即以書面通知蘇黎世人壽保險(香港)有限公司(「貴公司」)。

I/We understand and consent to the Company seeking independent verification (if considered necessary) of any of the information given in this application.

本人/我們明白及同意 貴公司向獨立人士核證本申請表格所載之任何資料(如認為必要者)。

(This declaration is applicable to the product(s) with cash value only) I/We declare that I/we am/are not a resident or national of the United States including any United States federally controlled territory.

(此聲明只適用於有現金價值的產品)本人/我們謹聲明本人/我們並非美國包括任何受美國聯邦管轄領土的居民或國民。

Declaration and Acknowledgement (continued) 聲明及確認 (續)

I/We confirm that I/we understand that a change in my/our place of residence, or that of any life insured, could mean that the Company may no longer be able to provide all the benefits under this policy.

本人/我們確認明白，如本人/我們或任何受保人變更居住地，貴公司或不能再就本保單提供所有保障。

I/We declare that any premiums that I/we pay to the policy will not contravene any applicable exchange control regulations or trade or economic sanctions.

本人/我們聲明，本人/我們就保單支付的任何保費將不會違反任何適用的外匯管制法規或貿易或經濟制裁。

I/We declare that any premium paid to the Company is not of criminal origin or directly or indirectly related to criminal activities or any actual or attempted money laundering or tax evasion.

本人/我們聲明，向貴公司支付的任何保費並非來自刑事源頭，亦非直接或間接與刑事活動或任何實際進行或企圖進行的洗黑錢或逃稅相關。

I/We confirm that I/we have reviewed the information given in this application and it is correct.

本人/我們確認本人/我們已複審本申請表格所提供的資料，並確認資料為正確。

I/We declare that I/we am/are the beneficial owner(s) of the policy and not acting on behalf of another person including natural person, legal person or trust.

本人/我們聲明，本人/我們為本保單之實益擁有人，並非代表其他人行事，其他人包括自然人、法人或信託。

I/We hereby authorize the company which is in possession of my/our personal information to release part or all of the information to the Company or its agents.

本人/我們特此授權貴公司中任何持有本人/我們個人資料提供部分或全部資料予貴公司或其代理人。

We may request you to provide additional documents apart from information listed above where necessary. If you have any question on how to complete this form, please call our Customer Care Hotline at +852 2968 2383.

如有需要，除上列資料外，我們可能會要求閣下提供額外之證明文件。倘若閣下在填寫此表格時有任何疑問，請致電本公司客戶服務熱線+852 2968 2383。

Name of authorized signor 獲授權簽署人姓名		Date signed 簽署日期	
		Day日	Month月 Year年
		<input type="text"/>	<input type="text"/>
Signature of authorized signor 獲授權簽署人簽署		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
Signature of licensed insurance intermediary 持牌保險中介人簽署		Full name of licensed insurance intermediary (IA license no.) 持牌保險中介人姓名 (保監牌照號碼)	
Company name of licensed insurance intermediary 持牌保險中介人公司名稱		Company code of licensed insurance intermediary 持牌保險中介人公司編號	

PLEASE DO NOT SIGN ON BLANK FORM. 請勿於空白表格簽署。

In the event of any discrepancies or inconsistencies between the English and Chinese versions of this form, the English version shall prevail.

如此表格之中英文版本有任何歧異或不一致，概以英文版為準。