

Personal data alteration form

個人資料更改申請表

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
保單持有人姓名

Please fill the circle in full when you select the answer.
當閣下選擇答案時，請填滿整個圓圈。

Section A 部：Change of personal information 更改個人資料

The following change(s) apply(ies) to 以下更改適用於：

Policyholder 保單持有人 Life insured 受保人 Assignee 受讓人

New title 新稱銜

Mr. 先生 Mrs. 太太 Miss 小姐 Ms. 女士 Dr. 博士 Others (Please specify)
其他(請註明)

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

Name in English (surname first)
英文姓名(以姓氏先排)

Name in Chinese
中文姓名

Marital status (only applicable to life insured) 婚姻狀況(只適用於受保人)

Single 未婚 Married 已婚 Divorced 離婚 Widowed 喪偶

Nationality 國籍 Chinese (Hong Kong) 中國(香港) Chinese (Mainland China) 中國(中國內地) Others 其他

Do you hold nationality in another country?
閣下是否持有於一個國家的國籍? Yes 是 No 否

If "Yes", please specify the country
如「有」，請註明國家名稱

(Please submit certified copy of identity document for all nationality and tax jurisdiction of residence. 請遞交所有國籍及稅務居留司法管轄區的已核實身分證明文件副本。)

Identity document no.
身分證明文件號碼

Identity document type 身分證明文件類別

- HK permanent ID/HK birth certificate
香港永久性居民身份證/香港出世紙
- PRC resident ID/PRC birth certificate
中國內地居民身份證/中國內地出世紙
- HK non-permanent ID
香港非永久性居民身份證
- Passport
護照
- Others
其他 _____



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

The following change(s) apply(ies) to 以下更改適用於：

 Policyholder 保單持有人
 Life insured 受保人
 Assignee 受讓人

Residential address 住宅地址

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	

Correspondence address (if different from residential address) 通訊地址 (如與住址不同)

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 email address 聯絡電話號碼及電郵地址

Residential telephone no. 住宅電話號碼	_____ (_____) _____	Country 國家	(Country code) Telephone no. (國家編號) 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
Mobile telephone no. 流動電話號碼	_____ (_____) _____	Country 國家	(Country code) Telephone no. (國家編號) 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
Office telephone no. 辦公室電話號碼	_____ (_____) _____	Country 國家	(Country code) Telephone no. (國家編號) 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
Email address 電郵地址	_____					

Section C 部：Change of signature specimen 更改簽名式樣

New signature specimen of
新簽名式樣
 Policyholder
保單持有人
 Assignee
受讓人

Section D 部：Tax Information of policyholder/assignee 保單持有人／受讓人的稅務資料

1. a. Do you currently file tax return in the USA? Yes No
 If "Yes", please complete and submit US tax form. 是 否
 閣下現時有否於美國報稅？若「是」，請填妥及遞交美國稅表。
2. a. Are you a Hong Kong tax resident? If "Yes", the Taxpayer Identification No. ("TIN") is your HKID card no. Yes No
 If "No", please complete question no. 2c. 是 否
 閣下是否香港稅務居民？若「是」，稅務編號是 閣下之香港身份證號碼。若「否」，請回答問題 2c。
- b. Is Hong Kong the only Tax Jurisdiction of Residence you belong to? Yes No
 If "No", please complete question no. 2c. 是 否
 香港是否為 閣下唯一所屬的稅務居留司法管轄區？若「否」，請回答問題 2c。
- c. Please provide all the Tax Jurisdiction of Residence and TIN. If the TIN is unavailable, should provide the appropriate reason A, B or C.
 請提供所有稅務居留司法管轄區及稅務編號。若未能提供稅務編號，必須填寫合適的理由。

Tax jurisdiction of residence 稅務居留司法管轄區	TIN 稅務編號	Reason if TIN is unavailable* 理由(若未能提供稅務編號)*	Please explain why the reason B is selected 若選擇理由 B，請解釋原因
i.		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
ii.		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
iii.		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
iv.		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
v.		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	

- * Reason 理由 A: The jurisdiction where the policyholder/assignee is a resident for tax purposes does not issue TINs to its residents.
 保單持有人／受讓人的稅務居留司法管轄區並沒有向其居民發出稅務編號。
- Reason 理由 B: The policyholder/assignee is unable to obtain a TIN. Please explain why the policyholder/assignee is unable to obtain a TIN if you have selected this reason.
 保單持有人／受讓人未能取得稅務編號。若選取此理由，請解釋保單持有人／受讓人未能取得稅務編號之原因。
- Reason 理由 C: TIN is not required. Select this reason only if the authorities of the tax jurisdiction of residence do not require the TIN to be disclosed.
 保單持有人／受讓人毋須提供稅務編號。稅務居留司法管轄區的主管機關不需要保單持有人／受讓人披露稅務編號。

Declaration and Acknowledgement 聲明及確認：

I/We acknowledge and agree that (a) the information contained in this section is collected and may be kept by the Zurich Assurance Ltd and/or Zurich Life Insurance (Hong Kong) Limited ("the Company") for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the account holder and any reportable account(s) may be reported by the Company to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the account holder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).

本人／我們知悉及同意蘇黎世人壽及／或蘇黎世人壽保險(香港)有限公司(「貴公司」)可根據《稅務條例》(第 112 章)有關交換財務賬戶資料的法律條文，(a) 收集本部分所載資料並可備存作自動交換財務賬戶資料用途及 (b) 把該等資料和關於賬戶持有人及任何須申報賬戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到賬戶持有人的稅務居留司法管轄區的稅務當局。

I/We undertake to advise the Company of any change in circumstances which affects the tax residency status of the individual identified in of this section or causes the information contained herein to become incorrect, and to provide the Company with a suitably updated self-certification form within 30 days of such change in circumstances.

本人／我們承諾如情況有所改變，以致影響本部分所述的個人的稅務居民身分，或引致本部分所載的資料不正確，本人／我們會通知 貴公司，並會在情況發生改變後 30 日內，向 貴公司提交一份已適當更新的自我證明表格。

I/We declare that the given information and statements made in this section are, to the best of my/our knowledge and belief, true, correct and complete.

本人／我們聲明就本人／我們所知所信，本部分所填報的所有資料和聲明均屬真實、正確和完備。

WARNING and ATTENTION 警告及注意：

It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. HKD 10,000).

根據《稅務條例》第 80(2E) 條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第 3 級罰款(即 10,000 港元)。

If there is any uncertainty about tax residency status, please consult your own tax advisor.

如 閣下對稅務居住地有任何疑問，請徵詢 閣下的稅務顧問。

Section E 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

This Notice sets out the privacy policy of each of **Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited** (each a “Company”) in respect of their respective customers. The rights and obligations of each Company under this Notice are several and not joint, whereby no Company shall be liable for any act or omission of another Company.

本通知列載蘇黎世人壽/蘇黎世人壽保險(香港)有限公司(以下個別稱「本公司」)有關各自對其客戶的私隱政策。各公司就本通知所列之權利和責任為獨立而非連帶的，因此各公司無須為其他公司之行為或不作為負責。

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the 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 F 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 Assurance Ltd and/or 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及/或蘇黎世人壽保險(香港)有限公司(「貴公司」)前已獲得受保人之正式同意。

Section G 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 Assurance Ltd and/or 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及/或蘇黎世人壽保險(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。

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。

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

 Name of policyholder/assignee/authorized signor
 (for corporate policyholder only)
 保單持有人/受讓人/獲授權簽署人(只適用於企業保單持有人)姓名

 Signature of policyholder/assignee/authorized signor
 (for corporate policyholder only)
 保單持有人/受讓人/獲授權簽署人(只適用於企業保單持有人)簽署

Day日 Month月 Year年
 Date signed
 簽署日期

 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。