

Change of policyholder/Update new policyholder form (Individual)

更改／更新保單持有人申請表(個人)

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 current policyholder
現任保單持有人姓名

Important notes 重要事項

- Please note that policyholder must be 18 years old or above.
請注意保單持有人必須為18歲或以上。
- Current policyholder's appointment of investment advisor, beneficiary(ies) designation, death benefit settlement option, nomination of contingent policyholder and instruction regarding designated bank account for cash dividend receipt (if applicable) will be terminated automatically.
現任保單持有人的投資顧問、受益人、身故賠償支付選項、後備保單持有人及指定收取現金股息之銀行賬戶(如適用)的指示將自動終止。
- New policyholder should submit the "Policy alteration form" to update designated bank account for cash dividend receipt (if applicable).
新保單持有人應提交「保單更改申請表」以更改指定收取現金股息之銀行賬戶(如適用)。
- Please note that the change of policyholder will not be effective unless and until it is approved and accepted by us.
請注意保單持有人的更改必須得到我們批准及接納後方會生效。
- If it is exercising the nomination of contingent policyholder, it is not required to provide signature of current policyholder.
若是次申請為行使指定後備保單持有人，則不需要提供現任保單持有人的簽署。
- New policyholder should review your existing investment portfolio, investment strategy and risk appetite (if applicable) after the change of policyholder is effective.
當更改保單持人生效後，新保單持有人應檢閱現有投資組合、投資策略及風險類別(如適用)。
- This form should be filled in **BLOCK LETTERS** and ensure all signature boxes are duly signed.
請以正楷填寫及確保已妥善簽署所有簽署位置。
- 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：Personal information of new policyholder 新保單持有人的個人資料

Title 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)

Family name
姓

Given name
名

Name in Chinese
中文姓名

Place of birth
出生地點

Date of birth
出生日期

Day 日 Month 月 Year 年

Sex 性別 ☐ Male 男 ☐ Female 女

Identity document no.
身分證明文件號碼

(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。)

ID type 身分證明文件類別

- ☐ HK Permanent ID 香港永久性居民身份證
☐ PRC Resident ID 中國內地居民身份證
☐ HK Non-permanent ID 香港非永久性居民身份證
☐ Passport 護照
☐ Others (please specify)
其他(請註明)



2ZK-PAD-CSF-00001-ET-0825

Personal information of new policyholder (continued)新保單持有人的個人資料(續)

Nationality
國籍

☐ Chinese (Hong Kong)
中國(香港)

☐ Chinese (Mainland China)
中國(中國內地)

☐ Others (Please specify)
其他(請註明)

Do you hold nationality in another country?
閣下是否持有多於一個國家的國籍?

☐ Yes
是

☐ No
否

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

Signature specimen of new policyholder
新保單持有人的簽名式樣

Residential address 住宅地址¹

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 permanent or temporary?
上述地址是永久或暫時住址?

☐ Permanent
永久

☐ Temporary
暫時

If temporary, please state the reason for this:
如屬暫時住址, 請說明理由:

Correspondence address (If different from residential address) 聯絡地址(如與住宅地址不同)

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 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.?
這是美國電話號碼嗎?

☐ Yes
是

☐ 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.?
這是美國電話號碼嗎?

☐ Yes
是

☐ 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.?
這是美國電話號碼嗎?

☐ Yes
是

☐ No
否

Email address
電郵地址

Occupation information 職業資料

Business nature
業務性質

Relationship with current policyholder
與現任保單持有人的關係

Reason for change of policyholder
更改保單持有人的原因

Occupation title
職位

Relationship with current life insured
與現任受保人的關係

¹ Copy of the new policyholder's travel document showing a relevant Hong Kong entry stamp must be provided and complete "Important facts statement for mainland policyholder" ("IFS-MP") if residential country is China or nationality is Chinese and without HKID (Mainland China does not include HKSAR).
若居住國家或國籍為中國而非持有香港身份證, 必須提供新保單持有人的有效來港入境證明文件並載有其入境蓋印章頁的副本及填妥「重要資料聲明書-內地人士在港投購人身/壽險保單」(中國內地不包括香港特別行政區)。

ZK-PAD-CSF-00001-ET-0825

2 of 7

Section B 部：Source of funds 資金來源

If the new policyholder is an existing policyholder, his/her existing premium levels will be included for the purposes of calculating the limits for which documentary evidence is required.
若新保單持有人為現有客戶，其所有現行供款均會一併考慮以決定所需呈交的證明文件。

☐ Salary
薪酬

☐ Income
收入

☐ Savings
儲蓄

☐ Investments
投資

☐ Others (Please specify)
其他（請註明）_____

Section C 部：FATCA questionnaire² 海外帳戶稅收合規法案問卷²

1. Are you appointing a power of attorney or signatory authority granted to a person with United States address?
閣下有否授權予擁有美國地址的人士？

☐ Yes
是

☐ No
否

2. Have you provided an address to Company which is an in-care-of or hold mail address?
閣下所提供的地址是否代收公司或代收地址？

☐ Yes
是

☐ No
否

² If any answer to above question is "Yes", your request may not be accepted.
如以上任何問題的答案為「是」，有關申請可能不被接納。

Section D 部：Taxation information of new policyholder 新保單持有人的稅務資料

1. a. Do you currently file tax return in the USA?
If "Yes", please complete and submit US tax form.
閣下現時有否於美國報稅？若「是」，請填妥及遞交美國稅表。

☐ Yes
是

☐ No
否

2. a. Are you a Hong Kong tax resident? If "Yes", the Taxpayer Identification No. ("TIN") is your HKID card no.
If "No", please complete question no. 2c.
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。

☐ Yes
是

☐ No
否

b. Is Hong Kong the only tax jurisdiction of residence you belong to?
If "No", please complete question no. 2c.
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。

☐ Yes
是

☐ No
否

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 new policyholder is a resident for tax purposes does not issue TINs to its residents.
新保單持有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 new policyholder is unable to obtain a TIN. Please explain why the new policyholder is unable to obtain a TIN if you have selected this reason.
新保單持有人未能取得稅務編號。若選取此理由，請解釋新保單持有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.
新保單持有人無須提供稅務編號。稅務居留司法管轄區的主管機關不需要新保單持有人披露稅務編號。

Declaration and acknowledgment 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 part 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／蘇黎世壽險(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。



Consent for marketing purposes - Voluntary:

就市場推廣用途之同意 – 自願性：

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders' or insured persons' consent or indication of no objection**, for providing marketing materials and conducting direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company's business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.

由本公司收集或持有的保單持有人及受保人的某些個人資料(其中亦包括在本公司日常業務過程中以及就持續與客戶的關係收集或產生的資料)，特別是姓名、聯絡資料、年齡、性別、身分證文件資料、婚姻狀況、經濟背景、人口統計數據、交易模式和行為、保單資料、索償資料及醫療紀錄等，**於獲該保單持有人或受保人同意或作不反對指示後**，均可供本公司使用作為蘇黎世保險集團及／或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及／或金融產品及服務，及／或其他商業合作夥伴之相關服務，提供市場推廣資料及進行直接市場推廣活動。(例如獎賞、忠誠獎勵、合作品牌或優惠計劃以及相關服務和產品，由本公司商業合作夥伴或合作品牌夥伴提供的服務和產品，出於慈善及／或非牟利目的的捐贈或捐款)。為免生疑問，就本公司不時收集或持有的所有客戶個人資料，本公司將會以從客戶收到的最新指示(例如同意或表示不反對的指示，或提出反對要求)。

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder's and insured person's written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company's **marketing purposes** set out above:

於獲保單持有人及受保人書面同意後，本公司方可就以下人士本身及／或就本公司的市場推廣用途，向以下於香港境內或境外的人士提供其某些個人資料(並可能收到金錢或其他財產作為回報)，特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等，以供其使用：

- (1) companies within the Zurich Insurance Group;
蘇黎世保險集團成員公司；
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
與本公司維持業務引薦關係或其他安排的其他銀行／金融機構、商業或慈善組織；
- (3) third party reward, loyalty, co-branding or privileges program providers;
第三方獎賞、忠誠獎勵、合作品牌或優惠計劃提供者；
- (4) third party marketing service providers and insurance intermediaries.
第三方市場推廣相關服務供應商及保險中介人。

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.

本人／我們明白可隨時通知 貴公司以撤回任何就市場推廣用途所給予之同意。

☐ I/We do not agree to the use or transfer of my/our personal data for marketing purposes as set out above.

本人／我們不同意 貴公司使用或向第三方提供本人／我們的個人資料作上列市場推廣用途。

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

I/We confirm that I/we 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。

Section G 部：Collection of levy by the Insurance Authority 保險業監管局收取的保費徵費

According to the Insurance (Levy) Order and the Insurance (Levy) Regulation under the Insurance Ordinance (Cap. 41), the Insurance Authority ("IA") is collecting a levy on insurance premiums from policyholders through insurance companies with effect from January 1, 2018. Levy shall be paid along with premium payment. If the policyholder does not pay the levy timely, the IA may impose on the policyholder a pecuniary penalty of up to HKD 5,000 and may recover it as a civil debt due to it. In this regard, I/we agree the following arrangements of levy settlement, where applicable, that will be applied to my/our policy:

根據《保險業條例》(第41章)下的《保險業(徵費)令》及《保險業(徵費)規例》，保險業監管局(「保監局」)已由2018年1月1日起，透過保險公司向保單持有人收取保費徵費。保費徵費須於繳付保費時同時繳付。若保單持有人未有按規定依時繳付保費徵費，保監局可向其處以最高5,000港元的罰款，亦可循民事程序追討。有見及此，本人／我們同意 貴公司將為本人／我們的保單作出以下保費徵費之繳款安排(如適用)：

1. the policy will only be issued if the policy is with satisfied underwriting decision and initial premium and levy are settled;
於成功通過核保及收妥首期保費及徵費後才會繕發保單；
2. I/We authorize Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited ("the Company") to collect the premium and levy from my/our designated autopay account/credit card;
本人／我們授權蘇黎世人壽／蘇黎世人壽保險(香港)有限公司(「貴公司」)從本人／我們指定的自動轉賬賬戶／信用卡收取保費及徵費；
3. I/We shall pre-pay levy and premiums together if I/we apply for prepayment;
本人／我們於申請預繳保費時，需要同時預付保費及徵費；
4. I/We authorize the Company to collect both the premium and the levy by way of automatic premium loan ("APL"), if any levy is paid by APL, it will also form part of the loan with interest accumulated at the prevailing loan interest rate;
本人／我們授權 貴公司透過自動保費貸款方式扣除保費及徵費，若任何保費徵費以自動保費貸款方式扣除，其也將是貸款的一部分，並會按現行貸款利率計算利息；
5. the policy will only be reinstated if levy is paid back at the applicable rate and cap together with overdue premium(s) including the interest (if any);
此保單於本人／我們一併繳付逾期保費(包括其利息(如有))及按適用的徵費率及徵費上限計算之保費徵費後才會復效保單；
6. If my/our payment is insufficient to pay both premium and levy, I/we authorize the Company to settle the premium first; and
若本人／我們的繳款不足以同時繳付保費及徵費，本人／我們授權 貴公司先扣除保費；及
7. I/We authorize the Company to deduct the corresponding levy together with all unpaid premium(s) from payment of policy surrender/policy maturity/benefit claims.
本人／我們授權 貴公司從退保價值／期滿利益／保險賠償金額中扣除任何逾期保費及相應之保費徵費。

Section H 部：Declaration for commission disclosure 佣金披露聲明

I/We understand, acknowledge and agree that, **Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited** will pay the licensed insurance intermediary commission during the continuance of the policy to be assigned to me/us. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to the Company that he or she is authorized to do so.

本人／我們明白、確知及同意，**蘇黎世人壽／蘇黎世人壽保險(香港)有限公司**於即將轉讓予本人／我們的保單的有效期限內向有關的持牌保險中介人支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向本公司確認他／她已獲法人團體授權簽署。

I/We further understand that the above agreement is necessary for the Company to proceed with the application.

本人／我們亦明白 貴公司必須取得申請人以上的同意，才可以處理有關申請。

Section I 部：Declaration and acknowledgement of new policyholder 新保單持有人的聲明及確認

I/We agree to immediately inform Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited ("the Company") in writing of any change to the information that I/we have provided on this form.
本人／我們同意，如本人／我們在此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／蘇黎世壽保險（香港）有限公司（「貴公司」）。

(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 any company within the Zurich Insurance Group 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／我們特此授權蘇黎世保險集團中任何持有本人／我們個人資料的公司提供部分或全部資料予貴公司或其代理人。

<div>Full name of life insured 受保人姓名</div>		<div>Day日</div>		<div>Month月</div>		<div>Year年</div>	
<div>Date signed 簽署日期</div>		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div>Signature of life insured (Only applicable to designated plan) 受保人簽署（只適用於指定計劃）</div>							
<div>Full name of CURRENT policyholder/authorized signor from CURRENT policyholder 現任保單持有人／現任保單持有人之獲授權簽署人姓名</div>		<div>Day日</div>		<div>Month月</div>		<div>Year年</div>	
<div>Date signed 簽署日期</div>		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div>Signature of CURRENT policyholder/authorized signor from CURRENT policyholder 現任保單持有人／現任保單持有人之獲授權簽署人簽署</div>							
<div>Date signed 簽署日期</div>		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div>Signature of NEW policyholder 新保單持有人簽署</div>							
		<div>()</div>					
<div>Signature of licensed insurance intermediary 持牌保險中介人簽署</div>		<div>Full name of licensed insurance intermediary (IA license no.) 持牌保險中介人姓名（保監牌照號碼）</div>					
<div>Company name of licensed insurance intermediary 持牌保險中介人公司名稱</div>		<div>Company code of licensed insurance intermediary 持牌保險中介人公司編號</div>					

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。

Section J 部 : Documents required 所需遞交文件

1. **Certified copy* of Hong Kong permanent identity card**
已核實的香港永久性居民身份證副本*
2. **Certified copy* of valid passport if the policyholder holds foreign nationality**
已核實的有效護照副本*，如保單持有人持有外國國籍

* **Suitable certifier:**

合適核實人：

- a. **a licensed insurance intermediary in Hong Kong**
香港持牌保險中介人
- b. **a member of the judiciary in an equivalent jurisdiction**
在對等司法管轄區的司法人員
- c. **an officer of an embassy, consulate or high commission of the country of issue of documentary verification of identity**
發出身分核實文件的國家的大使館、領事館或高級專員公署的人員
- d. **a Justice of the Peace**
太平紳士
- e. **a solicitor practicing in Hong Kong**
在香港執業的律師
- f. **a certified public accountant practicing in Hong Kong**
在香港執業的執業會計師
- g. **a trust company registered under Part VIII of the Trustee Ordinance (Cap.s29) carrying on trust business in Hong Kong**
根據《受託人條例》(第s29章)第VIII部註冊並在香港經營信託業務的信託公司
- h. **overseas intermediary carrying on business or practicing in an equivalent jurisdiction, including a lawyer, a notary public, an auditor, a professional accountant, a tax advisor, a trust or company service provider; or a trust company carrying on trust business**
在對等司法管轄區經營業務或執業的律師、公證人、核數師、專業會計師、稅務顧問、信託或公司服務提供者；或經營信託業務的信託公司

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

如有需要，除上述文件外，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，請致電我們的客戶服務熱線 +852 2968 2383。