

# Certifying signature form

## 核證簽署表格

Policy no.  
保單號碼

### Important notes 重要事項

#### 1. Form submission 提交表格

Please complete and return the form to us by:

請將填妥的表格透過以下方式交回：

- sending it to your licensed insurance intermediary;  
送交閣下的持牌保險中介人；
- emailing to [helppoint.hk@hk.zurich.com](mailto:helppoint.hk@hk.zurich.com) with your registered email address; or  
以閣下的登記電郵寄往 [helppoint.hk@hk.zurich.com](mailto:helppoint.hk@hk.zurich.com)；或
- mailing it to 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong  
郵寄至香港港島東華蘭路18號港島東中心25-26樓  
Telephone 電話：+852 3405 7150

#### 2. Contact details 聯絡資料

We adhere to strict confidentiality procedures when we communicate with our clients. For security purposes, the details you provided will be considered as authorized contact details; it is therefore important that they are accurate and that you let us know if any of these details change. 我們於聯絡客戶時嚴格執行保密程序。為保障客戶私隱，閣下所提供的資料將被視為認可的聯絡資料，故此請務必提供準確的資料，如資料有變，請通知我們。

#### 3. This form must be used where the signature on identity documentation does not exist or differs from the present signature.

若身分證明文件上並無簽署，或與現時的簽署不同，則須使用本表格。

#### 4. Please complete this form in English and ✓ the appropriate box.

請以英文填妥本表格及✓適用之方格。

### Policyholder 1 第一保單持有人

Title 稱銜

- Mr. 先生  Mrs. 太太  Miss 小姐  Ms. 女士  
 Other (please specify)  
其他(請註明)

Family name 姓

Given name 名

I confirm that my present signature as shown below corresponds to the signature in my application form for a policy with Zurich International Life Limited.

本人確認本人現時的簽署(見下文)符合本人向蘇黎世國際人壽保險有限公司提交的保單申請表格上的簽署。

I also confirm that I am aware of my rights under the relevant Data Protection laws, the uses for which my personal data may be collected and that I have future rights to view and correct this data.

本人亦確認，本人明白相關資料保障法例賦予之權利，亦了解本人的資料將被交予特定的公司或機構作相關用途，本人並有權隨時翻查及修正此等資料。

#### Present signature of policyholder 1

現時第一保單持有人簽署

Day 日 Month 月 Year 年

Date signed 簽署日期

(The policyholder must sign in the presence of the authorized licensed insurance intermediary.)

(保單持有人必須在獲授權持牌保險中介人在場見證下簽署。)

### Policyholder 2 第二保單持有人

Title 稱銜

- Mr. 先生  Mrs. 太太  Miss 小姐  Ms. 女士  
 Other (please specify)  
其他(請註明)

Family name 姓

Given name 名

I confirm that my present signature as shown below corresponds to the signature in my application form for a policy with Zurich International Life Limited.

本人確認本人現時的簽署(見下文)符合本人向蘇黎世國際人壽保險有限公司提交的保單申請表格上的簽署。

I also confirm that I am aware of my rights under the relevant Data Protection laws, the uses for which my personal data may be collected and that I have future rights to view and correct this data.

本人亦確認，本人明白相關資料保障法例賦予之權利，亦了解本人的資料將被交予特定的公司或機構作相關用途，本人並有權隨時翻查及修正此等資料。

#### Present signature of policyholder 2

現時第二保單持有人簽署

Day 日 Month 月 Year 年

Date signed 簽署日期

(The policyholder must sign in the presence of the authorized licensed insurance intermediary.)

(保單持有人必須在獲授權持牌保險中介人在場見證下簽署。)

I, as a suitable certifier, do confirm that the signature provided belongs to the named person above.  
本人作為有效核證人，確認所提供的簽署屬於以上人士。

Suitable certifier signature\*  
有效核證人簽署\*

Date declaration signed  
簽署聲明日期

Day 日	Month 月	Year 年
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of suitable certifier (in English)  
有效核證人姓名(以英文填寫)

Occupation and position  
職業及職位

Company name  
公司名稱

Suitable certifier address  
有效核證人地址

Suitable certifier no. (if applicable)  
有效核證人號碼(如適用)

Apply company stamp/seal (if available) 公司印章/印鑑(如有)

\* **Definition of suitable certifier 有效核證人之定義**

1. A regulated introducer based in a recognized jurisdiction. Introducers not based in the UK, Hong Kong, Sweden or Singapore should supply proof of their authorization.  
在認可司法管轄區受規管的中介人。在英國、香港、瑞典及新加坡以外的中介人需提供證明證實其認可資格。
2. An individual introducer who has been accepted as a suitable certifier by Zurich International Life Limited (including introducers regulated by the FSA, HKCIB, PIBA, QFCRA and MAS).  
獲蘇黎世國際人壽保險有限公司認可的獨立中介人，包括 FSA、HKCIB、PIBA、QFCRA 及 MAS 的註冊中介人。
3. A notary public, lawyer, advocate or an embassy official (from the embassy of the country who issued the ID document).  
國家公證人、律師、代表律師或大使館官員(來自發出身份證明文件的國家之所屬大使館)。
4. An appointed representative of the Zurich Insurance Group.  
由蘇黎世保險集團委任的代表。

Zurich International Life is a business name of Zurich International Life Limited (a company incorporated in the Isle of Man with limited liability) which provides life assurance, investment and protection products and is authorized by the Isle of Man Financial Services Authority.

Registered in the Isle of Man number 20126C.

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蘇黎世國際人壽保險是蘇黎世國際人壽保險有限公司(於人島註冊成立之有限公司)的商業名稱。蘇黎世國際人壽保險有限公司為人島Financial Services Authority所認可，提供人壽保險、投資及保障產品。於人島的註冊號碼為20126C。

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