



**AIA International Limited**  
(Incorporated in Bermuda  
with limited liability)

## AMENDMENT TO APPLICATION FOR POLICY

### 投保申請修正書

Policy Number 保單號碼	Name of Proposed Insured/Insured 準受保人/受保人姓名	I.D. Card Number/Passport Number 身份證號碼/護照號碼
Area Code 區域編號	Agency/Broker Name 營業員組別/經紀名稱	Agent/Broker Code 營業員號碼/經紀號碼
Operation 營運部 VIP <input type="checkbox"/>	Agent/Broker's Name 營業員/經紀姓名	Agent/Broker's Tel. No 營業員/經紀聯絡電話



00152020

I/We \_\_\_\_\_ hereby request that my/our application form dated \_\_\_\_\_  
本人/我們 \_\_\_\_\_ 要求修正於 \_\_\_\_\_ (MM月/DD日/YYYY年)

be amended as follows:

簽署的投保申請書，有關修正如下：

#### Other Policies 其它保單號碼

Proposed Insured 準受保人 \_\_\_\_\_

Applicant 申請人 \_\_\_\_\_

Proposed Insured 準受保人	Applicant* 申請人*	/	Beneficial Owner(s) 實益擁有人
	(for individual owned policy) (個人為申請人之保單)	/	(for non-individual owned policy) (非個人為申請人之保單)
Yes 是	No 否		Yes 是
			No 否

1. Are you or have you been entrusted with a prominent public function in any government branch, judicial office, military authority or state-owned corporation?  
您是否擔任或曾擔任重要公職，於任何政府、司法機構、軍方組織或國有企業之職位？

2. Are you an important political party official?  
您是否擔任重要政黨幹事？

If answer is "Yes" to either question above, please provide details on position that held, which party belonged to, in which province, how long you have been in such position and relationship, etc.

若上述之任何問題屬「是」，請闡明其政府/司法機構/軍方組織/國有企業職位或政黨之名稱、所屬之省份、以及其任命年期。

\*Please complete this section if the Applicant is not the same as Proposed Insured. 倘申請人非準受保人，請完成此部份。

and I/we certify that there has been no change in my/our/Proposed Insured /Insured condition of health, and that I/we have received no medical attention, consultation or examination whatsoever, since the date of completion of said application; further, that all my/our/Proposed Insured/Insured answers as written in the course of said application including those relating to my/our occupation, are still true.

本人/我們謹聲明由投保申請書簽署日至現在，本人/我們/準受保人/受保人的健康狀況並沒有改變，亦沒有接受任何治療及檢驗。本人/我們/準受保人/受保人在上述投保申請書內申報的職業及其他一切資料，仍屬正確。

Date 日期 (MM月/DD日/YYYY年)

(Please do not sign on blank form 請勿在空白表格上簽署)

Signature of Proposed Insured/Insured 準受保人/受保人簽署

Signature of Agent(s) / Broker(s) as Witness  
營業員/經紀(即見證人)簽署

(Please do not sign on blank form 請勿在空白表格上簽署)

Signature of the Applicant/Owner, if other than the Proposed Insured/Insured  
申請人/持有人簽署，倘非準受保人/受保人