

保單服務申請表（一般更改）
Application for Policy Service (General Request)

保單號碼 Policy no. _____

受保人 Insured _____

保單持有人 policyowner _____

請於適當方格內加上「✓」號 Please put a "✓" in the appropriate box(es)

重要事項：以下所有申請，保單持有人及承讓人（如有）必須遞交有效身分證明文件副本（如果您從未遞交身分證明文件或已過期）

 Important note: For all of the below application, policyowner and assignee (if any) MUST provide a copy of valid identity document (if you have not submitted the identity document or it has been expired)

1. **更改個人資料 Change of personal particulars** ☐ 受保人 Insured ☐ 保單持有人 Policyowner
- ☐ 姓名 Name _____ ☐ 出生日期 Date of birth _____
- ☐ 國籍 Nationality _____ ☐ 稅務編號 TIN no. _____
- ☐ 出生地 Place of birth _____ ☐ 居留司法管轄區 Jurisdiction of residence _____

身分證文件類別 Type of identity document	身分證文件號碼 Identity document no.	身分證文件到期日 Expiry date of identity document
1.		
2.		

重要事項：Important notes:

- 請提供有關人士的**有效**身分證明文件核實副本及 / 或改名契核實副本（如適用）Please submit a **valid** certified copy of identity document and / or deed poll (if applicable) of the person.
- 如屬美國國籍，請連同「海外納稅申報與預扣責任聲明書」一併遞交。For US nationality, please submit "Foreign Tax Reporting and Withholding Obligation Declaration Form".
- 如更改稅務編號或居留司法管轄區，請填妥「自我證明表格」。If change of TIN no. or jurisdiction of residence, please complete the "Self-Certification Form".

2. **更改簽署式樣 Change of signature specimen**
- ☐ 保單持有人的新簽署式樣 New signature specimen of policyowner _____
- ☐ 受保人的新簽署式樣 New signature specimen of insured _____
- ☐ 承讓人的新簽署式樣 New signature specimen of assignee _____
- 如保單持有人 / 受保人 / 承讓人無法簽回原有簽署式樣，請與您的持牌保險中介人或本公司客戶服務部聯絡。 If policyowner / insured / assignee is unable to sign the original signature specimen, please contact your Licensed Insurance Intermediary or our Customer Service Department.
- 本人 / 我們已核實上述受保人 / 保單持有人 / 承讓人簽署式樣。
I / we, verified the above signature specimen of insured / policyowner / assignee.

(核實者簽署及蓋印 (如有))

(Signature and chop (if any) of verifier)

(核實者名稱、持牌保險中介人 / 職員編號及職銜)

(Name of verifier, licensed insurance intermediary / staff code(s) and title)

3. 更改 **Change of** ☐ 所有保單的通訊地址 **Correspondence address of all policies**
☐ 此保單通訊地址 **Correspondence address of this policy**
☐ 居住地址 **Residential address** ☐ 永久居住地址 **Permanent Residential address**
☐ 居住地址、永久居住地址及所有保單的通訊地址 **Residential address, permanent residential address and correspondence address of all policies**

室 Flat / room	樓 Floor	座 Block	大廈名稱 Name of building	
屋苑名稱 Name of estate			街道名稱及號碼 Street / road and number	區域 District

☐ 香港 HK ☐ 九龍 KLN ☐ 新界 NT ☐ 其他國家 (請註明) Other country (Please specify) _____ 郵寄代碼 Postal code _____

手提電話 Mobile phone no.			
國家號碼 Country code	地區號碼 Area code	電話號碼 Phone no.	國家名稱 Name of country
住宅電話 Residential phone no.			
國家號碼 Country code	地區號碼 Area code	電話號碼 Phone no.	國家名稱 Name of country
公司電話 Office phone no.			
國家號碼 Country code	地區號碼 Area code	電話號碼 Phone no.	國家名稱 Name of country
電郵地址 Email address			

重要事項：Important notes:

- 請選擇更改地址類別，否則本公司將更改此保單通訊地址。Please select the type(s) of change address, otherwise we will change correspondence address of this policy only.
- 居住地址恕不接受郵箱地址。PO Box is NOT acceptable for residential address.
- 由 2021 年 1 月 1 日起，如更改居住地址，須遞交最近三個月住址證明（例如：(1) 由政府部門或機構發出的信件，如：稅單、差餉通知書；(2) 銀行或持牌金融機構發出的結單或信用卡 / 借記卡結單；(3) 公用服務帳單；或 (4) 流動電話 / 互聯網服務月結單）。From 1 January 2021, if change of residential address, please provide residential address proof issued within last three months (e.g. (1) correspondence issued by government departments or agencies e.g. tax demand note, government rates demand note; (2) bank statements or credit / debit card statements issued by authorized financial institutions; (3) utility bill; or (4) mobile phone / internet service statements)
- 如屬美國地址 / 電話，請連同「海外納稅申報與預扣責任聲明書」一併遞交。For US address / telephone no., please submit "Foreign Tax Reporting and Withholding Obligation Declaration Form".
- 如地址不屬於香港或擁有多個居留司法管轄區，請填妥「自我證明表格」。For address outside Hong Kong or more than one jurisdiction of residence, please complete the "Self-Certification Form".
- 如電話號碼不屬於香港境內號碼，請填妥「自我證明表格」。For non-Hong Kong telephone no., please complete the "Self-Certification Form".
- 由 2021 年 1 月 1 日起如「自我證明表格-個人」上的現時居住地址與本公司記錄不同，請提供最近三個月住址證明（例如：(1) 由政府部門或機構發出的信件，如：稅單、差餉通知書；(2) 銀行或持牌金融機構發出的結單或信用卡 / 借記卡結單；(3) 公用服務帳單；或 (4) 流動電話 / 互聯網服務月結單）。From 1 January 2021, if current residential address in "Self-Certification Form - Individual" is different from our company record, please provide residential address proof issued within last three months. (e.g. (1) correspondence issued by government departments or agencies e.g. tax demand note, government rates demand note; (2) bank statements or credit / debit card statements issued by authorized financial institutions; (3) utility bill; or (4) mobile phone / internet service statements)

4.	更改 <input type="checkbox"/> 保單的紅利運用方式 <input type="checkbox"/> 保單的保證現金運用方式 Change of Dividend option of policy Cash endowment option of policy 選項 Option <input type="checkbox"/> 現金 Cash <input type="checkbox"/> 繳付保費 Premium reduction <input type="checkbox"/> 積存生息 Accumulative with interest 重要事項：Important Notes: <ul style="list-style-type: none"> 如以上的選項為現金，本公司將於保單周年日以港幣支票寄予您的通訊地址。 If the above option is cash, our company will send a Hong Kong dollar cheque to your correspondence address on policy anniversary date. 如閣下申請每月支取保單的紅利及 / 或保單的保證現金，請填妥「每月支取現金款額指示表格」，並依表格上的指示交回所需文件。 If you apply for monthly dividend withdrawal and / or cash payment option, please complete and sign the "Monthly Payment of Cash Payments Instruction Form", and please provide the required document according to the instructions on the form. 如閣下申請「好生活退休保障計劃」支付期滿利益，請填妥「好生活退休保障計劃」支付期滿利益指示表格，並依表格上的指示交回所需文件。If you apply for "Beautiful Life Retirement Savings Plan's Maturity Proceeds Settlement Option", please complete the "Maturity Proceeds Settlement Instruction Form (Beautiful Life Retirement Savings Plan)", and provide the required document according to the instructions on the form.
5.	更改繳費方式 Change of payment mode <input type="checkbox"/> 每年 Annually <input type="checkbox"/> 每半年 Semi-annually <input type="checkbox"/> 每季 Quarterly <input type="checkbox"/> 每月 Monthly (必須辦理自動轉賬 Must be paid by autopay)
6.	更改付款方式 Change of payment method <input type="checkbox"/> 銀行賬戶作自動轉賬 (需填妥「自動轉賬授權書」) Autopay by bank account (Please complete "Direct Debit Authorization Form") <input type="checkbox"/> 取消自動轉賬 Cancellation of autopay
7.	其他更改 / 特別要求 Other change / special request

海外納稅申報與預扣責任聲明

閣下是否美國公民或美國稅務居民 (請見備註) ? 若「是」，請填妥並遞交表格W-9或同等文件。

☐ 是 - 納稅人識別編號 _____

☐ 否

備註：如上述資料顯示，申請人 / 持有人可能是美國公民或美國稅務居民¹及 / 或可能與美國有關聯²，申請人 / 持有人需填妥所需的美國稅務自我聲明書 (如：表格W-9、W-8BEN 或同等文件) 及相關證明文件 (如適用) 一併呈交予本公司。如申請人 / 持有人為組織機構，除前述文件之外，申請人 / 持有人另需填妥並遞交「外國賬戶稅務合規法案 ("FATCA") 的客戶聲明書 (公司 / 機構)」。

¹美國稅務居民指的是美國綠卡持有人 (即美國合法永久居民) 或滿足實質居住測試 (即他 / 她於本納稅年內已在美國逗留至少31天和三年內在美國逗留至少183天 (含本納稅年度及過往兩年))。三年內在美國逗留日數計算方法 = 本年實際居住在美國日數 + 1/3 去年居住在美國的日數 + 1/6 前年居住在美國的日數。

²與美國有關聯的資料包括但不限於：出生國家為美國³、電話號碼為美國號碼、郵寄或永久地址為美國地址、客戶提供美國郵政信箱或轉交地址或代存地址、客戶授予擁有美國地址的人代理權或簽名權、常設指示將資金轉入位於美國的賬戶、任何與美國相關的資訊等。

³若申請人 / 持有人的出生國家為美國，但聲明為非美國公民或美國稅務居民，除表格W-8BEN 之外，申請人 / 持有人需提供美國以外國家或地區簽發的護照副本，或政府簽發可證明非美國公民或美國稅務居民身分的證明文件的副本，及喪失 / 放棄美國籍之證明文件副本。

Foreign Tax Reporting and Withholding Obligation Declaration

Are you a US Citizen or a US tax resident (Please see the Notes)? If "Yes", please complete and submit Form W-9 or an equivalent form.

☐ Yes - Taxpayer Identification Number (TIN) _____

☐ No

Notes: If the above information indicates that the applicant / owner may have become a US Citizen or a US tax resident¹ and / or the applicant / owner may have links to the US², the applicant / owner is required to complete and return a US tax self-certification form (e.g. Form W-9, W-8BEN or an equivalent form) and relevant supporting documents (if applicable) together to the Company. If the applicant / owner is an Entity, the applicant / owner is required to complete and submit the "Self-Certification Form (Entity) for Foreign Account Tax Compliance Act ("FATCA") in addition to the aforementioned documents.

保單號碼 Policy no. _____

保單持有人 Policyowner _____

¹ US tax resident refers to US Green Card holder (i.e. US lawful permanent resident) or individual who meets the substantial presence test (i.e. the applicant / owner has been present in the US for at least 31 actual days in the current tax year and 183 equivalent days during a three year period (including current year and the two prior years)). Equivalent days = Actual days in the US in the current year + 1/3 of his / her days in the US in the immediately preceding year + 1/6 of his / her days in the US in the second preceding year.

² Information that has a US link, included but not limited to: a US place of birth³, a US telephone number, a US correspondence or permanent address, a US P.O. box address, a US "in-care-of" or "hold mail" address, a power of attorney or signatory authority granted to a person with a US address, standing instructions to make payments to accounts maintained in the US, any US related information, etc.

³ If the applicant / owner's place of birth is US, but declared that the applicant / owner is not a US Citizen or a US tax resident, apart from filing in Form W-8BEN, the applicant / owner is required to provide a copy of non-US passport to government issued identification document evidencing non-US citizenship or tax resident, and Certificate of Loss of Nationality of US.

客戶確認符合《海外帳戶稅收合規法案》和其他適用法律

閣下確認泰禾人壽保險有限公司(下稱“本公司”)須遵從、遵守或履行法律、法規、命令、指引、守則和包括《海外帳戶稅收合規法案》適用規定的要求，或任何公眾、司法、稅務、政府和/或其他監管機構等協定的要求，包括但不限於美國國稅局(以下簡稱「監管機構」)在不同的司法管轄區不時頒布及修訂的協定(以下簡稱「適用規定」)。在這方面，閣下同意本公司可以在任何時候行使完全酌情權採取任何相關行動包括但不限於向任何監管機構透露閣下的個人資料，以確保本公司遵行適用規定。

客戶同意向第三方披露資料

閣下同意本公司可能將根據適用規定的要求，向任何監管機關披露閣下的個人資料或任何資料。基於前述的原因，以及儘管在本表格或我們之間的任何其他協議所載的任何內容，本公司可能需要閣下向本公司提供進一步資料，以便向任何監管機關透露，而閣下必須在合理要求的時間(由提出申請或知會變更資料的90個曆日)內，向本公司提供相關的資料。

更新客戶有關國籍、稅務狀況的資料及其他資料

儘管載於本表格或我們之間其他任何協議所包含的任何內容，閣下同意向本公司提供協助，使本公司能夠就閣下或閣下向本公司購買的保險計劃，遵行適用規定下的義務。

就閣下任何在申請時或其他時間向本公司提供的任何資料，閣下同意及時(30個曆日之內)向本公司提供更新資料。尤其重要的是閣下立即通知本公司下列的更新：若閣下是個人，閣下的個人身分證號碼、地址、電話、國籍、稅務狀況、稅籍所在地的變動或閣下擁有多於一個國家的稅籍的變動；若閣下是法團法人或任何其他類型的實體，閣下的註冊地址、業務營運地址、主要股東、法定及實際受益人或管理人(擁有或控制10%以上股份或所有權或管理權的人士)，稅務狀況、稅籍所在地，或若閣下擁有多於一個國家的稅籍的變動。若發生這些變動，或任何其他資料顯示發生了變動，本公司可能會要求閣下提供額外文件或資料。此等資料和文件包括但不限於正式完成及/或簽署(並且如有需要，由公證人作出公證)的稅務申報或表格。

如果閣下未能及時向本公司提供資料或文件，或閣下所提供所需的資料或文件並非最新、準確或完整，閣下同意本公司擁有完全及絕對酌情權決定隨時採取任何相關行動以確保本公司遵從適用法律及法規的要求。

Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws

You acknowledge that Tahoe Life Insurance Company Limited (hereinafter called "the Company") shall be obliged to comply with, observe or fulfill the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act of or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including but not limited to, the Internal Revenue Service of the United States of America (the "Authorities" and each an "Authority") in various jurisdictions as promulgated and amended from time to time (the "Applicable Requirements"). In this connection, you agree that the Company may at any time take any relevant actions as may be determined by the Company in its sole and absolute discretion which including but not limited to disclose your particulars to any Authority for the purpose of ensuring the Company's compliance or adherence with the Applicable Requirements.

Customer consent to disclose information to third parties

You agree that the Company may disclose your particulars or any information to any Authority in connection or adherence with the Applicable Requirements. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between us, the Company may need you to provide the Company with further information as may be required for disclosure to any Authority and you shall provide the same to the Company's within such time as may be reasonably required (Within 90 calendar days from the date of the application or information change).

Updating of customer information about nationality, tax status and others

Notwithstanding anything contained in this form or any other agreements between us, you agree to provide the Company with such assistance as may be necessary to enable the Company to comply with the Company's obligations under all Applicable Requirements concerning you or your policies with the Company.

You agree to update the Company in a timely manner (within 30 calendar days) of any change of any of the details previously provided to the Company whether at time of application or at any other times. In particular, it is very important that you notify the Company immediately if, where you are an individual, your personal identification numbers, addresses, telephone numbers, nationality, tax status or tax residency changes or if you become tax resident in more than one country, or, where you are a corporation or any other type of

entity, your registered address, address of your place of business, substantial shareholders, legal and beneficial owners or controllers (who own or control more than 10% of your shares or ownership interest or control), tax status, tax residency changes or if you become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request additional documents or information from you. Such information and documents include but are not limited to duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.

If you do not provide the Company with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete you agree that the Company may take any relevant actions at any time as may be determined by the Company in its sole and absolute discretion to be required to ensure compliance with the applicable Laws and Regulations on the part of Company.

為遵循 FATCA 及相關的本地法規，本人/我們同意貴公司提供本人/我們的個人資料予美國或相關的本地司法、稅務或其他監管機構，以確保貴公司進行 FATCA 或適用規定。

Pursuant to FATCA or applicable local laws, I/we hereby consent to the Company to report my/our personal data to the US or applicable local regulators or tax authorities where necessary in order to comply with FATCA or applicable local laws.

《稅務條例》的規定

泰禾人壽保險有限公司必須遵從《稅務條例》(第112章)的下列規定，以協助香港特別行政區政府稅務局(「稅務局」)進行自動交換某些財務帳戶資料：

- (1) 將某些帳戶識別為「不獲豁免財務帳戶」；
- (2) 識別就稅務而言，持有不獲豁免財務帳戶的個人和某些持有不獲豁免財務帳戶的實體所屬的居留司法管轄區；
- (3) 確定某些持有不獲豁免財務帳戶的實體的狀況為「被動非財務實體」，並識別其控權人就稅務而言的居留司法管轄區；
- (4) 收集有關不獲豁免財務帳戶的某些資料(「所需資料」)；及
- (5) 向稅務局提供某些所需資料(以上統稱為「自動交換資料要求」)。

本人(持有人)知悉及同意，泰禾人壽保險有限公司(「泰禾人壽」)可根據《稅務條例》有關交換財務帳戶資料的法律條文，(a)收集本申請書所載資料並可備存作自動交換財務帳戶資料用途及(b)把該等資料和關於持有人及任何須申報帳戶的資料向稅務局申報，從而把資料轉交到申請人/持有人的居留司法管轄區的稅務當局。

本人(持有人)承諾，如情況有所改變，以致影響本申請書所述的持有人的稅務居民身分，或引致本申請書所載的資料不正確，本人會通知泰禾人壽，並會在情況發生改變後30個曆日內，向泰禾人壽提交一份已適當更新的自我證明表格。

本人(持有人)同意遵從泰禾人壽為了符合「自動交換資料要求」而提出的請求。

本人(持有人)聲明就本人所知所信，本申請書內所填報的所有資料和聲明均屬真實、正確和完備。

警告：根據《稅務條例》第80(2E)條，如任何人在作出須自我證明時，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(即港幣10,000元)罰款。

Requirements of the Inland Revenue Ordinance

Tahoe Life Insurance Company Limited must comply with the following requirements of the Inland Revenue Ordinance (Cap. 112) to facilitate the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region ("IRD") in implementing automatic exchange of certain financial account information as provided for thereunder:

- (1) to identify certain accounts as "non-excluded financial accounts" ("NEFAs");
- (2) to identify the jurisdiction(s) in which NEFA-holding individuals and certain NEFA-holding entities reside for tax purposes;
- (3) to determine the status of certain NEFA-holding entities as "passive NFEs" and identify the jurisdiction(s) in which their controlling persons reside for tax purposes;
- (4) to collect certain information on NEFAs ("Required Information"); and
- (5) to furnish certain Required Information to the IRD (collectively, the "AEOI requirements").

I, the owner, acknowledge and agree that (a) the information contained in this form is collected and may be kept by Tahoe Life Insurance Company Limited ("Tahoe Life") for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the applicant / owner and any reportable account(s) may be reported by Tahoe Life to the IRD and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the owner may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance.

I, the owner, undertake to advise Tahoe Life Insurance Company Limited ("Tahoe Life") of any change in circumstances which affects my tax residency status of the applicant/owner or causes the information contained herein to become incorrect, and to provide Tahoe Life with a suitably updated self-certification form within 30 calendar days of such change in circumstances.

I, the owner, agree to comply with requests made by Tahoe Life to comply with the AEOI requirements.

I, the owner, declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

WARNING: 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. HKD10,000).

收取個人壽險保費徵費

本人 / 我們在此確認：泰禾人壽保險有限公司，為一家獲授權的保險公司，按香港保險業監管局（下稱「保監局」）的要求及授權向每位保單持有人所持有的新造或現行有效保單徵收徵費，有關徵費將按照訂明安排匯付予保監局。保監局可以根據相關條例，將有關的徵費欠款作為民事債項向相關的保單持有人追討欠款，並有機會徵收罰款。有關徵費的詳情，請瀏覽 https://www.tahoelife.com.hk/tl/doc/Levy_TC.pdf 或致電 (852) 3767 8777。

Collection of premium levy on individual life insurance policy

I / We hereby acknowledge that: Tahoe Life Insurance Company Limited, as an authorised insurer, is statutorily required to collect premium levy ("Levy") on any new or in-force policy from policy owner on behalf of the Insurance Authority of Hong Kong ("IA") and would be remitted in accordance with prescribed arrangement to the IA. IA may take legal proceedings against policy owners in respect of any outstanding Levy as a civil debt and may impose pecuniary penalty according to the relevant regulations. For further information, please visit https://www.tahoelife.com.hk/tl/doc/Levy_EN.pdf or contact: (852) 3767 8777.

個人資料收集及使用

本人 / 我們確認本人 / 我們已閱讀及明白泰禾人壽之個人資料收集聲明（「泰禾人壽個人資料收集聲明」）。

本人 / 我們聲明及同意在本表格所載或泰禾人壽保險有限公司（「泰禾人壽」）不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據泰禾人壽個人資料收集聲明收集及使用。

本人 / 我們特此確認並同意泰禾人壽根據泰禾人壽個人資料收集聲明使用及轉移本人 / 我們的個人資料。泰禾人壽個人資料收集聲明的最新版本可於以下網址下載：www.tahoelife.com.hk，及可向泰禾人壽索取。

Personal data collection and use

I / We confirm that I / we have read and understood the Tahoe Life Personal Information Collection Statement (the "Tahoe Life PICS").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this form or collected, compiled or held by Tahoe Life Insurance Company Limited (the "Company") by any means from time to time may be collected and utilised in accordance with the Tahoe Life PICS.

I / We hereby give my / our acknowledgement and agree to the use and transfer of my / our personal data by the Company in accordance with the Tahoe Life PICS. The latest version of the Tahoe Life PICS is available for download from the website: www.tahoelife.com.hk, and is made available upon request.

☐ 本人 / 我們不同意根據泰禾人壽個人資料收集聲明（參閱「為直接促銷目的而使用個人資料」部分）為直接促銷之目的而使用和提供本人 / 我們的個人資料，亦不希望接收任何推廣及直接促銷材料。

I / We do not agree with the use and provision of my / our personal data for direct marketing purposes as set out in the Tahoe Life PICS (see "Use of Personal Data for Direct Marketing Purposes") and do not wish to receive any promotional and direct marketing materials.

保單號碼 Policy no. _____ 保單持有人 Policyowner _____

本人 / 我們謹此聲明及同意：上列各項資料，據本人 / 我們所知均屬完全及真實無訛。I / We HEREBY DECLARE AND AGREE THAT: all the information stated above are to the best of my / our knowledge and belief complete and true.

保單持有人簽署 Signature of policyowner	簽署日期 Sign date (日 DD / 月 MM / 年 YYYY)
承讓人簽署 (如有) Signature of assignee (if any)	簽署日期 Sign date (日 DD / 月 MM / 年 YYYY)
保單持有人聯絡電話 Contact phone no. of policyowner	保單持有人電郵 Email address of policyowner
持牌保險中介人簽署、牌照類別、牌照號碼及保險經紀公司蓋印(如適用) Signature of licensed insurance intermediary, type of license, license no. and stamp of broker company (if applicable)	持牌保險中介人姓名及分行名稱 (如有) Name of licensed insurance intermediary and branch name (if any)