

Application Form for Change of Contact Details

更改聯絡資料表格



Please darken the appropriate circle 請塗黑適當的選項。 Correct form 正確方式為：●

Policy Number 保單號碼 * Please complete the boxes and darken the appropriate numbered circles to indicate the policy number. 請填寫方格和塗黑適當號碼格，以註明保單號碼。														Name of Policyowner 保單持有人姓名	
														Name of Life Assured 受保人姓名	
														Name of Consultant 顧問姓名	
														Consultant Code 顧問編號	
														Division Code & Branch Office 分區編號及分行地點	
														Consultant Contact No. 顧問聯絡電話號碼	
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑪	⑫	⑬	⑭	⑮	
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑪	⑫	⑬	⑭	⑮	
②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑪	⑫	⑬	⑭	⑮		
③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑪	⑫	⑬	⑭	⑮			
④	⑤	⑥	⑦	⑧	⑨	⑩	⑪	⑫	⑬	⑭	⑮				
⑤	⑥	⑦	⑧	⑨	⑩	⑪	⑫	⑬	⑭	⑮					
⑥	⑦	⑧	⑨	⑩	⑪	⑫	⑬	⑭	⑮						
⑦	⑧	⑨	⑩	⑪	⑫	⑬	⑭	⑮							
⑧	⑨	⑩	⑪	⑫	⑬	⑭	⑮								
⑨	⑩	⑪	⑫	⑬	⑭	⑮									

Important Note 重要提示

1. Any change requested in this form will be applied to all life insurance policies in respect of the above-named policyowner. 在此表格上的任何更改申請，將應用於上述之保單持有人名下的所有壽保單。
2. Please complete in BLOCK LETTERS. 請以正楷填寫。
3. Please return to Prudential Hong Kong Limited ("Prudential") within 30 days after signing this form. 請於簽署此表格後30天內交回保誠保險有限公司（「保誠」）處理。
4. Please do not sign on blank or incomplete form. 請勿在空白表格或尚未填妥的表格上簽署。
5. Any changes or amendments in this form must be countersigned by the Policyowner in full signature. 保單持有人必須在此表格內任何更改或修改的地方簽署作實。
6. Policyowner MUST sign and date in Part 5 of this form. 保單持有人必須在此表格第五部分簽署及填寫簽署日期。
7. Please complete the form as instructed, any information written in non-designated blank spaces will not be processed. 請根據此表格之指示於適當的位置填寫資料，於其他非指定空白位置填寫的資料恕不受理。
8. Prudential shall have the right to reject this form if you fail to fulfill Prudential's requirements. 若閣下未能符合保誠的有關規定，保誠有權拒絕此表格。
9. Receipt of this form by your Financial Consultants or Broker does not constitute receipt by Prudential. 閣下的理財顧問或經紀收到此表格並不代表保誠亦已收到。
10. In any circumstances, a person who is not a party to the above policy (including but not limited to the Life Assured or the Beneficiary) has no right to enforce any of the terms of the above policy. 任何不是上述保單某一方的人士或實體（包括但不限於受保人或受益人），在任何情況下均不能強制執行上述保單的任何條款。

Part 1 第一部分 Change of Policyowner's Contact Details 更改保單持有人的聯絡資料

1. The policyowner can submit the change of contact details request via myPrudential in Prudential's website at www.prudential.com.hk for more efficient service. 保單持有人可透過保誠網站 www.prudential.com.hk 內的myPrudential以更快捷的方法申請更改聯絡資料。
2. The policyowner is obliged to report to Prudential (which is a Reporting Financial Institution) by submitting our "Individual Tax Residence Self-Certification Form" / "Supplementary Form for Business Insurance" if the tax residency status has changed during the course of policy. For details, please refer to instructions and glossary in website: 如保單持有人在保單生效期間更改稅務居民身分，應盡快通知保誠（作為一所申報財務機構）並遞交「個人稅務居住地自我申報證明書」或「商業保險補充表格」以作申報，詳情請細閱以下連結之指引及定義摘要：http://www.ird.gov.hk/eng/tax/aeoi/self_cert.htm
3. Confirmation letter will be sent to the latest correspondence address of policyowner in our record. 確認函將郵寄至保單持有人於本公司記錄中最新的通訊地址。
4. Correspondence address cannot be the Financial Consultant's office address, unless the Policyowner is an employee or Financial Consultant of Prudential. 除非保單持有人是保誠之員工或顧問，不得使用顧問之公司地址作為通訊地址。

Change of Policyowner's Correspondence Address 更改保單持有人之通訊地址

Flat / Room 室	Floor 樓	Block 座
Building / Estate 大廈 / 屋苑名稱		
Village / Number & Name of Street / Road 村 / 門牌號碼及街道名稱		
District / City / Province 地區 / 城市 / 省		
Country 國家		
Postal Code 郵政編號		

Hong Kong 香港 Kowloon 九龍 New Territories 新界

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Prudential Hong Kong Limited 保誠保險有限公司
(A member of Prudential plc group) (英國保誠集團成員)

LAPA/PAICCD (02/19)



Part 1 第一部分 Change of Policyowner's Contact Details (Continued) 更改保單持有人的聯絡資料（續）

Change of Policyowner's Contact Number & Email 更改保單持有人之聯絡電話及電郵地址

Mobile 手提電話

Country Code 國家號碼 Area Code 地區號碼 Telephone Number 電話號碼

Please Specify The Country Name
請註明國家名稱

Residential 住宅電話

Country Code 國家號碼 Area Code 地區號碼 Telephone Number 電話號碼

Please Specify The Country Name
請註明國家名稱

Office 辦事處電話

Country Code 國家號碼 Area Code 地區號碼 Telephone Number 電話號碼

Please Specify The Country Name
請註明國家名稱

Email Address 電郵地址

Part 2 第二部分 Declaration 聲明

I / We, the Policyowner(s), hereby request that my / our policy(ies) be changed in accordance with the particulars set out in this application and I / we understand and agree that such changes or services will not take effect unless (1) any required documents and payments are submitted in full and (2) the application is duly approved by Prudential.

本人 / 吾等，作為保單持有人，謹此要求本人 / 吾等之保單依照此申請表之資料作出修改，而本人 / 吾等已明白及同意上述之修改或服務將不會生效直至 (1) 所有有關文件及款項收妥及 (2) 此申請表是經保誠批核後方可作實。

I / We, the Policyowner(s), understand that the Mobile Phone Number I / we provided in this form will be saved in policy record. In the future when I / we use myPrudential, while identity authentication is required, system will issue Identity Verification Code through SMS message to this mobile phone number.

本人 / 吾等，作為保單持有人，明白在此表格所提供的手提電話號碼將會保存到保單紀錄中。日後當本人 / 吾等使用myPrudential時，如有需要進行身份核實，系統將會以手機短訊形式發送身份驗證碼到這個手提電話號碼。

Part 3 Notice and Agreement relating to Foreign Account Tax Compliance Act and other Applicable Laws

第三部分 有關《外國帳戶稅務合規法》和其他適用法律的聲明和協定

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

You acknowledge that Prudential Hong Kong Limited (referred to as "our", "we", or "us" in this Part 3 entitled "Notice and Agreement relating to Foreign Account Tax Compliance Act and other Applicable Laws") may 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 without limitation, 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 we may disclose your particulars to any Authority, or withhold payments otherwise payable to you, in each case in circumstances as specified in this form, for the purpose of ensuring our compliance or adherence with the Applicable Requirements.

2. Customer consent to disclose information to third parties / waiver of data privacy rights

You agree that we may disclose your particulars or any information to any Authority in connection or adherence with the Applicable Requirements. Such disclosure may be effected directly or sent through any of our Head Office(s) or other affiliates of Prudential plc. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between us, we may need you to provide us with further information as may be required for disclosure to any Authority and you shall provide the same to us within such time as may be reasonably required.

3. 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 us with such assistance as may be necessary to enable us to comply with our obligations under all Applicable Requirements concerning you or your policies with us.

You agree to update us in a timely manner of any change of any of the details previously provided to us whether at time of application or at any other times. In particular, it is very important that you notify us 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, we may need to request certain 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 us 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 we may, in order to ensure our ongoing compliance or adherence with the Applicable Requirements withhold payment of any amount due to you or your personal representatives under your policy in compliance with the Applicable Requirements and/or pay the same to any relevant Authority as the relevant Authority may require.

1. 客戶確認符合《外國帳戶稅務合規法》和其他適用法律

閣下承認保誠保險有限公司（在此第三部分「有關《外國帳戶稅務合規法》和其他適用法律的聲明和協定」，簡稱為「我們」或「我們」）須遵從，遵守或履行法律，法規，命令，指引，守則和包括《外國帳戶稅務合規法》適用規定的要求，或任何公眾，司法，稅務，政府和 / 或其他監管機構協定的要求，包括但不限於美國的稅務局（以下簡稱「監管機構」）在不同的司法管轄區（以下簡稱「適

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Part 3 Notice and Agreement relating to Foreign Account Tax Compliance Act and other Applicable Laws (Continued)

第三部分 有關《外國帳戶稅務合規法》和其他適用法律的聲明和協定（續）

用規定」)不時頒布及修訂的協定。在這方面，閣下同意我們可以根據此表格列明的每種情況，向任何監管機構透露閣下的個人資料或扣留任何支付給閣下的款項，以確保我們遵行適用規定。

2. 客戶同意向第三方披露資料 / 放棄資料的私隱權

閣下同意我們可能會根據適用規定的要求，向任何監管機構披露閣下的個人資料或任何資料。此等披露可以由我們直接或通過我們的總公司或英國保誠集團的其它成員進行。基於前述的原因，以及儘管在此表格或我們之間的任何其他協議所載的任何內容，我們可能需要閣下向我們提供進一步資料，以便向任何監管機構透露，而閣下必須在合理要求的時間內，向我們提供相關的資料。

3. 更新客戶有關國籍、稅務狀況的資料及其他資料

儘管載於此表格或我們之間其他任何協議所包含的任何內容，閣下同意向我們提供協助，使我們能夠就閣下或閣下向我們購買的保險計劃，遵行我們在適用規定下的義務。

就閣下任何在申請時或其他時間向我們提供的任何資料，閣下同意及時向我們提供更新資料。尤其重要的是閣下立即通知我們下列的更新：若閣下是個體，閣下的個人身份號碼，地址，電話，國籍，稅務狀況或稅籍所在地的變動；閣下擁有多於一個國家的稅籍；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，稅籍所在地的變動，或若閣下擁有多於一個國家的稅籍。若發生這些變動，或若任何這種變動的其他資料已為大家所知，我們可能會要求閣下提供某些文件或資料。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我們提供資料或文件，或閣下所提供之資料或文件並非最新，準確或完整，為確定我們持續遵從適用規定，閣下同意我們可以按適用規定的要求，就我們於閣下保單應支付閣下或閣下的個人代表的任何款項中作出扣留，並 / 或按相關監管機構的要求，向相關監管機構支付所扣留的款項。

Part 4 第四部分 Personal Information Collection Statement 收集個人資料聲明

Prudential Hong Kong Limited (referred to as "the Company", "our", "we", or "us" in this Part entitled "Personal Information Collection Statement") may collect certain personal information, including without limitation your name, identity card number (and copy of identity card), passport number, contact information, family history, health and medical information and financial information ("Personal Information") from you when you apply for insurance or financial products and services from us, or when you apply to make changes to your policy, or when you make a claim against a policy. We may also collect Personal Information about you from third parties such as other insurance companies or agents, government agencies, medical personnel, credit reporting agencies, courts or public records.

1. Purpose of Collection

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related services and products; (f) to communicate with you; (g) to provide you with promotional materials relating to insurance or financial services or related wealth management products of the Company, and those of other entities whose ultimate parent company is Prudential plc ("companies within the Prudential Group") or partnering financial institutions; (h) to perform a policy review or needs analysis; (i) to conduct research and statistical analysis; and (j) to meet disclosure requirements imposed on us or any third parties mentioned in Section 2 below by law or regulatory authorities.

2. Classes of Transferees

We may disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including without limitation the following third parties: (a) insurance agents; (b) re-insurance companies; (c) other companies within the Prudential Group; (d) claims investigation companies; (e) third party administrators; (f) third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business); (g) industry associations and federations; (h) medical bill review companies; (i) professional advisors; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions; (n) regulators and government agencies; (o) law enforcement agencies; (p) the Courts.

We may transfer your name, contact information and information about the products you have purchased (including the sales channel from which such products were purchased) to other companies within the Prudential Group, and other partnering financial institutions, for the purpose of providing you with promotional materials relating to those entities' insurance or financial services or related wealth management products. However, we will not disclose your Personal Information to any other third parties for direct marketing purposes without your consent.

We may transfer your Personal Information in connection with a transaction with another company which affects the control, governance, structure and / or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements.

3. Consequence of failing to provide Personal Information

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. In the event that any such Personal Information is not provided, we may be unable to provide you with the services or carry out the activities outlined at Section 1 above.

4. Access and Correction Rights

Under the Personal Data (Privacy) Ordinance (the "Ordinance"), you have the right to request access to and correction of any Personal Information that you provide to us. You may make such a request by writing to our Data Protection Officer at P.O. Box No. 28058, Gloucester Road Post Office, Hong Kong. In accordance with the Ordinance, we have the right to charge a reasonable fee for the processing of any Personal Information access request.

保誠保險有限公司（在題為「收集個人資料聲明」之本部分，簡稱「本公司」或「我們」）可能會於閣下向我們申請保險或金融產品及服務、申請更改保單或就保單提出索償時向閣下收集一些個人資料，包括但不限於閣下的姓名、身份證號碼（及身份證副本）、護照號碼、聯絡資料、家族歷史、健康和醫療資料，以及財務資料（以下簡稱「個人資料」）。我們還可能從第三方，如其他保險公司或代理、政府機構、醫務人員、信用報告機構、法院或公開記錄等，收集關於閣下的個人資料。

1. 收集資料之目的

我們可能會使用閣下的個人資料作下列用途：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的服務和產品；(f) 與閣下進行通訊；(g) 為閣下提供關於本公司以及其他母公司為英國保誠集團的實體（「保誠集團內的公司」）或夥伴金融機構的保險或金融服務或相關的財富管理產品的推廣材料；(h) 進行保單審查或需求分析；(i) 進行研究和統計分析；及 (j) 符合法律或監管當局向我們或在下述第二部分所列的第三方實施的披露要求。

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Part 4 第四部分 Personal Information Collection Statement (Continued) 收集個人資料聲明（續）

2. 被資料轉交者的類別

為達到上述第一部分所列明之目的，我們可能會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方：(a) 保險代理；(b) 再保險公司；(c) 其他保誠集團內的公司；(d) 索償調查公司；(e) 第三方管理人；(f) 第三方服務供應商（包括但不限於保險公司、銀行、律師、會計師，以及其他提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商）；(g) 行業協會及聯會；(h) 醫療帳單審查公司；(i) 專業顧問；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構；(n) 監管機構及政府機構；(o) 執法機構；(p) 法院。

我們可能將閣下的姓名、聯絡資料和閣下已購買的產品資料（包括購買該等產品的銷售渠道），轉交其他保誠集團內的公司及其他夥伴金融機構，以向閣下提供有關這些實體的保險、金融服務或相關的財富管理產品的有關推廣材料。然而，我們不會未經閣下的同意，向任何其他第三方透露閣下的個人資料作直接促銷用途。

在有關影響到我們全部或重大部分業務的控制權、治理、結構和 / 或管理的交易時，或在必須符合適用的法律或監管要求下，我們可能會轉交閣下的個人資料。

3. 未能提供個人資料的影響

除非我們另有規定，否則閣下必須提供我們所要求的個人資料。若未能提供任何此等個人資料，我們可能無法為閣下提供服務或進行上述第一部分所列出的活動。

4. 查閱和更正的權利

根據《個人資料（私隱）條例》（「條例」），閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲查閱或更正個人資料，請向我們的資料保護主任作出書面要求，地址是香港告士打道郵政局郵政信箱28058號。根據條例的規定，我們有權就處理查閱任何個人資料的要求，收取合理的費用。

Opting-out Marketing Communications or Materials 拒絕接受促銷信息或資料

We intend to send you marketing communications or materials (as set out in the above Personal Information Collection Statement), but we cannot do so without your consent. In the event that you do not wish to receive such marketing communications or materials, please let us know by checking the box below, and returning the form to us in person at our Customer Service Center or by post at P.O. Box No. 28058, Gloucester Road Post Office, Hong Kong.

我們有意向閣下發送（載於上述收集個人資料聲明的）促銷信息或資料，但未經閣下的同意，我們不能這樣做。假若閣下不希望收到該等促銷信息或資料，請在下方格上填「✓」號以讓我們知道閣下的意向，並請親身交回此表格至我們的客戶服務中心或郵遞此表格至香港告士打道郵政局郵政信箱28058號。

Opt-out Marketing Communications or Materials 拒絕接受促銷信息或資料

The Life Assured / Policyowner, and Irrevocable Trustee / Collateral Assignee (if applicable), hereby confirm understanding of and agreement to the contents in this Part entitled "Personal Information Collection Statement".

受保人 / 保單持有人及不可撤換信託人 / 抵押轉讓之承讓人（如適用）特此確認明白並同意在題為「收集個人資料聲明」之本部分中的內容。

Part 5 第五部分 Signature 簽署

If the signatory is a Limited Company / Partnership / Sole Proprietorship, its authorized signatories should sign and chop. 如簽署方為有限公司／合夥／獨資經營持有，須由公司授權人員簽署及蓋章。

/ /

Day 日 Month 月 Year 年

Signature of Policyowner

保單持有人簽署

(It must be consistent with that in our record
保單持有人的簽署必須與本公司的記錄相符)

Signature of Irrevocable Trustee / Collateral Assignee (if applicable)

不可撤換信託人 / 抵押轉讓之承讓人簽署
(如適用)

The witness must be an individual third party aged 18 or above. If the Policyowner uses signature chop or fingerprint, two witnesses are required. The personal particulars of the witness(es) will only be used for the purpose of verification and confirmation of the identity(ies) of the signatory(ies) of this form. 見證人必須為年滿18歲或以上的第三者。若保單持有人以圖章蓋印或指紋簽署，必須有兩位見證人。見證人之個人資料只會用於處理本申請及確認此表格簽署人的身份之用。

Signature of Witness
見證人簽署

Name and Identity Document
Number of Witness
見證人姓名及身份證明文件號碼

Signature of Witness
見證人簽署

Name and Identity Document
Number of Witness
見證人姓名及身份證明文件號碼

Please DO NOT sign on BLANK form. 請勿在空白表格上簽署。

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