

POLICY NO. 保單編號	NAME OF PROPOSED INSURED 擬受保人姓名	BRANCH CODE 分行編號
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**Manulife (International) Limited** is requested to make the following additions, corrections and amendments in the application in relation to the above policy number signed by me.

宏利人壽保險（國際）有限公司將按指示對本人就有關上述保單編號已簽署之投保申請作出下列資料增補、更正及修改事宜。

It is agreed that they are to be of the same effect as it contained in the application.

所有資料均如投保申請內之資料同樣有效。

I/We, the (proposed) insured and the policyowner (if the (proposed) insured is not the policyowner), hereby declare that there has been no change in my/our occupation and health condition, and that I/We have not received medical attention, consultation or examination since the date of the relevant application form was signed and all my/our answers as written in the relevant application form and any other application documents for this application are still true and remain unchanged.

本人/吾等（擬）受保人及非（擬）受保人的保單持有人，在此聲明自簽署相關的投保申請書當日至今，本人/吾等之職業及健康狀況並沒有改變，而且沒有接受任何診治或檢查。本人/吾等就此投保申請在相關的投保申請書及其他有關文件上所填寫之答案至今仍屬真確及沒有改變。

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
簽署日期： Day 日 Month 月 Year 年

<b>X</b> _____ Witness 見證人 (Name 姓名： )	<b>X</b> _____ Signature of Proposed Insured 擬受保人簽署	<b>X</b> _____ Signature of Policyowner (if other than Proposed Insured) 保單持有人簽署（如非擬受保人）
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