

保單號碼 Policy No.

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第四部份 更新職業 Part 4 Update Occupation

現時職業及職位(包括兼職) Current Occupation & Title (including Part-time job)		業務性質(包括兼職) Nature of Business (including Part-time job)		入職日期 Date of Employment ____/____/____ 日/DD 月/MM 年/YYYY
工作範圍 (包括兼職) Job Duties (including Part-time job)	1.	高空作業 : Work at Height :	<input type="checkbox"/> 是 Yes 最高 max height _____米/m(請註明 please specify) <input type="checkbox"/> 否 No	
	2.	重型機械操作 : Heavy Machinery Operation :	<input type="checkbox"/> 是 Yes 最高 max height _____米/m(請註明 please specify) <input type="checkbox"/> 否 No	
公司名稱及地址 Company Name & Address				

**第五部份 更改聯絡資料(地址/電話號碼/電郵地址)
Part 5 Change of Contact Information(Address/Telephone Number/E-mail Address)**

住宅地址 (郵政信箱恕不接受) Residential Address (P. O. Box is not acceptable.)
須連同 **最近三個月** 的住址證明 Provide the proof of address from the **recent 3 months**

城市 City 國家 Country

永久地址 (若與住宅地址不同) Permanent Address (Please complete if different from the residential address)

城市 City 國家 Country

通訊地址 (如非上述地址) Correspondence Address (If different from the above address)

城市 City 國家 Country

辦公室地址 Company Address

城市 City 國家 Country

郵寄地址 Mailing Address

住宅地址 Residential Address 永久地址 Permanent Address 通訊地址 Correspondence Address 辦公室地址 Office Address

聯絡號碼 Contact No.

住宅 Residential	辦公室 Office	手提電話 Mobile Phone
____ -- _____	____ -- _____	____ -- _____
國家號 電話號碼 Country Code Telephone No.	國家號 電話號碼 Country Code Telephone No.	國家號 電話號碼 Country Code Telephone No.

電郵地址 E-mail Address

若閣下希望收取此保單的電子訊息通知，請選擇下列渠道。(可選多於一項)
If you wish to receive electronic notification of this policy information, please select the following channels. (Can choose more than one option).

電郵 E-mail 短訊服務 SMS 本人選擇不接受任何電子訊息提示 I choose not to receive any electronic notification

特別指示 Special Instruction

以上所更改將應用於: The above changes will be applied to:

- 上述保單 Above policy
- 本人現時所持有的所有保單 All my existing policy(ies)
- 只有下列保單 Only the specific policy(ies) below:

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第八部份 客戶確認符合《海外帳戶稅收合規法案》和其他適用法律 Part 8 Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws

閣下認知中國人壽保險(海外)股份有限公司(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完全酌情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。

You acknowledge that China Life Insurance (Overseas) Co. Ltd (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 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 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..

客戶同意向第三方披露資料

Customer consent to disclose information to third parties

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。此等披露可以由本公司直接或通過中國人壽保險(集團)公司或中國人壽保險(集團)公司的其他成員進行。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 日期天)內,向本公司提供相關的資料。

You agree that the Company 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 the Company’s Head Office(s) or other affiliates of the China Life Insurance (Group) Company. 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).

更新客戶有關國籍,稅務狀況的資料及其他資料

Updating of customer information about nationality, tax status and others

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 日期天之內)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,為確定本公司持續遵從適用規定,閣下同意本公司可以完全酌情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。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.

保單號碼 Policy No.

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第九部份 個人資料收集聲明 Part 9 Personal Information Collection Statement

本人/我們確認已閱讀及明白中國人壽（海外）股份有限公司的收集個人資料聲明("本聲明")。有關最新版本的收集個人資料聲明，可於 www.chinalife.com.hk 下載或向中國人壽（海外）股份有限公司索取。

I/We confirm that I/We have read and understood the Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of the PICS, it can be downloaded from www.chinalife.com.hk or is made available upon request.

重要提示：請於下文空白處簽名，以示閣下同意，若閣下不同意根據“為直接促銷目的而使用個人資料”部份所述為直接促銷之目的而使用和提供閣下的個人資料，請在下文空格處劃上「✓」號。

Important: Please indicate your agreement by signing on the space provided below. If you do not agree to the use and provision of your personal data for direct marketing as set out in the section "Use of data in direct marketing", please tick the box below.

<input type="checkbox"/>	本人不同意根據以上 收集個人資料聲明 (參閱「為直接促銷目的而使用個人資料」部份) 為直接促銷之目的而使用和提供本人的個人資料，亦不希望接收任何推廣及直接促銷材料。 I do not agree with the use and provision of my personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see "Use and provision of personal data in direct marketing") and do not wish to receive any promotional and direct marketing materials.
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第十部份 簽署 Part 10 Signature

受保人簽署 (倘非保單持有人及 18 歲或以上) Signature of Insured (if different from the Policyholder & aged 18 or above)	日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY
保單持有人簽署 Signature of Policyholder	日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY
受抵人簽署 (如適用) Signature of Assignee (if applicable)	日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY
見證人簽署 Signature of Witness	見證人姓名及身份證明文件號碼 Name and Identity Document Number of Witness 日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY

如中英文版本有任何抵觸或不符之處，概以中文本為準。

In case of discrepancies between the English and Chinese versions, the Chinese version shall apply and prevail.

只適用於保險中介人 For Insurance Intermediary Use Only

保險中介人姓名 Name of Insurance Intermediary	聯絡電話號碼 Contact Telephone Number	職場編號 Branch Code	保險中介人編號 Insurance Intermediary Code
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只適用於銀行 For Bank Use Only

銀行職員姓名 Name of Bank Staff	聯絡電話號碼 Contact Telephone Number	分行編號 Branch Code	保險中介人編號 Insurance Intermediary Code
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只供內部使用 For Internal Use Only

覆核員 Checked by	記錄員 Recorded by	簽名校對員 Signature Verified by	備註 Remarks
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【此頁無其他內容】
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