Appointment / Change of Policyowner [Applicable to Voluntary Health Insurance Scheme (VHIS) Plan Only]
保單持有人委任 / 更改表格 [只適用於自願醫保計劃]

PRUDENTIAL 英國保誠

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 / Representative Policyowner 保單持有人 / 保單持有人代表姓名**	
												Name of Life Assured 受保人姓名	
⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	**Name of Consultant 顧問姓名**	
①	①	①	①	①	①	①	①	①	①	①	①		
②	②	②	②	②	②	②	②	②	②	②	②	**Consultant Code 顧問編號**	
③	③	③	③	③	③	③	③	③	③	③	③		
④	④	④	④	④	④	④	④	④	④	④	④		
⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	**Division Code & Branch Office 分區編號及分行地點**	
⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥		
⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦		
⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	**Consultant Contact No. 顧問聯絡電話號碼**	
⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨		

Important Note 重要提示

1. Please complete in BLOCK LETTERS. 請以正楷填寫。
2. Please complete the form in appropriate position as instructed, information written in any 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。
3. Any changes or amendments in this form must be countersigned by corresponding existing Policyowner(s), new Policyowner(s) (if applicable) and new Contingent Owner(s) (if applicable) in full signature. 相關的現有保單持有人、新保單持有人（如適用）及新後備持有人（如適用）均須在此表格內任何更改或修改的地方簽署作實。
4. 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。
5. With effect from 1 January 2018, levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. For further information, please visit www.prudential.com.hk/levy or contact: (852) 2281 1333. 由2018年1月1日起，保險業監管局已按適當的比率於相關保單徵收徵費。如需要更多資訊，請瀏覽 www.prudential.com.hk/levy或聯絡：(852) 2281 1333。
6. 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。
7. The new Policyowner(s) / Contingent Owner(s) shall be aged 18 or above. 新保單持有人 / 後備持有人必須為年滿18歲或以上人士。
8. Financial Consultant cannot be the new Policyowner unless she / he is the immediate family member of Life Assured. 理財顧問如非受保人的直系親屬，不得成為新保單持有人。
9. Financial Consultant cannot be Contingent Owner unless she / he is the immediate family member of Policyowner. 理財顧問如非保單持有人的直系親屬，不得成為後備持有人。
10. This form shall not be valid until (i) it is received and recorded by Prudential during the lifetime of both the Policyowner and the Life Assured of the policy stated above (the "Policy"), and (ii) it is finally confirmed by Prudential by way of a letter. 此表格需於 (i) 上述保單（「本保單」）之保單持有人及受保人在生時由保誠收到並存檔及 (ii) 最終經保誠以信函確認方為有效。
11. Receipt of this form by your Financial Consultant 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。
12. Please submit identity document copy for Policyowner / Representative Policyowner and all Joint Policyowner(s) (if applicable). 請一併遞交保單持有人 / 保單持有人代表及所有聯名保單持有人（如適用）之身份證明文件副本。
13. 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。

Please refer to table below to complete required Part(s) and provide corresponding signature(s).
請參閱以下內容並填寫所需部分及提供相關簽名。

	Type of Application 申請類型			**Signature 簽署**				
		Appointment / Termination 委任 / 終止	Section required to fill 所需填寫	Existing Policyowner / Representative Policyowner (if applicable) 現有保單持有人 / 保單持有人代表（如適用）	Existing Joint Policyowner(s) 現有聯名保單持有人	New Policyowner / Representative Policyowner (if applicable) 新保單持有人 / 保單持有人代表（如適用）	New Joint Policyowner(s) 新聯名保單持有人	New Contingent Owner(s) 新後備持有人
1	Policyowner / Representative Policyowner (if applicable) 保單持有人／保單持有人代表（如適用）	Appointment 委任	Part 1 (A) 第一部分 (A)	✓	✓ (if any 如有)	✓		
2	Joint Policyowner(s) 聯名保單持有人	Appointment 委任	Part 2 (A) 第二部分 (A)	✓	✓ (if any 如有)		✓	
3		Termination 終止		✓	✓			
4	Contingent Owner of **Policyowner / Representative Policyowner (if applicable) 保單持有人/ 保單持有人代表（如適用）**之後備持有人	Appointment 委任	Part 1 (B) 第一部分 (B)	✓				✓
5		Termination 終止		✓				
6	Contingent Owner(s) of **Joint Policyowner(s) 聯名保單持有人**之後備持有人	Appointment 委任	Part 2 (B) 第二部分 (B)	✓	✓			✓
7		Termination 終止		✓	✓			

1. If the policy has more than 1 Policyowner and never appoint Representative Policyowner, all Policyowners will be required to designate 1 of the Policyowners to be Representative Policyowner. The rest of the Policyowner(s) will be as Joint Policyowner(s) (applicable to VHIS basic plan only) 如該保單有多過一名保單持有人並且從未委任保單持有人代表，則所有保單持有人必須指定其一名保單持有人為保單持有人代表。其他保單持有人將會是聯名保單持有人。（只適用於自願醫保基本計劃）
2. Maximum of two Joint Policyowners appointment. (applicable to VHIS basic plan only) 最多委任兩名聯名保單持有人。（只適用於自願醫保基本計劃）
3. Once Prudential accepted the request of appointment of Policyowner (applicable to the Policy having only 1 Policyowner) / Representative Policyowner, all previous designation of Policyowner (applicable to the Policy having only 1 Policyowner) / Representative Policyowner including the Contingent Owner and Beneficiary(ies) under the Policy will be revoked. 當保誠接受此委任保單持有人（適用於保單只有一名保單持有人）/ 保單持有人代表的申請後，於本保單較早前所委任的保單持有人（適用於保單只有一名保單持有人）/ 保單持有人代表包括後備持有人及受益人將會被自動撤銷。
4. Once Prudential accepted the request of appointment / termination of Joint Policyowner(s), the corresponding previous designation of Contingent Owner(s) under the Policy will be revoked. 當保誠接受此委任 / 終止聯名保單持有人的申請後，於本保單較早前所委任的相關後備持有人將會被自動撤銷。
5. Please submit "Individual Tax Residence Self-Certification Form" with this application if Representative Policyowner never provides such form to Prudential. 若保單持有人代表從未提交「個人稅務居住地自我申報證明書」，請連同此申請一併遞交給保誠。
6. All applications of appointment / termination of Policyowner(s) require signature(s) from all existing Policyowner(s). 所有委任 / 終止保單持有人的申請均需要所有現有保單持有人的簽名。
7. The ownership of policyowner(s) who not involved in this application will not be affected. 不涉及此申請的保單持有人該擁有權將不受影響。
8. For more information about VHIS, please visit: 欲知更多自願醫保計劃的相關資訊，請瀏覽：https://www.vhis.gov.hk

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Part 1 第一部分 Details of the New Policyowner / Representative Policyowner 新保單持有人 / 保單持有人代表資料

A) Details of Policyowner / Representative Policyowner 保單持有人 / 保單持有人代表資料

☐ **Appointment of Policyowner / Representative Policyowner 委任保單持有人 / 保單持有人代表**

Name in English 英文姓名		**Sex 性別**	☐ Male 男 ☐ Female 女
Name in Chinese 中文姓名		**Date of Birth 出生日期**	
Relationship 關係	Relationship with Life Assured 與受保人關係	Relationship with existing Policyowner / Representative Policyowner (if applicable) 與現有保單持有人 / 保單持有人代表關係（如適用） (Please provide relationship proof for direct relationship (i.e. parent, spouse, children) 如為直系親屬（即父母，夫婦，子女）請提供關係證明)	
Identity Document Type 身份證明文件類別	☐ HK Identity Card 香港居民身份證 ☐ Others, please specify 其他，請註明 _____	**Mobile Number 手提電話**	
		Residential Number 住宅電話	
Identity Document Number 身份證明文件號碼		**Email Address 電郵地址**	
Reason for Transfer of Policy Ownership 保單權益轉讓之原因	☐ Asset Allocation 資產配置 ☐ Gift Offering 餽贈 ☐ Others, please specify* 其他，請註明* _____ ☐ Estate Planning 遺產策劃 ☐ Debt Restructuring 債務重組		
Occupation Details 職業詳情	Name of Employer 僱主名稱 Business Nature 業務性質 Occupation & Details 職業及工作性質	Business Address 公司地址 Flat / Room 室 / Floor 樓 / Block 座 / Building / Estate 大廈 / 屋苑名稱 Street / Road 街道名稱 / District / City / Province 地區 / 城市 / 省 Country 國家 / Postal Code 郵政編號	
Residential & Correspondence Address 居住及通訊地址 (Please leave Correspondence Address blank if it is the same as Residential Address. 如通訊地址與居住地址相同，請毋須填寫通訊地址。)	Residential Address 居住地址 Flat / Room 室 / Floor 樓 / Block 座 / Building / Estate 大廈 / 屋苑名稱 Street / Road 街道名稱 / District / City / Province 地區 / 城市 / 省 Country 國家 / Postal Code 郵政編號	Correspondence Address 通訊地址 Flat / Room 室 / Floor 樓 / Block 座 / Building / Estate 大廈 / 屋苑名稱 Street / Road 街道名稱 / District / City / Province 地區 / 城市 / 省 Country 國家 / Postal Code 郵政編號	

B) Details of Contingent Owner 後備持有人資料

☐ **Appointment of Contingent Owner 委任後備持有人**
☐ **Termination of Contingent Owner 終止後備持有人**
(Please ONLY fill the Policyowner / Representative Policyowner name below. 請只須填寫以下保單持有人 / 保單持有人代表姓名。)

Name in English 英文姓名		**Policyowner / Representative Policyowner Name 保單持有人 / 保單持有人代表姓名**	
Name in Chinese 中文姓名			
Date of Birth 出生日期			
Identity Document Type 身份證明文件類別	☐ HK Identity Card 香港居民身份證 ☐ Others, please specify 其他，請註明 _____	**Relationship with Policyowner / Representative Policyowner 與保單持有人 / 保單持有人代表關係**	
Identity Document Number 身份證明文件號碼		**Mobile Number 手提電話**	
		Email Address 電郵地址	

Part 2 第二部分 Details of the New Joint Policyowner(s) 新聯名保單持有人資料

A-1) #1 Details of Joint Policyowner 聯名保單持有人資料

☐ **Appointment of Joint Policyowner 委任聯名保單持有人**
☐ **Termination of Joint Policyowner 終止聯名保單持有人**
(Please ONLY fill the Name in Chinese and English below. 請只填寫以下的中英文姓名。)

Name in English 英文姓名		**Sex 性別**	☐ Male 男 ☐ Female 女
Name in Chinese 中文姓名		**Date of Birth 出生日期**	
Relationship 關係	Relationship with Life Assured 與受保人關係	Relationship with existing Policyowner / Representative Policyowner (if applicable) 與現有保單持有人 / 保單持有人代表關係（如適用） (Please provide relationship proof for direct relationship (i.e. parent, spouse, children) 如為直系親屬（即父母，夫婦，子女）請提供關係證明)	
Identity Document Type 身份證明文件類別	☐ HK Identity Card 香港居民身份證 ☐ Others, please specify 其他，請註明 _____	**Mobile Number 手提電話**	
		Email Address 電郵地址	
Identity Document Number 身份證明文件號碼			
Residential & Correspondence Address 居住及通訊地址 (Please leave Correspondence Address blank if it is the same as Residential Address. 如通訊地址與居住地址相同，請毋須填寫通訊地址。)	Residential Address 居住地址 Flat / Room 室 / Floor 樓 / Block 座 / Building / Estate 大廈 / 屋苑名稱 Street / Road 街道名稱 / District / City / Province 地區 / 城市 / 省 Country 國家 / Postal Code 郵政編號	Correspondence Address 通訊地址 Flat / Room 室 / Floor 樓 / Block 座 / Building / Estate 大廈 / 屋苑名稱 Street / Road 街道名稱 / District / City / Province 地區 / 城市 / 省 Country 國家 / Postal Code 郵政編號	

B-1) #1 Details of Contingent Owner 後備持有人資料

☐ **Appointment of Contingent Owner 委任後備持有人**
☐ **Termination of Contingent Owner 終止後備持有人**
(Please ONLY fill the Joint Policyowner name below. 請只須填寫以下聯名保單持有人姓名。)

Name in English 英文姓名		**#1 Joint Policyowner Name 聯名保單持有人姓名**	
Name in Chinese 中文姓名			
Date of Birth 出生日期			
Identity Document Type 身份證明文件類別	☐ HK Identity Card 香港居民身份證 ☐ Others, please specify 其他，請註明 _____	**Relationship with Joint Policyowner 與聯名保單持有人關係**	
Identity Document Number 身份證明文件號碼		**Mobile Number 手提電話**	
		Email Address 電郵地址	

Part 2 第二部分 Details of the New Joint Policyowner(s) (Continued) 新聯名保單持有人資料（續）

A-2) #2 Details of Joint Policyowner 聯名保單持有人資料

☐ **Appointment of Joint Policyowner 委任聯名保單持有人**
☐ **Termination of Joint Policyowner 終止聯名保單持有人**
(Please ONLY fill the Name in Chinese and English below. 請只填寫以下的中英文姓名。)

Name in English 英文姓名		**Sex 性別**	☐ Male 男 ☐ Female 女
Name in Chinese 中文姓名		**Date of Birth 出生日期**	
Relationship 關係	Relationship with Life Assured 與受保人關係	Relationship with existing Policyowner / Representative Policyowner (if applicable) 與現有保單持有人 / 保單持有人代表關係（如適用） (Please provide relationship proof for direct relationship (i.e. parent, spouse, children) 如為直系親屬（即父母，夫婦，子女）請提供關係證明)	
Identity Document Type 身份證明文件類別	☐ HK Identity Card 香港居民身份證 ☐ Others, please specify 其他，請註明 _____	**Mobile Number 手提電話**	
		Email Address 電郵地址	
Identity Document Number 身份證明文件號碼			
Residential & Correspondence Address 居住及通訊地址 (Please leave Correspondence Address blank if it is the same as Residential Address. 如通訊地址與居住地址相同，請毋須填寫通訊地址。)	Residential Address 居住地址 Flat / Room 室 / Floor 樓 / Block 座 / Building / Estate 大廈 / 屋苑名稱 Street / Road 街道名稱 / District / City / Province 地區 / 城市 / 省 Country 國家 / Postal Code 郵政編號	Correspondence Address 通訊地址 Flat / Room 室 / Floor 樓 / Block 座 / Building / Estate 大廈 / 屋苑名稱 Street / Road 街道名稱 / District / City / Province 地區 / 城市 / 省 Country 國家 / Postal Code 郵政編號	

B-2) #2 Details of Contingent Owner 後備持有人資料

☐ **Appointment of Contingent Owner 委任後備持有人**
☐ **Termination of Contingent Owner 終止後備持有人**
(Please ONLY fill the Joint Policyowner name below. 請只須填寫以下聯名保單持有人姓名。)

Name in English 英文姓名		**#2 Joint Policyowner Name 聯名保單持有人姓名**	
Name in Chinese 中文姓名			
Date of Birth 出生日期			
Identity Document Type 身份證明文件類別	☐ HK Identity Card 香港居民身份證 ☐ Others, please specify 其他，請註明 _____	**Relationship with Joint Policyowner 與聯名保單持有人關係**	
Identity Document Number 身份證明文件號碼		**Mobile Number 手提電話**	
		Email Address 電郵地址	

Part 3 第三部分 Declaration by the Existing Policyowner(s) 現有保單持有人聲明

I / We, the existing Policyowner(s), hereby give notice that I / we have transferred all my / our rights, claims and interests in and obligations under the Policy to the rest of the existing Policyowner(s) / the new Policyowner(s) stated above. I / We understand and agree that this notice is not valid until it is confirmed by Prudential Hong Kong Limited in writing.

本人 / 吾等，作為現有保單持有人，現通知本人 / 吾等已將上述本保單轄下本人 / 吾等的權利、賠償、利益及責任，轉讓予其餘的現有保單持有人 / 上述新保單持有人。本人 / 吾等明白並同意此通知於保誠保險有限公司書面確認後方為有效。

Part 4 第四部分 Declaration by the New Policyowner(s) 新保單持有人聲明

I / We, the new Policyowner(s) understand the following terms and conditions:

If any of Policyowner(s) die(s) and the named Contingent Owner(s) refuse the transfer, he / she shall be removed as Policyowner and the remaining Policyowner(s) shall be the sole Policyowner(s).

If all of the Policyowners die and the named Contingent Owner(s) refuses the transfer, the ownership of this Policy shall be transferred to:

- The Life Assured if he / she has reached the Age of eighteen (18) years; or
- The parent or the Guardian if the Life Assured is a Minor. If the parent or the Guardian refuses the transfer, the ownership of this Policy shall be transferred to the administrator or executor of the Policyowner's estate.

If the Representative Policyowner dies, all the remaining Policyowner(s) and the named Contingent Owner (if any) shall jointly designate a new Representative Policyowner and notify Prudential Hong Kong Limited in its prescribed form.

本人 / 吾等，作為新保單持有人，明白下列條款及細則：

若任何保單持有人身故及其指定後備持有人拒絕接受本保單的轉移，其保單持有人的身份應被剔除，其他的保單持有人應成為本保單的唯一保單持有人。

若所有保單持有人身故及指定後備持有人拒絕接受本保單的轉移，本保單的擁有權將轉移至：

- 年滿十八 (18) 歲的受保人；或
- 受保人的家長或監護人（如受保人為未成年人）。若家長或監護人拒絕接受本保單的轉移，本保單的擁有權將轉移至保單持有人的遺產管理人或執行人。

若保單持有人代表身故，所有餘下的保單持有人及指定的後備持有人（如有），應共同委任一位新的保單持有人代表，並透過指定的表格通知保誠保險有限公司。

For Policyowner / Representative Policyowner 對於保單持有人 / 保單持有人代表

I , the new Policyowner / Representative Policyowner, understand that the Mobile Phone Number I provided in this form will be saved and updated in Policy record. In the future when I use myPrudential, while identity authentication is required, system will issue Identity Verification Code through SMS message to this mobile phone number.

I, the new Policyowner / Representative Policyowner, hereby confirm that I am the ultimate beneficial owner of the Policy and can exercise ultimate effective control over the Policy. I shall immediately inform Prudential Hong Kong Limited of any change in the ultimate beneficial ownership or control under the Policy, and provide such relevant information as may be required for identifying the ultimate beneficial owner(s) of the Policy.

本人，作為新保單持有人 / 保單持有人代表，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。

本人，作為新保單持有人 / 保單持有人代表，現確認本人是保單最終實益擁有人，並可以對本保單行使最終有效控制權。本人將立即通知保誠保險有限公司有關本保單的最終實益擁有權或控制權的任何變動及提供所需的資料，作為對本保單的最終實益擁有人進行身份核實。

For Joint Policyowner(s) 對於聯名保單持有人

I / We, the new Joint Policyowner(s), agree to be jointly and severally liable and responsible for the Policyowners' obligations under Terms and Benefits of the Policy.

I / We, the new Joint Policyowner(s), understand that Prudential shall not be obliged to receive any instructions or notices from, or issue any notice or pay any benefits to, any Policyowner who is not the Representative Policyowner. Prudential shall be entitled to rely and act upon any instructions or notices received from the Representative Policyowner, and shall not be required to verify whether any such instructions or notices have been duly authorised and agreed by other Policyowners.

本人 / 吾等，作為新聯名保單持有人，同意共同及各別承擔及履行保單持有人在保單條款及保障中的法律責任及義務。

本人 / 吾等，作為新聯名保單持有人，明白保誠無責任接受任何非保單持有人代表的保單持有人作出的指示或通知，或向其發出任何通知或支付任何賠償。保誠有權按保單持有人代表作出的指示或通知行事，而無須證明該等指示或通知是否已得到其他保單持有人的正式授權及同意。

Part 5 第五部分 Declaration by the New Contingent Owner(s) 新後備持有人聲明

The New Contingent Owner(s) named in Part 1 and 2, hereby declares(s) and agree(s) to the following terms and conditions:

1. The change of Contingent Owner(s) will be effective from the date when you signed this form, whether or not the undersigned Policyowner(s) is/are alive at the time and previous designation of corresponding Contingent Owner(s) under the Policy shall be revoked.
2. Prudential shall not be responsible for the validity or legality of any appointment of Contingent Owner and shall not assume any responsibility or liability in relation to the appointment of Contingent Owner.

於第一及第二部分所指名之後備持有人現聲明及同意以下條款及細則：

1. 不論以下簽署保單持有人當時是否在生，有關後備持有人更改即於閣下簽署此表格日期起生效。而於較早前在本保單下委任的相關後備持有人將被撤銷。
2. 保誠概不負責任何後備持有人之委任的有效性或合法性，並且就後備持有人之委任概不負上任何責任。

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Part 6 第六部分 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。

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) 醫療賬單審查公司；(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，請在以下方格上填「✓」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(s), and Contingent Owner(s) (if applicable), hereby (i) confirm understanding of and agreement to the contents in this Part entitled "Personal Information Collection Statement", (ii) confirm understanding of and agreement to the contents of this form and (iii) request for the above change(s).

受保人 / 保單持有人及後備持有人（如適用）特此確認 (i) 明白並同意在題為「收集個人資料聲明」之本部分中的內容，(ii) 明白並同意此表格的內容及 (iii) 作出以上的更改要求。

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Part 7 第七部分 Signature 簽署

Signature of Existing Policyowner / Representative Policyowner **現有保單持有人 / 保單持有人代表簽署** (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) ____ / ____ / ____ Day日 Month月 Year年	**Signature of Existing Joint Policyowner** **現有聯名保單持有人簽署** (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) ____ / ____ / ____ Day日 Month月 Year年	**Signature of Existing Joint Policyowner** **現有聯名保單持有人簽署** (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) ____ / ____ / ____ Day日 Month月 Year年
Signature of New Policyowner / Representative Policyowner **新保單持有人 / 保單持有人代表簽署** Name of New Policyowner / Representative Policyowner 新保單持有人 / 保單持有人代表姓名 ____ / ____ / ____ Day日 Month月 Year年	**Signature of New Joint Policyowner (#1)** **新聯名保單持有人簽署 (#1)** Name of New Joint Policyowner 新聯名保單持有人姓名 ____ / ____ / ____ Day日 Month月 Year年	**Signature of New Joint Policyowner (#2)** **新聯名保單持有人簽署 (#2)** Name of New Joint Policyowner 新聯名保單持有人姓名 ____ / ____ / ____ Day日 Month月 Year年
Signature of New Contingent Owner of Policyowner / Representative Policyowner **新保單持有人 / 保單持有人代表之後備持有人簽署** Name of New Contingent Owner of Policyowner / Representative Policyowner 新保單持有人 / 保單持有人代表之後備持有人姓名 ____ / ____ / ____ Day日 Month月 Year年	**Signature of New Contingent Owner of Joint Policyowner (#1)** **新聯名保單持有人之後備持有人簽署 (#1)** Name of New Contingent Owner of Joint Policyowner (#1) 新聯名保單持有人之後備持有人姓名 (#1) ____ / ____ / ____ Day日 Month月 Year年	**Signature of New Contingent Owner of Joint Policyowner (#2)** **新聯名保單持有人之後備持有人簽署 (#2)** Name of New Contingent Owner of Joint Policyowner (#2) 新聯名保單持有人之後備持有人姓名 (#2) ____ / ____ / ____ Day日 Month月 Year年

The witness must be an individual third party aged 18 or above who is not the beneficiary named herein or existing beneficiary or trustee designated herein or existing trustee or existing contingent owner. If the anyone above use(s) 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歲或以上之非受益人，非信託人及非後備持有人的第三者。若上述任何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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