

Please complete in BLOCK letters and tick where appropriate. 請以正楷填寫，並在適當的地方加上剔號。

1 General Information of Policyowner / Account Holder / Sub-scheme Member 保單 / 帳戶持有人 / 附屬計劃成員一般資料

Full Name (Surname first) 全名 (以姓氏先排)	HKID/Passport No. 香港身份證 / 護照號碼
For individual accounts , please specify any ONE of the following numbers: 如保單/帳戶為 個人 持有，請列出以下其中 一項 號碼：	For joint accounts , please specify ALL Policy/Account numbers: 如保單/帳戶為 聯名 持有，請列出 所有 保單號碼：
Manulife Customer Number (MCN) 宏利客戶號碼	
Policy/Account No. 保單/帳戶號碼	
Member Account/Group No. 成員帳戶/團體保單號碼	

2 Change of Personal Details 更改個人資料

If the following change(s) is/are **NOT** applied to Policyowner/Account Holder/Sub-scheme Member, please complete:

如以下的更改資料並不應用於保單/帳戶持有人/附屬計劃成員，請填寫此部份：

Change(s) to be applied to: 有關更改將應用於：

Full Name (Surname first) 全名 (以姓氏先排)	HKID/Passport No. 香港身份證 / 護照號碼
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 Change of Name 更改姓名

Please attach **certified true copy** of Deed Poll **and** copy of HKID card/Passport, Birth Certificate or other legal documents. Fax copy is not acceptable.
請附上轉名契據**核實副本**及香港身份證/護照、出生證書或其他法律文件副本，恕不接受傳真副本。

 Correction of Name 更正姓名

Please attach copy of HKID card/Passport, Birth Certificate or other legal documents.
請附上香港身份證/護照、出生證書或其他法律文件副本。

Existing Name: 現有姓名:	Surname 姓	Given Name(s) 名	Chinese Name 中文姓名
New/Corrected Name: 新/更正姓名:	Surname 姓	Given Name(s) 名	Chinese Name 中文姓名

 Correction of Legal ID No./Date of Birth/Sex 更正合法身份證明號碼/出生日期/性別

Please attach copy of HKID card/Passport, Birth Certificate or other legal documents.
*If the premium is changed after correction, you may be requested to submit additional documents and premium if applicable.
請附上香港身份證/護照、出生證書或其他法律文件副本。
*如保費在有關更正後有所變動，本公司可能要求閣下提交額外證明文件及保費，如適用。

Corrected Legal ID No. 更正合法身份證明號碼	*Corrected Date of Birth 更正出生日期 DD 日 MM 月 YYYY 年	*Corrected Sex 更正性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
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3 Declaration and Signature(s) 聲明與簽署

The information provided in this form is collected to enable update of customer information relating to all the existing products/services in Hong Kong and Macau provided by all companies within the Manulife group of companies and also companies which provide trustee/custodian services. By writing to your Privacy Officer at 36/F, Manulife Tower, 169 Electric Road, North Point, Hong Kong, I can have access to my personal data.

It is **DECLARED, UNDERSTOOD AND AGREED** that all information supplied in this form, and any future alteration of it, can be used or transferred in the same manner as those data supplied by me or the policyholder in the previous Enrolment, Application Forms or any other data collection forms.

本表格所提供之資料乃供貴公司更新本人的客戶資料，適用於本人現時持有並由宏利集團旗下公司，以及為貴公司提供信託/託管服務的於香港及澳門所提供的產品/服務上。本人可致函香港北角電氣道一六九號宏利保險中心三十六樓個人資料主任，查閱本人的個人資料。
本人**聲明、明白及同意**貴公司可以遵照以往之參加表格，申請表格或其他數據收集表格所列明的處理方式，使用或轉移本表格內提供之所有資料及任何將來更改的資料。

X Signature(s) of Policyowner(s) / Account Holder(s) / Sub-Scheme Member 保單 / 帳戶持有人 / 附屬計劃成員簽署	Date Signed (DD/MM/YYYY) 簽署日期 (日/月/年)
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4 Forward to 遞交

Please return your completed form by mail to **Customer Information Management, Manulife (International) Limited, 27/F Manulife Tower, 169 Electric Road, North Point, Hong Kong**. If you have any questions, please contact your Manulife Advisor or contact our Customer Service Hotline at 2108 1188.

請將填妥的表格寄往香港北角電氣道一六九號宏利保險中心二十七樓宏利人壽保險(國際)有限公司客戶資料管理部。閣下如有任何查詢，請聯絡閣下之宏利顧問或致電本公司的客戶服務熱線2108 1188。

The Chinese version of this form is for reference only. In the event of conflicts between the Chinese and the English versions, the English version shall prevail.
此表格之中文譯本只供參考之用，若與英文有異，一概以英文為準。

CS01b(11/2007)

For Office Use Only 公司專用 - Manulife Advisor Name: _____ Code: _____ Loc: _____ Branch/Contact No.: _____

