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宏利 Manulife

For your future™

Print Reset

Change of Contact Details Form
更改聯絡資料表格

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/帳戶爲**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/帳戶爲**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 — Cert No. 證書號碼	

2 Change of Contact Details 更改聯絡資料

Email Address
電郵地址

Contact Numbers **聯絡電話**	Residential 住宅	Office 辦事處	Mobile 流動電話	Pager 傳呼機	Fax 傳真

Correspondence Address 通訊地址

*If you are a member of any provident fund scheme(s) administered by Manulife, any information provided here will (unless otherwise stated below) be treated as an instruction to register the following address as the registered residential address under the scheme(s). Any residential address(es) previously registered under the scheme(s) will be superseded accordingly.

*如閣下是宏利管理的公積金計劃成員，於此部份填寫的資料(除以下作出其他指示外)將視爲給予本公司的指示，要求把以下地址作爲閣下於宏利公積金計劃內的登記住宅地址，並取代以往於計劃內的所有登記住宅地址。

Room/Flat 室	Floor 樓	Block 座	Name of Building 大廈名稱
Name of Estate 屋苑名稱			Street No./Street Name 街道號碼/街道名稱
District/Postal Code 區域/郵寄代碼			☐ Hong Kong 香港 ☐ Kowloon 九龍 ☐ New Territories 新界 ☐ Other countries (Please specify): 其他國家(請註明):

The above address applies to 以上所修改的地址將應用於:

☐ **ALL** my existing products/services 本人**所有**現時持有的產品/服務上

☐ **Only the specified** Policy/Account/Member Account/Group No.& Cert No. below **只有下列**保單/帳戶/成員帳戶/團體保單號碼及證書號碼: .....

.....

3 Request New Personal Identification Number (PIN) 索取新的私人密碼 (Not applicable to joint accounts 不適用於聯名持有保單/帳戶)

☐ Please send a new PIN to my correspondence address for access to Manulife Customer Website or Smart Call services.
請將新的私人密碼寄往本人的通訊地址，以便使用「宏利客戶網站」或「宏利一線通」服務。

4 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 (except for any special instructions with respect to my change of correspondence address). By writing to your Privacy Officer at 22/F, Manulife Financial Centre, 223 - 231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong, I can have access to my personal data.

It is **DECLARED, UNDERSTOOD AND AGREED** that all the 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，以及爲貴公司提供信託/託管服務的公司於香港及澳門所提供的產品/服務上(除本人就更改通訊地址作出特別指示外)。本人可致函香港九龍觀塘偉業街 223-231 號宏利金融中心 22 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)

5 Forward to 遞交

Please return your completed form by mail to Customer Information Management, Manulife (International) Limited, 21/F, Tower B, Manulife Financial Centre, 223 - 231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong or via Fax No. 2508 1629. 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九龍觀塘偉業街 223-231 號宏利金融中心B座 21 樓宏利人壽保險(國際)有限公司客戶資料管理部或傳真至 25081629。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，一概以英文爲準。

CS01a(10/2010)

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

OBJTCLNCHGFORM

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