

**Customer Particulars Reporting Form (for use by Employee Benefits members only)**  
**客戶資料申報表格 (只供僱員福利成員使用)**

Manulife provides excellent online service for our customers. To be able to make use of it, customers must provide complete personal information to Manulife, including HKID number and address. A unique Manulife Customer Number (MCN) will be assigned for each customer and with the MCN, you may request your Personal Identification Number (PIN) via our website www.manulife.com.hk. If you have any questions, please contact your Manulife Advisor or contact our Customer Service Hotline at 2108 1388.

宏利為客戶提供卓越的網上服務，如欲使用此服務，我們必須持有客戶的完整個人資料，包括香港身份證號碼及住址。每位客戶將獲發一個獨有的宏利客戶號碼；客戶可使用此號碼，於宏利網頁www.manulife.com.hk索取私人密碼。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 1388。

Group No. 團體保單號碼: \_\_\_\_\_ Cert. No. 證書號碼: \_\_\_\_\_

Surname 姓: \_\_\_\_\_ Given Name(s) 名: \_\_\_\_\_

**I. IDENTITY DOCUMENT INFORMATION 身份證明文件資料**

HKID Card/Passport No. 香港身份證/護照號碼: \_\_\_\_\_

(Please attach copy of HKID card/Passport or other legal documents 請附上香港身份證/護照或其他法律文件副本)

**II. CONTACT INFORMATION 聯絡資料**

Address (If you are also our Provident Funds customer, your residential address is required.)

地址 (如閣下同時為公積金成員客戶，閣下必須提供住宅地址。)

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 區域

Hong Kong 香港  Kowloon 九龍  New Territories 新界  Others 其他 \_\_\_\_\_

Contact Numbers:

聯絡電話 \_\_\_\_\_ Residential 住宅 \_\_\_\_\_ Office 辦事處 \_\_\_\_\_ Ext 內線 \_\_\_\_\_ Mobile 流動電話 \_\_\_\_\_ Pager 傳呼機 \_\_\_\_\_ Fax 傳真 \_\_\_\_\_

E-mail Address 電郵地址: \_\_\_\_\_

The contact information applies to ALL of my products/services provided by all companies within the Manulife group of companies in Hong Kong and also companies which provide trustee/custodian services.

香港宏利集團將按照本人所提供的資料，應用於宏利旗下於香港的公司以及為 貴公司提供信託/託管服務的公司所提供予本人的所有產品/服務上。

To apply the address to the following product(s) only, please "✓" this box and specify Policy No. / Member Account No. / Group & Cert. No. below  
如以上所提供的地址只應用於以下指定產品/服務上，請在方格內填上「✓」號，並列明保單編號 / 成員帳戶號碼 / 團體保單號碼及證書號碼

Individual Insurance 個人保險: \_\_\_\_\_ Provident Funds 公積金: \_\_\_\_\_

Manulife Asset Management 宏利資產管理: \_\_\_\_\_ Group Life & Health 團體人壽及醫療保險: \_\_\_\_\_

**III. DECLARATION 聲明**

It is understood and agreed that

1 Information provided herein together with any subsequent alterations or supplements of it ("data") are collected to enable Manulife to carry on its insurance/financial business and may be

(i) used by Manulife or its associated companies for the purpose of (a) statistical or actuarial research of Manulife, Manulife's associated companies or the insurance industry; (b) providing/promoting the insurance or financial related products or services to me through insurance intermediaries or direct marketing; and/or

(ii) transferred to (a) any related company or other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time; (b) any person/organization to fulfill any of the above purposes and/or for the purpose of data verification by way of matching procedures or otherwise.

2 By writing to The Customer Information Management Department, Manulife (International) Limited, 29/F Manulife Tower, 169 Electric Road, North Point, Hong Kong, I can request access to my personal data.

3 I also understand that consent to the use of my personal information to offer me products and services is optional and if I wish to discontinue such use I may write to Manulife.

本人明白並同意下列各項

1 本人於本表格內提供之資料及日後作出之任何修訂或補充(「資料」)，旨在確保宏利的保險業務得以順利運作，而該等資料可供

(i) 宏利作以下用途：(a) 供宏利、聯營公司或保險業作統計或精算研究用途；(b) 透過保險中介人或直接推廣方式向本人提供/推廣宏利或聯營公司之產品資料；及/或

(ii) 轉交予(a)任何有關連公司；其他從事與保險或再保險有關業務之公司；或保險業中介人、提供理賠、調查或其他保險業相關服務之供應商或現時已存在或日後組成之保險公司聯會或組織；(b)任何人士/機構以作上述用途及/或以配對或其他方法核實資料。

2 本人可致函香港北角電氣道一六九號宏利保險中心二十五樓宏利人壽保險(國際)有限公司客戶資料管理部，更正及查閱閣下的個人資料。

3 本人亦可致函要求宏利不要向本人寄發宣傳推廣資料。

X  
Member Signature 成員簽署 \_\_\_\_\_

Date 日期 (D日/M月/Y年) \_\_\_\_\_

Completed form should be sent to Employee Benefits Services, Manulife (International) Limited, 29/F Manulife Tower, 169 Electric Road, North Point, Hong Kong.

填妥的表格請寄往香港北角電氣道169號宏利保險中心29樓宏利人壽保險(國際)有限公司僱員福利服務部。

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。

