

Change of Person Purporting to act on behalf of the Customer (“PPTA”) Authorization Form (GLH) (only applicable for Group Insurance Policy use) 更改獲授權代表客戶行事的人授權表格 (GLH) (只適用於團體保險保單用)

Notes

1. Please complete this form in BLOCK LETTERS and check the boxes where appropriate. Please initial any corrections you make on this form.
2. Please return completed form to us either by fax to (852) 2234 5371 or by mail to our address as appeared at the bottom of this form. DO NOT send the form again if you have faxed it already.
3. Manulife will process this change request upon receipt of this completed form and all pertinent document(s), if any.
4. Change request will be effective on the request processing date or the specified effective date, whichever is later.
5. The information of the authorized person(s) is collected in their official capacities and being authorized to sign any required documentation to enable Manulife to handle all future instructions and correspondence for a Manulife insurance group policy.
6. Manulife shall assume no responsibility to verify or advise on the changes. Employers are advised to take independent professional advice to determine the appropriate instructions to Manulife.

注意事項

1. 請用正楷填寫本表格，並於適當空格內加✓號。如須作出任何更改，請於刪改之位置旁簽署。
2. 請將填妥的表格傳真至(852) 2234 5371 或交回本表格底部的宏利通訊地址。如已傳真本表格，閣下毋須再次寄交。
3. 宏利將於收訖本填妥表格或有關文件（如有）後處理是項申請。
4. 更改申請將會於更改當日或列明之生效日期生效，以後者為準。
5. 獲授權人士的資料乃因應其職務身份而收集並獲授權簽署任何所需的文件，使宏利可處理所有就宏利團體保險保單於日後所遞交的所有指示及通信。
6. 宏利將不承擔核實更改之責任或就此提供意見。本公司建議僱主尋求獨立的專業意見，以決定向宏利發出適當的指示。

Section I – Details of Policyholder (Employer) 保單持有公司（僱主）資料

Policy No. 保單編號 <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 5px; display: flex; gap: 5px;"> </div> - <div style="border: 1px solid black; padding: 5px; display: flex; gap: 5px;"> </div> - </div>	Effective Date 生效日期 _____ DD日 / MM月 / YYYY年
Full Name of Policyholder (Employer) 保單持有公司（僱主）名稱 _____	
The change is applicable to 此更改適用於： <input type="checkbox"/> All Accounts 所有公司戶口 <input type="checkbox"/> Affiliated Company Accounts Name 附屬公司戶口名稱 _____	

Section II – Addition of Authorized Person 新增獲授權人士

Remarks: If Third Party Payroll Administrator is appointed, additional documents are required. Please contact your servicing agent /Customer Service Hotline at (852) 2108 1234 (for Hong Kong policy) or (853) 8398 0313 (for Macau policy) for assistance.
 如需以第三方管理行政，需額外提供有關文件，請聯絡你的服務代理人或致電客戶服務熱線 (852) 2108 1234 (適用於香港保單) 或 (853) 8398 0313 (適用於澳門保單) 查詢。

1.	Full Name in English 英文姓名 (As shown on ID card or Passport 必須與身份證或護照相同)	Title in English 職銜（英文）	Specimen Signature 簽署式樣
	Identity type 證件類別 (please provide ID card or Passport copy 請附上身份證或護照副本) <input type="checkbox"/> HK Permanent ID card 香港永久性居民身份證 <input type="checkbox"/> ID card 身份證 <input type="checkbox"/> Passport 護照	Identity No. 證件號碼	
2.	Full Name in English 英文姓名 (As shown on ID card or Passport 必須與身份證或護照相同)	Title in English 職銜（英文）	Specimen Signature 簽署式樣
	Identity type 證件類別 (please provide ID card or Passport copy 請附上身份證或護照副本) <input type="checkbox"/> HK Permanent ID card 香港永久性居民身份證 <input type="checkbox"/> ID card 身份證 <input type="checkbox"/> Passport 護照	Identity No. 證件號碼	
3.	Full Name in English 英文姓名 (As shown on ID card or Passport 必須與身份證或護照相同)	Title in English 職銜（英文）	Specimen Signature 簽署式樣
	Identity type 證件類別 (please provide ID card or Passport copy 請附上身份證或護照副本) <input type="checkbox"/> HK Permanent ID card 香港永久性居民身份證 <input type="checkbox"/> ID card 身份證 <input type="checkbox"/> Passport 護照	Identity No. 證件號碼	

Section III – Deletion of Authorized Person 刪除獲授權人士

Full Name 姓名	Title 職銜
Full Name 姓名	Title 職銜

Section IV – Declaration 聲明

I/We being the Policyholder (Employer) under the above Policy hereby declare that I have read the Notes on this form and the information provided above are true and correct and understand all the terms and implication in respect of the above instructions.

The information provided on this form is collected to enable Manulife to update our customer/policy particulars for the purpose of administering the products/services provided by all companies within the Manulife group of companies in Hong Kong and Macau and also companies which provide trustee/custodian services. The information may be transferred to other division(s) within Manulife or other parties including delegates, intermediaries or any service providers of Manulife, for such purpose(s) or for a purpose directly related to such purpose(s). The regulatory bodies in any jurisdiction shall be authorized to inspect any information under the policy. All data processes may involve a transfer of information to places either within or outside the Hong Kong Special Administrative Region and Macau Special Administrative Region. We are required to supply the information in this form and failure to do so may result in our request being delayed. All information may be treated by Manulife in the same manner as mentioned in the "Notice to Customers relating to the Personal Data (Privacy) Ordinance" ("Notice") (for Hong Kong policy) / "Manulife Personal Information Collection Statement" ("Statement") (for Macau policy). In case we have not read the Notice/Statement (where applicable) before, we can obtain such Notice/Statement (where applicable) from our Manulife's intermediary or through Manulife's website at www.manulife.com.hk.

We confirm that all copy documents supplied or to be supplied have been and will be verified by us against their original.

We undertake that if there is any change in the information provided, we shall notify Manulife as soon as reasonably practicable. We also undertake to supply additional information in respect of our company or our member(s) to Manulife upon request for the purpose of complying with the Anti-Money Laundering and Counter-Terrorist Financing Ordinance (for Hong Kong policy) / Guidelines on Prevention and Combating Money Laundering and Financing of Terrorism in Insurance (for Macau policy).

本人/吾等為以上保單的保單持有公司（僱主），謹此聲明本人已閱讀此表格上的注意事項，及以上提供的資料均屬真實及正確，並明白以上指示的各項條款及含義。

本表格所提供之資料乃供宏利更新吾等之客戶/保單資料，以作為管理由宏利集團旗下於香港及澳門的所有公司以及為宏利提供信託/託管服務的公司所提供的產品與服務之用。為達致該等目的，或直接與該等目的有關的目的，所提供的資料可移轉予宏利內其他部門或其他人士/團體，包括宏利的受委託者、中介人或任何服務提供者。任何司法管轄區的監管團體將獲授權查看保單內的任何資料。所有資料處理過程或會涉及資料移轉至香港特別行政區及澳門特別行政區及以外地區。吾等須提供本表格所需的資料，否則吾等之要求或會因此而被延誤。宏利可按於《有關〈個人資料（私隱）條例〉的客戶通知》（「通知」）（適用於香港保單）/《宏利個人資料收集聲明》（「聲明」）（適用於澳門保單）所述，處理有關資料。假如吾等未有細閱該通知/聲明（如適用），吾等可從吾等的宏利中介人或透過宏利網址 www.manulife.com.hk 取得該通知/聲明（如適用）。

吾等確認所有已提交或將提交的文件均已經及將被吾等核實該等文件的正本。

吾等承諾假使所提供的資料有任何更改，吾等將於合理的切實可行範圍內盡快通知宏利有關之改動。吾等並承諾會因應宏利的要求提供本公司或吾等之僱員的附加資料以遵守《打擊洗錢及恐怖分子資金籌集條例》（適用於香港保單）/《保險業務防止及打擊洗黑錢和恐怖主義融資活動指引》（適用於澳門保單）。

Authorization by Policyholder (Employer) 由保單持有公司（僱主）授權

Please provide a copy of the following document if this form is signed by the Company Director or Owner/Partner for Sole Proprietorship/Partnership for reference. 如此表格由公司董事或獨資公司的擁有人或合夥公司的合夥人簽署，請提供以下文件之副本以作參考。

latest Annual Return 最新之周年報表

latest Electronic/Certified Extract of Information on the Business Registry 最新的商業登記冊內資料的電子摘錄/商業登記冊內資料摘錄

Signed for and on behalf of the Policyholder :
謹代表保單持有公司簽署：

Signature and Company Chop
簽署並蓋上公司印章

Date Signed (DD/MM/YYYY)
日期（日/月/年）

Full Name in English
英文姓名

Position**
職銜**

** Position can be the Company Director shown on latest Annual Return (or Owner/Partner for Sole Proprietorship/Partnership), Senior Management e.g. Chief Executive Officer, Chief Operation Officer, Head of Human Resources, Head of Compliance, Head of Legal, where the Senior Management is independent to the person(s) whose being authorized in this form.

職銜可接納刊於最新之周年報表上的公司董事（或獨資公司擁有人/合夥公司的合夥人）、擔任高級管理職位的人例如：首席行政總監、首席營運總監、人力資源部主管、合規部主管、法律部主管。而擔任高級管理職位的人須獨立於獲授權人士。

Please return the completed form to 請把填妥的表格寄交：

For Hong Kong policy - Policy Administration, Group Life & Health Insurance, Manulife (International) Limited, P.O. Box 70302, Kowloon Central Post Office.
For Macau policy - Manulife (International) Limited, Macau Administration Office, Avenida De Almeida Ribeiro No. 61, Circle Square, 14 andar A, Macau.

適用於香港保單 - 九龍中央郵政局郵政信箱70302號宏利人壽保險(國際)有限公司團體保險行政部。
適用於澳門保單 - 澳門新馬路61號永光廣場14樓A宏利人壽保險(國際)有限公司澳門分行行政部。