

Group Life & Health Insurance Plan - Addition Of Sub-account Form
團體保險計劃 - 新增附屬公司戶口表格

- Notes

 - Please complete this form in BLOCK LETTERS and check the boxes where appropriate. Please initial any corrections you made on this form.
 - This form should be submitted to Manulife within 31 days from the effective date of sub-account.
 - Please return completed form to us either by email to group_ins_admin_hk@manulife.com or 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 emailed or faxed it already.
 - Manulife will process this change request upon receipt of this completed form and all pertinent document(s), if any.
 - Unless otherwise specified, the authorized signature/person of the new sub-account will be deemed as the same person who is authorized to sign on behalf of the Policyholder. If a new authorized person is to be added, please submit the "Change of Person Purporting to act on behalf of the Customer ("PPTA") Authorization Form (GLH) (only applicable for Group Insurance Policy use)" and other relevant documents.
 - The information of the contact person(s)/authorized person(s) is collected in their official capacities.
 - 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.
 - *Means delete whichever is inappropriate.
- 注意事項

 - 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。
 - 本表格須於有關更改生效日期後31日內遞交給宏利。
 - 請將填妥的表格電郵至group_ins_admin_hk@manulife.com或傳真至(852) 2234 5371或交回本表格底部之宏利通訊地址。如已電郵或傳真本表格，閣下毋須再次寄交。
 - 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。
 - 除特別指明外，新增之附屬公司戶口之獲授權簽署人士將被視為與保單持有人相同。如欲新增獲授權人士，請遞交「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)」及其他所需文件。
 - 聯絡人 / 獲授權人士的資料乃因應其職務身份而收集。
 - 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。
 - *表示把不適當之處刪除。

Policy No. 保單編號	Name of Policyholder 保單持有人名稱
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DETAILS OF NEW SUB-ACCOUNT (Affiliated Company) 新增附屬公司戶口資料詳情

Important Notes: Please submit the following document(s) together with this form
重要事項：敬請連同以下文件與本表格一併遞交

☐ Employee Enrolment Form or Certificate Change Form 新僱員參加表格或更改僱員資料表格

☐ A copy of Business Registration Certificate for each affiliated company 各附屬公司之商業登記證副本

1. Name of Sub-account 附屬公司戶口名稱：				Company Chop Specimen 公司印式樣	
Effective Date for addition of sub-account 新增附屬公司戶口的生效日期： DD 日 / MM 月 / YYYY 年					
Please provide the contact information for this newly added sub-account. If it is the same as the Policyholder's account in records, please leave it blank. 請提供此新增附屬公司戶口之聯絡資料。如該聯絡資料與保單持有人戶口之紀錄相同，則無須再填寫。					
Business Address 營業地址 (all correspondence will be sent to the following address 所有通訊文件將寄往以下地址)					
Room / Flat 室	Floor 層數	Block / Tower 座數	Name of Building 大廈名稱	Name of Estate 屋苑名稱	
Street No. & Street Name 街道號碼及街道名稱		District 區域	<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 <input type="checkbox"/> Macau 澳門 <input type="checkbox"/> Other Location (please specify) 其他地區 (請註明)：		
Attention Person Information 收件人資料	English Name 英文姓名 (Mr 先生 / Ms 小姐 / Mrs 女士*)			Title in English 職銜 (英文)	
	Office Phone No. 公司電話號碼 ()	Country / Area Code 國家 / 地區號碼	Phone No 電話號碼	Mobile Phone No. 手提電話號碼 ()	Country / Area Code 國家 / 地區號碼 Phone No 電話號碼
	Email Address 電郵地址				
Contact Person Information 聯絡人資料	English Name 英文姓名 (Mr 先生 / Ms 小姐 / Mrs 女士*)			Title in English 職銜 (英文)	
	Office Phone No. 公司電話號碼 ()	Country / Area Code 國家 / 地區號碼	Phone No 電話號碼	Mobile Phone No. 手提電話號碼 ()	Country / Area Code 國家 / 地區號碼 Phone No 電話號碼
	Email Address 電郵地址				

2. Name of Sub-account 附屬公司戶口名稱：				Company Chop Specimen 公司印章式樣	
Effective Date for addition of sub-account 新增附屬公司戶口的生效日期：					
Please provide the contact information for this newly added sub-account. If it is the same as the Policyholder's account in records, please leave it blank. 請提供此新增附屬公司戶口之聯絡資料。如該聯絡資料與保單持有人戶口之紀錄相同，則無須再填寫。					
Business Address 營業地址 (all correspondence will be sent to the following address 所有通訊文件將寄往以下地址)					
Room / Flat 室		Floor 層數		Block / Tower 座數	
				Name of Building 大廈名稱	
				Name of Estate 屋苑名稱	
Street No. & Street Name 街道號碼及街道名稱		District 區域		<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 <input type="checkbox"/> Macau 澳門	
				<input type="checkbox"/> Other Location (please specify) 其他地區 (請註明)：	
Attention Person Information 收件人資料		English Name 英文姓名 (Mr 先生 / Ms 小姐 / Mrs 女士*)			Title in English 職銜 (英文)
		Office Phone No. 公司電話號碼 ()		Country / Area Code 國家 / 地區號碼 Phone No 電話號碼	
		Email Address 電郵地址		Mobile Phone No. 手提電話號碼 ()	
Contact Person Information 聯絡人資料		English Name 英文姓名 (Mr 先生 / Ms 小姐 / Mrs 女士*)			Title in English 職銜 (英文)
		Office Phone No. 公司電話號碼 ()		Country / Area Code 國家 / 地區號碼 Phone No 電話號碼	
		Email Address 電郵地址		Mobile Phone No. 手提電話號碼 ()	

DECLARATION 聲明 I/We being the Policyholder (Employer) under the above Policy hereby declare that 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)。				
Authorized Signature and Company Chop of the Policyholder 保單持有人之獲授權人士簽署及公司印章			Full name in English (In Block Letters) 英文全名 (請用正楷填寫)	Date Signed (DD/MM/YYYY) 簽署日期 (日 / 月 / 年)