

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.
- 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.
- Manulife will process this change request upon receipt of this completed form and all pertinent document(s), if any.
- Change request will be effective on the request processing date or the specified effective date, whichever is later.
- 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 "Group Life & Health Insurance Plan - Authorized Signature Specimen Form" 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.

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。
- 請將填妥的表格傳真至(852) 2234 5371或交回本表格底部之宏利通訊地址。如已傳真本表格，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。
- 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。
- 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「團體保險計劃-獲授權人士簽署式樣表格」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。

Policy No. 保單編號	Name of Policyholder 保單持有人名稱
_ _ _ _ _ - _ _ _ _ - _	_____

DETAILS OF NEW SUB-ACCOUNT (Affiliated Company) 新增附屬公司戶口資料詳情

Please be reminded to submit the following supporting document(s) together with this form 敬請連同以下文件與本表格一併遞交

- A copy of Business Registration Certificate for each affiliated company 各附屬公司之商業登記證副本
 Employee Enrolment Form or Certificate Change Form 新僱員參加表格或更改僱員資料表格

1. Name of Sub-account 附屬公司戶口名稱： _____			
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 for the purpose of future communication or follow up on daily administration matters. 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作日後通訊或跟進日常行政事務之用。如該聯絡資料與保單持有人戶口之記錄相同，則無須再填寫。			
Correspondence Address 通訊地址			
Room / Flat 室	Floor 層數	Block / Tower 座數	Name of Building / Estate 大廈 / 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"/> Others 其他 _____	
Attention Person 收件人 Mr / Miss / Ms 先生 / 小姐 / 女士		Title 職銜	
Daily Contact Person Information 日常聯絡人資料		Company Chop Specimen 公司印章式樣	
Name 英文姓名	Mr / Miss / Ms 先生 / 小姐 / 女士		
Phone No. 電話號碼	_____		
Fax No. 傳真號碼	_____		
Email Address 電郵地址	_____		

2. Name of Sub-account 附屬公司戶口名稱： _____			
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 for the purpose of future communication or follow up on daily administration matters. 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作日後通訊或跟進日常行政事務之用。如該聯絡資料與保單持有人戶口之記錄相同，則無須再填寫。			
Correspondence Address 通訊地址			
Room / Flat 室	Floor 層數	Block / Tower 座數	Name of Building / Estate 大廈 / 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"/> Others 其他 _____	
Attention Person 收件人 Mr / Miss / Ms 先生 / 小姐 / 女士		Title 職銜	
Daily Contact Person Information 日常聯絡人資料		Company Chop Specimen 公司印章式樣	
Name 英文姓名	Mr / Miss / Ms 先生 / 小姐 / 女士		
Phone No. 電話號碼	_____		
Fax No. 傳真號碼	_____		
Email Address 電郵地址	_____		

3. Name of Sub-account 附屬公司戶口名稱： _____

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 for the purpose of future communication or follow up on daily administration matters. 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作日後通訊或跟進日常行政事務之用。如該聯絡資料與保單持有人戶口之記錄相同，則無須再填寫。

Correspondence Address 通訊地址

Room / Flat 室 Floor 層數 Block / Tower 座數 Name of Building / Estate 大廈 / 屋苑名稱

Street No. & Street Name 街道號碼及街道名稱

District 區域 HK 香港 KLN 九龍
 NT 新界 Others 其他 _____

Attention Person 收件人

Mr / Miss / Ms 先生 / 小姐 / 女士

Title 職銜

Daily Contact Person Information 日常聯絡人資料

Name Mr / Miss / Ms

英文姓名 先生 / 小姐 / 女士

Phone No.

電話號碼

Fax No.

傳真號碼

Email Address

電郵地址

Company Chop Specimen 公司印章式樣

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. By writing to the Privacy Officer of Manulife - Employee Benefits, we can request access to and correction of our personal data (if applicable). 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 (version 20150119_M)" ("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 (Financial Institutions) 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。吾等有權以書面通知宏利僱員福利部之個人資料主任，要求索閱及更改個人資料(如適用)。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(20150119_M版本)》(「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(金融機構)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
保單持有人的獲授權人士簽署及公司印章

Full name of Authorized Person
獲授權人士全名

Date Signed
簽署日期

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

For Hong Kong policy - Employee Benefits, 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)有限公司僱員福利部。

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。

The Chinese version of this form is for reference only. In the event of discrepancies between the Chinese and English versions, the English version shall prevail.
本表格之中文譯本只供參考用途，若與英文版本有異，一概以英文版本為準。