



This form is applicable to Policy No. = 4 characters plus 8-digits number beginning with '05' or '06'
 此表格適用於保單編號為4個字母和8個由'05'或'06'開始的數字組成
 e.g. XXXX-05000000 or XXXX-06000000

Please complete this Form in English BLOCK letters. Any changes or amendments to this Form should be endorsed by the Applicant/Policy Owner in full signature.
 請以英文正楷填寫此表格。如有任何更改或修正，敬請投保人／保單權益人在更改的位置簽署作實。

I. Application/Policy Details 投保申請／保單資料	
Application/Policy No. 申請書／保單編號	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Applicant/Policy Owner 投保人／保單權益人姓名	Identification Document No. 身份證明文件號碼
Name of Proposed Insured 準受保人姓名	Identification Document No. 身份證明文件號碼
II. Supplementary Information 補充資料	
I/We hereby make the following additions, amendments and/or corrections to the above application/policy. 本人／我們謹此就上述申請書／保單作出以下的補充、修正及／或更改。	
III. Declaration 聲明	
I/WE HEREBY DECLARE AND AGREE THAT: All information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this Form shall constitute part of my/our application(s)/policy(ies). I/We hereby acknowledge that failure to supply true and accurate information or inform the Company of all material information about my/our application(s)/policy(ies) may render the Company unable to accept or process the application or the insurance policy voidable. The same declarations and agreements made by me/us in the above application(s)/policy(ies) will apply equally to the information provided in this Form. 本人／我們謹此聲明及同意： 上述所有資料及細節均是準確無誤、真實及為事實之全部，並且是盡本人／我們所知及所信而作答的。本人／我們並沒有隱瞞任何重要資料及同意本表格將成為此申請書／保單的一部分。本人／我們在此確認，如未能提供真實及準確無誤之資料或通知貴公司任何有關該保險申請之重要資料，將可能導致貴公司不能接受或處理該保險申請或令該保單失效。本人／我們於上述申請書／保單中所作出的一切聲明及協議，將同樣適用於此表格所載的資料。	
PERSONAL DATA COLLECTION AND USE I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC"). I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk , and is made available upon request. 個人資料收集及使用 本人 / 我們確認本人 / 我們已閱讀及明白AIA個人資料收集聲明（「AIA個人資料收集聲明」）。本人 / 我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。本人 / 我們知悉及同意就AIA個人資料收集聲明所述目的視乎情況轉讓本人 / 我們的個人資料至香港（如保單在香港繕發）或澳門（如保單在澳門繕發）境外予AIA個人資料收集聲明所載的資料承讓人。 AIA個人資料收集聲明的最新版本可於以下網址下載： www.aia.com.hk ，及可向貴公司索取。	
IV. Signature 簽署	
Proposed Insured/Insured 準受保人／受保人	Applicant/Policy Owner (if other than Proposed Insured/Insured) 投保人／保單權益人(如與準受保人／受保人不同)
Date 日期 (D/M/Y 日／月／年)	Date 日期 (D/M/Y 日／月／年)
FOR OFFICE USE ONLY	
SV	Checked & approved by: <input type="text"/> Recorded Date (D/M/Y) <input type="text"/>