



Form of Additions, Amendments or Corrections to an Application for Insurance(B)[^]
補充、修正或刪改保險申請書資料表格(B)[^]

[^]: This form is applicable to Declaration for Japanese nationals, Change or Correction of Personal Details, Address, Contact Number and Premium Payment information in Application for Insurance. 此表格適用於在保險申請書上作出日本籍人士聲明、更改或更正客戶資料、地址、聯絡號碼及繳付保費資料。

To HSBC Life (International) Limited / The Hongkong and Shanghai Banking Corporation Limited
致：滙豐人壽保險(國際)有限公司 / 香港上海滙豐銀行有限公司

A. Details of Application for Insurance 保險申請書資料

Policy/Serial No. 保單/編號表格： _____	Name of Policyholder 保單持有人姓名：_____ (Surname first in English) (先填寫姓氏)
Date of Insurance Application 保險申請日期： _____	Name of Proposed Insured (If other than the Policyholder) 受保人姓名(若與保單持有人不同)：_____ (surname first in English) (先填寫姓氏)
Plan Name 計劃名稱： _____	# ID Type and No. : _____ # 身份證明文件類別及號碼：_____

NOTE 注意：

- # ID Type 身份證明文件類別：I = HKID 香港身份證，P = Passport 護照，X = Others 其他。
- Please put a '✓' in the appropriate box(es) and complete in BLOCK LETTERS. 請在適當方格內加上✓號，並用正楷填寫。
- Please enclose identification copy in support, if necessary. 請附上身份證明文件副本以作證明(如適用)。
- If the payments are paid in currencies other than the policy currencies/currency of levy cap i.e. HKD as provided by the Insurance Authority, the payments would be subject to change according to the prevailing exchange rate of policy currencies/HKD to payment currencies but not limited to premium payments, levy payments and benefit payments. By choosing the plans denominated in currencies other than local currency, you are subject to the exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values and the subsequent premium payments and/or levy payments (if any) may be higher than your initial premium payment as a result of the exchange rate fluctuations. 如繳付款項貨幣有別於保單貨幣或保險業監管局訂定繳費上限的貨幣(即港幣)，該款項可能會受本公司不時釐定的保單貨幣/港幣對繳付款項貨幣的匯率而改變。同樣，如任何款項的貨幣不是以保單貨幣或保險業監管局訂定繳費上限的貨幣(即港幣)支付，該款項將會受本公司不時釐定的保單貨幣對支付貨幣/港幣的匯率而改變。匯率之波動會對款額構成影響，包括但不限於以繳付保費、保費徵費及利益支付款項。選擇非本地貨幣結算的保單，閣下須承受匯率風險。匯率會不時波動，閣下可能因匯率之波動而損失部分的利益價值及繳交往後保費及/或保費徵費(如有)可能會比繳交首次保費及保費徵費金額為高。

B. Additions, Amendments or Corrections to Application for Insurance 補充、修正或刪改保險申請書

- Declaration for Japanese nationals 日本籍人士聲明**
I confirm that I currently do not have any address (including, but not limited to correspondence, residential and permanent address) in Japan. 本人確認本人現時於日本沒有任何地址(包括但不限於通訊、住宅、永久地址)。
- Declaration for loss of landing slip 遺失入境標籤聲明**
I hereby declare and confirm that (i) I have lost the landing slip issued by the Hong Kong Immigration Department, and (ii) I was physically present in Hong Kong SAR at the time of making the subject insurance policy application. 本人謹此聲明及確認(i)由香港入境事務處發出的入境標籤經已遺失，及(ii)本人在作出此保單申請時是身處於香港特別行政區。
- Change or Correction of Personal Details (Please enclose ID Card/Passport/Birth Certificate copy) 更改或更正客戶資料(請附上身份證/護照/出生證明副本)**
 (a) Proposed Insured 受保人 (b) Policyholder 保單持有人
 Name 姓名 _____
 Former Name/Alias (Surname first) (where applicable)[^] 前用姓名/別名(先填寫姓氏)(如適用)[^] _____
 # ID Type & No. 身份證明文件類別及號碼 _____
 I would like to apply the change or correction of # ID Type & No. to my following life insurance policy(ies) underwritten by HSBC Life (International) Limited 本人擬申請更改或更正本人由滙豐人壽保險(國際)有限公司承保之人壽保險保單之身份證明文件類別及號碼：
 All my life insurance policy(ies) underwritten by HSBC Life (International) Limited 所有本人由滙豐人壽保險(國際)有限公司承保之人壽保險保單
 This life insurance policy and my other life insurance policy(ies) underwritten by HSBC Life (International) Limited. Please specify the policy number(s) here 此人壽保險保單及本人其他由滙豐人壽保險(國際)有限公司承保之人壽保險保單，請在此列出有關的保單號碼：

 Note 註：Please choose your change request option by inserting tick '✓' in the applicable box above. If no option is chosen, this change will be applied to this life insurance policy only. 請在以上適用的空格內劃上✓號選擇所需的更改類別。如未選擇，此更改將只限此人壽保險保單。
 Date of Birth 出生日期 _____ Place of Birth 出生地區 _____
 New Signature of Proposed Insured/Policyholder 受保人/保單持有人新簽署 _____
 Nationality (Country/Region) 1* 國籍(國家/地區) 1* _____
 Nationality (Country/Region) 2 *(please complete if different from Nationality (Country/Region) 1) 國籍(國家/地區) 2*(若與國籍(國家/地區) 1不同請填寫此欄) _____
 Nationality (Country/Region) 3 *(please complete if different from Nationality (Country/Region) 1 and 2) 國籍(國家/地區) 3*(若與國籍(國家/地區) 1及2不同請填寫此欄) _____
 US Tax ID (where applicable) 美國稅務編號(如適用) _____
 Local Tax ID (where applicable and optional)# 地方稅務編號(如適用及非必要填寫)# _____
 Country/Region of Local Tax ID (where applicable and optional) # 地方稅務編號之國家/地區(如適用及非必要填寫)# _____
[^] Applicable when Policyholder is an Individual 適用於保單持有人為個人
 # Any country/region other than US 美國以外之國家/地區
 * Please state all your current Nationality(ies) (Country/Region) if you have any revision 如修正任何國籍(國家/地區)資料，請填寫閣下現在的所有國籍(國家/地區)

FOR OFFICE USE ONLY

RBWM USP (for personal customer)

4. **Change or Correction of Address/Contact Number 更改或更正地址／聯絡號碼**

- (a) Proposed Insured 受保人 (b) Policyholder 保單持有人

I would like to apply the change or correction of Address/Contact Number to my following life insurance policy(ies) underwritten by HSBC Life (International) Limited 本人擬申請更改或更正本人由滙豐人壽保險(國際)有限公司承保之人壽保險保單之地址／聯絡號碼：

- All my life insurance policy(ies) underwritten by HSBC Life (International) Limited 所有本人由滙豐人壽保險(國際)有限公司承保之人壽保險保單
 This life insurance policy and my other life insurance policy(ies) underwritten by HSBC Life (International) Limited. Please specify the policy number(s) here 此人壽保險保單及本人其他由滙豐人壽保險(國際)有限公司承保之人壽保險保單，請在此列出有關的保單號碼：

Note 註：Please choose your change request option by inserting tick '✓' in the applicable box above. If no option is chosen, this change will be applied to this life insurance policy only. 請在以上適用的空格內劃上✓號選擇所需的更改類別。如未選擇，此更改將只限此人壽保險保單。

- New Correspondence Address 新通訊地址 New Residential Address 新住宅地址 New Permanent Address 新永久地址

	Room/ Flat 室	Floor 樓	Block/ Tower 座數	Name of building/estate 大廈／屋苑名稱	No. and name of street/road / 街道號數及名稱	District 區域	Country/ Region 國家／地區
Correspondence Address 通訊地址							

Current Permanent Address 現有永久住址

Same as correspondence address 與通訊地址相同
 Others, please complete 其他，請填寫此欄 (If not specify, same as correspondence address 如未列明，與通訊地址相同。)

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Current Residential Address 現有住宅地址

Same as correspondence address 與通訊地址相同 Same as current permanent address 與現有永久地址相同
 Others, please complete 其他，請填寫此欄 (If not specify, same as correspondence address 如未列明，與通訊地址相同。)

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Previous Address 前居住地址 (please complete if residing in Current Residential Address less than 3 years)
 (若於現有住宅地址居住少於3年請填寫此欄)

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- Telephone No. 聯絡電話
 (Please provide at least one telephone no. with its country/region. Country/Region Code and Area code is not necessary 請最少提供一個聯絡電話及其所屬國家／地區。唯無須提供國家／區域編號及地區編號)

Home 住宅
 Hong Kong SAR 香港特別行政區 US 美國 1- China 中國 86- Other Countries/Regions 其他國家／地區 _____

Telephone no. 聯絡電話 _____

Work 工作
 Hong Kong SAR 香港特別行政區 US 美國 1- China 中國 86- Other Countries/Regions 其他國家／地區 _____

Telephone no. 聯絡電話 _____

Mobile 手提電話
 Hong Kong SAR 香港特別行政區 US 美國 1- China 中國 86- Other Countries/Regions 其他國家／地區 _____

Telephone no. 聯絡電話 _____

- E-mail address 電子郵寄地址 _____

5. **Change or Correction of Occupational Details 更改或更正職業資料**

- (a) Proposed Insured 受保人 (b) Policyholder 保單持有人

- Employment Status[^] 職業狀況[^]
- Self-Employed 自僱 Full-time Employed 全職 Part-time Employed 兼職 Not Currently Employed 非在職
 Student 學生 Housewife 主婦 Retired 退休

Industry (where applicable)[^] 行業 (如適用)[^] _____

Occupation (where applicable)[^] 職業 (如適用)[^] _____

Job Title (where applicable)[^] 職位 (如適用)[^] _____

Employment Start Date (where applicable)[^] 任職日期 (如適用)[^] (MM 月 /YYYY 年) _____

Name of Employer/Business & Address (where applicable)[^] 僱主／公司名稱及地址 (如適用)[^] _____

- Monthly Salary (HKD) (where applicable)[^] 月薪 (港幣) (如適用)[^]
- below 5,000 以下 (0) 5,000 – 9,999 (1) 10,000 – 14,999 (2) 15,000 – 19,999 (3)
 20,000 – 29,999 (4) 30,000 – 49,999 (5) 50,000 – 69,999 (6) 70,000 – 99,999 (7)
 100,000 – 199,999 (8) 200,000 or above 或以上 (9)

[^] Applicable when Policyholder is an Individual 適用於保單持有人為個人

6. **Payment Date and /or Method for Initial Premium and Levy** 首次保費及保費徵費繳費日期及/或方式

Currency 貨幣 _____

Initial Premium 首次保費 _____

(The above Initial premium payment amount is the net amount after deduction of a premium discount (if applicable). 上述的首次保費金額為保單折扣後之淨金額(如適用)。)

Levy 保費徵費 _____

(If the payment currency is different from the currency of levy cap i.e. HKD as provided by Insurance Authority, the payment amount will be calculated according to the prevailing exchange rate at the time of premium and levy payments are made. 若繳費貨幣有別於保險業監管局訂定徵費上限的貨幣(即港幣), 繳付金額將按繳付保費及保費徵費當日之兌換率計算。)

Initial Payment (Total Initial Premium and Levy amount) 首次款項(總保費及保費徵費) _____

Transaction date 交易日期: _____

Payment Method (Please tick one only) 繳費方式(請只選擇一項)

A cheque/cashier order/demand draft is enclosed 附上支票/本票/匯票

Bank 銀行 _____

Cheque no. 支票號碼 _____

Transfer from cheque deposit/HSBC account specified below* 由支票存款/以下滙豐戶口轉賬*

Bank Name and Branch* 銀行及分行之名稱* The Hongkong and Shanghai Banking Corporation Limited 香港上海滙豐銀行有限公司	Bank No. 銀行編號 0 0 4	Branch No. 分行編號	Account No. 賬戶號碼
For HSBC Integrated Account, if the debit is from the Current account, please write the last 3 digits of the account No. with 001. 如支賬戶口為滙豐綜合理財戶口內之往來戶口, 請將賬戶號碼最後3個數字寫為001。			

Direct debit from HSBC account*/HSBC credit card account*# (Not applicable to Single Payment, Single Premium, Aggregate Premium and investment-linked product) 由滙豐戶口*#/滙豐信用卡戶口*#自動轉賬(不適用於整付保費、躉繳保費、合計保費金額及投資相連產品)

Direct debit from HSBC account/HSBC credit card account specified below 由以下的滙豐戶口/滙豐信用卡戶口自動轉賬
I/We authorise The Hongkong and Shanghai Banking Corporation Limited to debit the initial payment required for insurance provided pursuant to this application from my/our bank account*/my HSBC credit card account*# as specified below. I/We understand that no insurance will be in force until the initial premium has been paid. 本人/我等特此授權香港上海滙豐銀行有限公司於本人(等)以下的銀行戶口*/滙豐信用卡戶口#內扣取此申請表所列明應繳的首次款項。本人(等)明白任何保障須於繳付首次保費後, 方會生效。

Bank Name and Branch* 銀行及分行之名稱* The Hongkong and Shanghai Banking Corporation Limited 香港上海滙豐銀行有限公司	Bank No. 銀行編號 0 0 4	Branch No. 分行編號	Account No. 賬戶號碼
For HSBC Integrated Account, if the debit is from the Current account, please write the last 3 digits of the bank Account No. with 001. 如支賬戶口為滙豐綜合理財戶口內之往來戶口, 請將賬戶號碼最後3個數字寫為001。			

OR
或
HSBC Credit Card Account No.° 滙豐信用卡號碼° _____ Expiry Date 到期日 MM月 YYYY年

* We will apply the Company's exchange rate as of refund settlement date for any refund 當退款時, 本公司將按退還當日之兌換率計算
Premium and levy will be collected in HKD 保費及保費徵費將以港元收取
* Only accept HSBC account for the initial premium paid by transfer or direct debit 只接受由滙豐戶口轉賬或自動轉賬作繳交首次保費
° Not applicable to Single Payment/Single Premium/Aggregate Premium/HSBC UnionPay Dual Currency Credit Card 不適用於整付保費/躉繳保費/合計保費金額/滙豐銀聯雙幣信用卡

If initial premium payor is other than the Proposed Insured or the Policyholder, please state the following information. 如首次保費付款人並非受保人或保單持有人, 請列明以下資料。

Payor Family Name 付款人姓氏 _____ Payor Given Name(s) 付款人名字 _____

Relationship between the payor and the Policyholder 付款人與保單持有人之關係 _____

Note 註:
If total premium payment of this policy is equal to or greater than USD75,000/HKD600,000 (or other currency equivalent) per year, the payor must be one of the following designated persons or legal person which include the Life Insured, Policyholder, Life Insured's/Policyholder's parent, legal spouse, sibling, children and legal guardian, etc. 如保單繳付之每年保費相等或多於美元75,000/港元600,000(或等值貨幣), 付款人必須為以下指定人士或法人之一, 包括受保人、保單持有人、受保人/保單持有人之父母、合法配偶、兄弟姊妹、子女及法定監護人等。

Signature of Account Holder 戶口持有人簽署 _____ Signature of Joint Account Holder 聯名戶口持有人簽署 _____
Special note: There will be bank charges for each unsuccessful transaction. 請注意: 每一次不成功之交易, 銀行均會收取手續費。

Name in English 英文姓名 _____ Name in English 英文姓名 _____

ID Type & No. 身份證明文件類別及號碼 _____ ID Type & No. 身份證明文件類別及號碼 _____

Special note: Autopay will be set up at once upon the receipt of this amendment form by HSBC Life (International) Limited. 請注意: 滙豐人壽保險(國際)有限公司收到此更改表後, 將會即時安排自動轉賬服務。

7. **Payment Method for Subsequent Premium and Levy (Not applicable to Single Payment, Single Premium, Aggregate Premium and investment-linked product)** 往後保費及保費徵費繳費方式(不適用於整付保費、躉繳保費、合計保費金額及投資相連產品)

Premium Payment Mode 繳費形式

Annually 每年 Monthly 每月

Payment Method (Please tick one only) 繳費方式(請只選擇一項)

By direct billing (Applicable to annual premium payment only) 郵寄賬單(只適用於每年繳交保單)

By standing Instruction (Applicable to non HKD currency policy only)[^] 常行指示(只適用於非港元貨幣的保單)[^]

Direct debit from bank account/credit card account – **Same Account**[#] as Initial Payment 自動轉賬 — 與繳交首次款項的戶口[#]相同

Note 註： If the same account for transfer or direct debit as initial payment has been selected, customer is NOT REQUIRED to complete and sign the section below. 若繳交往後保費的戶口與上述繳交首次款項的轉賬或自動轉賬的戶口相同，客戶不用填寫及簽署以下部份。

Direct debit from bank account/credit card account – **Different Account**[#] from the Initial Payment 自動轉賬 — 與繳交首次款項的戶口[#]不同

Direct debit from bank account/HSBC credit card account specified below 由以下的銀行戶口/滙豐信用卡戶口自動轉賬
I/We authorise The Hongkong and Shanghai Banking Corporation Limited to debit from my/our bank account[#]/my HSBC credit card account[#] specified below, for subsequent premiums and levy(ies) due as shall be instructed by HSBC Life (International) Limited from time to time. 本人/我等特此授權香港上海滙豐銀行有限公司根據滙豐人壽保險(國際)有限公司不時的指示於本人(等)以下的銀行戶口[#]或在本人滙豐信用卡戶口[#]內，直接轉賬支付往後保費及保費徵費。

Bank Name and Branch 銀行及分行名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶號碼

For HSBC Integrated Account, if the debit is from the Current account, please write the last 3 digits of the account No. with 001.
如支賬戶口為滙豐綜合理財戶口內之往來戶口，請將賬戶號碼最後3個數字寫為001。

OR 或	HSBC Credit Card Account No. ^o 滙豐信用卡號碼 ^o	Expiry Date 到期日	MM 月	YYYY 年

[#] Premium and levy will be collected in HKD 保費及保費徵費將以港元收取

[^] Please complete Standing Instruction Request form 請完成常行指示申請表

^o Not applicable to Single Payment/Single Premium/Aggregate Premium/HSBC UnionPay Dual Currency Credit Card 不適用於整付保費/躉繳保費/合計保費金額/滙豐銀聯雙幣信用卡

If the subsequent premium and levy payment is paid via direct debit, any excess of your initial premium and/or levy will be used as partial premium and/or levy on next due date. 如貴保單經自動轉賬繳付往後保費及保費徵費，於首期保費及/或保費徵費多繳的餘款會在下一個保費到期日自動用作部分下期保費及/或保費徵費。

If subsequent premium payor is other than the Proposed Insured or the Policyholder, please state the following information. 如往後保費付款人並非受保人或保單持有人，請列明以下資料。

Payor Family Name 付款人姓氏 Payor Given Name(s) 付款人名字

Relationship between the payor and the Policyholder 付款人與保單持有人的關係

Note 註：

If total premium payment of this policy is equal to or greater than USD75,000/HKD600,000 (or other currency equivalent) per year, the payor must be one of the following designated persons or legal person which include the Life Insured, Policyholder, Life Insured's/Policyholder's parent, legal spouse, sibling, children and legal guardian, etc. 如保單繳付之每年保費相等或多於美元75,000/港元600,000(或等值貨幣)，付款人必須為以下指定人士或法人之一，包括受保人、保單持有人、受保人/保單持有人的父母、合法配偶、兄弟姊妹、子女及法定監護人等。

Signature of Account Holder
戶口持有人簽署

Signature of Joint Account Holder
聯名戶口持有人簽署

Special note: There will be bank charges for each unsuccessful transaction.

請注意：每一次不成功之交易，銀行均會收取手續費。

(S.V.)

(S.V.)

Name in English 英文姓名

Name in English 英文姓名

ID Type & No. 身份證明文件類別及號碼

ID Type & No. 身份證明文件類別及號碼

Special note: Autopay will be set up at once upon the receipt of this amendment form by HSBC Life (International) Limited.
請注意：滙豐人壽保險(國際)有限公司收到此更改表後，將會即時安排自動轉賬服務。

8. <input type="checkbox"/> Initial/Subsequent Premium Payor (For Individual Policyholder only) 首次／往後保費付款人(只適用於個人保單持有人)		
For Personal Customer Payor (If other than Policyholder or Proposed Insured) 適用於付款人為個人客戶(如與保單持有人或受保人不同)		
Personal and Employment Details of Payor 付款人的個人及職業資料	Initial Premium Payor 首次保費付款人	Subsequent Premium Payor (If other than the Initial Premium Payor, please provide the following details.) 往後保費付款人(如與首次保費付款人不同,請提供以下的資料。)
Surname 姓氏		
Given Name(s) 名字		
Former Name/Alias (Surname first) (where applicable) 前用姓名/別名(先填寫姓氏)(如適用)		
HKID Card No. If non-permanent HKID card holder or non-HK resident, please provide Passport No. and issuing country/region with entry proof 香港身份證號碼。如非持有香港永久居民身份證或非香港居民,請提供護照號碼、簽發國家/地區及入境證明		
Gender 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
The following section is mandatory if the annual premium is equal to or greater than USD75,000 per policy 必須填寫以下部分如每張保單繳付之每年保費相等或多於美元 75,000		
Date of Birth 出生日期 (DD 日 / MM 月 / YYYY 年)		
Nationality (Country/Region) 1 國籍(國家/地區) 1		
Nationality (Country/Region) 2 (where applicable) 國籍(國家/地區) 2 (如適用)		
Nationality (Country/Region) 3 (where applicable) 國籍(國家/地區) 3 (如適用)		
Residential Address 住宅地址		
Residential Address Country/Region and Postal Code 住宅地址國家/地區及郵區編碼		

I declare, understand and agree that:

本人聲明、明白並同意：

(i) the declarations and agreements made by me in the application for insurance as described in Section A above shall apply equally to the information supplied in this form; and

本人對A部所述保險申請書上所作一切聲明及協議，將同樣適用於此表格所載資料；及

(ii) the information provided in this form will be considered as supplemental information for the purpose of processing the insurance application as described in Section A above.

在任何以A部所述保險申請書為申請基礎時，此表格的一切資料會被視為保險申請的補充資料。

I/We understand and agree that: (i) a prescribed levy will be imposed on this policy by the Insurance Authority ("IA") pursuant to section 134 of the Insurance Ordinance (Cap. 41) and it is my/our statutory duty to pay such prescribed levy required for this policy to the IA through HSBC Life (International) Limited ("the Company"); (ii) such levy payment should be made together with the premium payment to the Company for direct remittance to the IA within the remittance period as prescribed by the IA; (iii) subject to the applicable levy cap, the amount of levy payable for each premium payment is the amount of the premium multiplied by the applicable levy rate as prescribed by the IA from time to time; (iv) the policy date or the policy anniversary date is used to determine which levy rate is applicable for calculating the levy payable in a particular policy year. All subsequent premiums to be paid will also be subject to the applicable levy rate and levy cap; and (v) if I/we choose to make the payment by direct debit or credit card, the Company will debit the amount of my/our initial and/or regular premium required together with the applicable levy as prescribed by the IA from time to time, and therefore sufficient funds will be maintained in my/our bank/credit card account to pay the subsequent premiums and levy.

本人(等)明白並同意：(i)根據《保險業條例》(第41章)第134條，保險業監管局(「保監局」)將按此保險單收取訂明保費徵費及本人(等)有法定責任透過滙豐人壽保險(國際)有限公司(「貴公司」)繳付訂明保費徵費予保監局；(ii)此保費徵費應與保費一同繳付予貴公司，並再由貴公司於保監局指明的轉付期內直接轉付予保監局；(iii)需繳付的保費徵費是保單的每期保費金額與適用的徵費率之相乘，但受限於保監局不時訂明的適用徵費上限；(iv)保單日期或保單周年日用於決定使用那個適用的徵費率以計算該保單年度應繳付的保費徵費，往後需繳付的保費亦會根據訂明的適用徵費率及徵費上限收取保費徵費；(v)若本人(等)選擇以自動轉賬或信用卡付款，貴公司將從本人(等)的指定戶口收取首期及/或應付的定期保費及保監局不時訂明的適用保費徵費。本人(等)並同意會於本人(等)指定銀行/信用卡戶口維持足夠結餘以繳付往後保費及保費徵費。

I/we agree that if I/we am/are a customer(s) of The Hongkong and Shanghai Banking Corporation Limited (the "Bank"), HSBC Life (International) Limited may share this form with the Bank for the purpose of updating certain of my/our information retained by the relevant business line(s) of the Bank.*

本人(等)同意如本人(等)為香港上海滙豐銀行有限公司(「滙豐」)之客戶，滙豐人壽保險(國際)有限公司可向滙豐提供此表格以更新滙豐之相關業務所儲存有關本人(等)的特定資料。*

* Please note that not all information provided by you in this form will be updated in the Bank's record. If you need to update your correspondence address record maintained with the Bank, please submit request via the following channels:

請注意並非閣下於此表格所提供的全部資料將會被用作更新閣下於滙豐的紀錄。如閣下需要更新在滙豐紀錄的通訊地址，請透過以下途徑提交申請：

(i) Login to HSBC Internet Banking (www.hsbc.com.hk), click "Maintain My Details" at "My HSBC" tab and update your address record by choosing "Change Personal Information and Address" option;

登入滙豐網上理財(www.hsbc.com.hk)，於「我的HSBC」標籤頁點擊「更改我的設定」並選擇「更改個人資料及地址」選項以更新閣下的地址紀錄；

(ii) Call HSBC Phone Banking hotline on (852) 2233 3322 for HSBC Premier customers, (852) 2748 8333 for HSBC Advance customers and (852) 2233 3000 for other personal banking customers; or

致電滙豐電話理財服務熱線。滙豐卓越理財客戶請致電(852) 2233 3322，滙豐運籌理財客戶請致電(852) 2748 8333，其他個人銀行客戶請致電(852) 2233 3000；或

(iii) Download and complete the "Change of Address/Telephone Number/Fax Number/Email Address Instruction Form (For Personal Customer)" under "Form and Document Download" page at HSBC website (www.hsbc.com.hk).

於滙豐網站(www.hsbc.com.hk)的「表格及文件下載」頁面下載並填寫「更改地址/電話號碼/傳真號碼/電子郵箱地址指示表格(個人客戶)」。

Please also note the following remarks in respect of change of address in the Bank's record.

此外，請注意以下有關更改在滙豐紀錄的通訊地址之注意事項。

(i) In compliance with securities dealing restrictions/relevant laws and/or regulation in the United States of America (US) and Canada (CN), customers changing any of their addresses on the Bank's record to US or CN will not be able to continue to enjoy the Bank's securities and unit trust trading services. In case you have a Margin FX Trading Account, you will be required to close your Margin FX Trading Account and all open positions.

基於美國及加拿大就有關證券交易的管制/有關法例及/或規則，若客戶將其滙豐紀錄的任何地址更改為美國或加拿大地址，均不可繼續享用滙豐所提供的任何證券或基金投資服務。如果閣下擁有外匯孖展買賣戶口，閣下需要將所有未平倉盤平倉及取消閣下的外匯孖展買賣戶口。

Please also note that customers (who are South Korean nationals) changing any of their addresses on the Bank's record to South Korea, will not be able to continue to enjoy the Bank's securities and unit trust trading services. In case you have a Margin FX Trading Account, you will be required to close your Margin FX Trading Account and all open positions.

此外，請注意，若客戶將其滙豐紀錄的任何地址更改為南韓地址(而客戶同時為南韓公民)，均不可繼續享用滙豐所提供的任何證券或基金投資服務。如果閣下擁有外匯孖展買賣戶口，閣下需要將所有未平倉盤平倉及取消閣下的外匯孖展買賣戶口。

(ii) If you are holding with the Bank an overseas securities account and/or have holdings in treasuries, bonds, bank deposits (including CDs), securities or any other investment products issued by a United States issuer, you are required to separately submit to the Bank a new form W-8BEN (Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding) or such other form as required by the Bank from time to time incorporating your new address and other updated information.

如閣下持有滙豐的海外證券戶口及/或美國國庫債券及/或任何美國發行者發出的債券、銀行存款(包括存款證)、證券或其他投資工具，閣下需要同時遞交一份更新的W-8BEN表格(美國預扣稅實益擁有人外國身分證明書)或按滙豐不時要求遞交的其他表格，在表格上納入新的地址及其他更新資料。

(iii) In compliance with United States' foreign exchange transactions laws, customers changing any of their nationalities or addresses on the Bank's record to US will not be able to apply for certain types of foreign exchange products (for enquiries, please refer to the Bank's branches).

基於美國外匯交易法例的管制，若客戶將其滙豐紀錄的國籍更改為美國國籍或任何地址更改為美國地址，均不可申請外匯相關產品(如有查詢，請聯絡滙豐各分行)。

Signature of Proposed Insured 受保人簽名	Signature of Policyholder (if not Life Insured) 保單持有人簽名(若不是受保人)	Date 日期
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For Bank Use

Staff Name and ID:	Branch Code and Chop
Contact No.:	