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**AXA China Region Insurance Company
(Bermuda) Limited**
AXA China Region Insurance Company Limited
(Expressed as “AXA” / “The Company” in this
application form)
安盛保險(百慕達)有限公司
安盛金融有限公司
(於本申請書表述為“AXA 安盛”/“本公司”/“貴公司”)

保單服務申請書

Simple steps for your service request submission: 請按以下步驟作有關申請：

- | | |
|--|---|
| (1) Complete this form. Please do not sign on a blank form. | (1) 填寫申請表。請勿在空白申請表上簽署。 |
| (2) "✓" the request option and provide the necessary details. | (2) "✓" 適用的選項並提供所需資料。 |
| (3) Countersign any alteration on this form with the Owner/Trustee/Assignee's (expressed as "Owner" in this form) signature. | (3) 本申請書上如有任何修改，持有人 / 信託人 / 受讓人（於本申請書表述為「持有人」）必須在旁加簽。 |
| (4) Please refer to the document checklist for documents required to process your request. | (4) 請參閱所需文件指引以便處理您的申請。 |
| (5) Submit all pages of this form and supporting documents to your financial consultant or AXA Customer Service Centre. | (5) 遞交此申請書的所有頁面及所需文件給您的理財顧問或 AXA 安盛客戶服務中心。 |
| (6) The original of this form and supporting documents you submit will not be returned. | (6) 您所遞交之正本申請書及所需文件將不獲退還。 |

INSURED'S AND OWNER'S INFORMATION 被保人和持有人資料

Full Name of Insured 被保险人姓名	
Full Name of Owner 持有人姓名	

IMPORTANT NOTES 重要事項

If service request is to fund the purchase of your new life and/or medical insurance policy, please contact your financial consultant or our customer service centre to understand and submit the "Important Facts Statement – Policy Replacement". You should carefully compare your existing insurance policy against the new insurance policy you intend to purchase, and assess whether replacing your existing insurance policy is in your best interests before you make a final decision.

若服務申請是用以資助您購買新的人壽及／或醫療保險保單，請聯絡您的理財顧問或本公司客戶服務中心以了解及提交「重要資料聲明書－轉保」。您應仔細比較現有保險保單與擬購買的新的保險保單，並在作出最終決定前評估取代現有保險保單是否最為符合您之最佳利益。

1. CHANGE OF OWNER'S CONTACT DETAILS 持有人聯絡資料更新

CHANGE OF OWNER'S CONTACT NUMBER AND EMAIL ADDRESS 持有人聯絡電話和電郵更改

* Country code must be provided for telephone number (Hong Kong=852, Mainland China=86, for other, please specify).

電話號碼必須提供國家編號(香港=852, 中國=86, 其他請註明)。

Mobile 流動電話	<div> <div> <div></div><div></div><div></div> </div> <div>-</div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> </div> <div>Country Code 國家編號</div>																								
Residence 住宅	<div> <div> <div></div><div></div><div></div> </div> <div>-</div> <div> <div></div><div></div><div></div><div></div><div></div> </div> <div>-</div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> </div> <div>Country Code 國家編號</div> <div>Area Code 地區編號</div>										Office 辦事處	<div> <div> <div></div><div></div><div></div> </div> <div>-</div> <div> <div></div><div></div><div></div><div></div><div></div> </div> <div>-</div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> </div> <div>Country Code 國家編號</div> <div>Area Code 地區編號</div>													
Email Address 電郵地址																									

The email address and/or mobile number provided on this form will be used for updating your policy record. You are automatically entitled to our “eStatement/eAdvice Service”. Please visit emma.axa.com.hk to register for an Emma by AXA account. Paper copies of relevant documents of this policy will no longer be sent to you. Email / SMS eAlert will be sent to you when your new eStatements/eAdvices are ready. You can view and download copies of the eStatements/eAdvices from your Emma by AXA account.

If you already registered for Emma by AXA, please note that your username will not be updated to the new email address or mobile number. To change your Emma by AXA username, please use the “Forgot username?” function on the Emma by AXA login page.

Terms and conditions of “eStatement/eAdvice Service” apply, please refer to our website for details. The Company reserves the right to make revisions from time to time.

☐ If you would like to receive paper copies of all your policy documents by post and do not wish to be enrolled to “eStatement/eAdvice Service”, please mark ✓ in the box on the left.

您於本表格提供的電郵地址及 / 或流動電話會用作更新您的保單資料。您會自動享有「電子通知書服務」。請透過 emma.axa.com.hk 註冊您的 Emma by AXA 賬戶。保單相關的印本文件將不再提供予您。當電子文件準備就緒後，我們將會發送電郵或短訊通知您。

您可於 Emma by AXA 戶口查閱及下載電子文件。

如您已經登記 Emma by AXA，請注意您 Emma by AXA 的用戶名稱並不會自動被更新至新的電郵地址或流動電話。如需重設您 Emma by AXA 的用戶名稱，請於 Emma by AXA 的登入頁面上使用「忘記用戶名稱？」功能。

請注意此服務受「電子通知書服務」的條款及細則約束，詳情請參閱我們公司網頁。本公司有權不時作出修訂。

☐ 如您欲透過郵寄接收所有保單文件之印刷本，並不需要使用「電子通知書服務」，請在左邊的空格內填上✓號。

Note 注意: Not applicable for policy with policy number starting with "99" or "8" 不適用於保單編號以 "99" 或 "8" 為開端的保單

CHANGE OF OWNER'S CORRESPONDENCE ADDRESS 持有人通訊地址更改

Room/Flat 室 / 單位	Floor 樓層	Block 座	Name of Building/Estate 大廈或屋邨名
Street No. & Name 街道名稱及號碼		District/City/Province 城區 / 城市 / 省	
Country 國家	Postal Code 郵寄代碼	<input type="checkbox"/> Hong Kong 香港	<input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界

Notes:

注意:

- (1) If address change will be applied to residential address, please specify in "Section 9 – OTHER SERVICE REQUEST" **and provide address proof for the new residential address.** (1) 如需一併修改您的住宅地址，請在「第 9 部份 – 其它更改」特別註明，**並提交新住宅地址證明。**
- (2) The residential address cannot be a business address. (2) 住宅地址不能為商業地址。

FOREIGN TAX REPORTING AND WITHHOLDING OBLIGATIONS 外國稅務申報和預扣義務

Individual Owner 適用於持有人為個人	<p>Is Owner a US citizen or US tax resident? 持有人是否美國公民或美國稅務居民？</p> <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>If Yes, please submit "Supplement – Tax Residency Self-Certification for Individual". 如是，請同時填交「資料補充一稅務居民身份自我證明（個人）」。</p> <p>If No, you must notify us if you become a US citizen or US tax resident immediately (and in any event within 30 days of you becoming a US citizen or US tax resident). 如否，但若您成為美國公民或美國稅務居民，請立即（且在任何情形下須於您成為美國公民或美國稅務居民的三十日內）通知本公司。</p> <p>Have you undergone a change in tax residency as a result of the changes initiated in this form? 您之稅務居民身份是否在這申請書獲批後有所改變？</p> <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>If yes, please submit "Supplement – Tax Residency Self-Certification for Individual" 如是，請同時填交「資料補充一稅務居民身份自我證明（個人）」。</p>
Non-Individual Owner 適用於持有人為非個人	<p>Is Owner an entity/trust? 持有人是否實體 / 信託？</p> <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>If Yes, please submit "Supplement – Tax Residency Self-Certification for Non-Individual", and provide (a) IRS Form W-8 (for Entities) if you are a non-US entity or trust; or (b) IRS Form W-9 if you are a US entity or trust. 如是，請同時填交「資料補充一稅務居民身份自我證明（非個人）」及 (a) IRS W-8 表格（用於實體）如您為非美國實體或信託；或 (b) IRS W-9 表格如您為美國實體或信託。</p> <p>Have you undergone a change in tax residency as a result of the changes initiated in this form? 您之稅務居民身份是否在這申請書獲批後有所改變？</p> <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>If yes, please submit "Supplement – Tax Residency Self-Certification for Non-Individual" 如是，請同時填交「資料補充一稅務居民身份自我證明（非個人）」。</p>

2. CHANGE OF PREMIUM/PAYMENT RELATED OPTIONS 更改保費 / 繳付相關選項

CHANGE OF PREMIUM PAYMENT OPTION AND PREMIUM PAYMENT METHOD 更改保費繳付方式及保費繳付方法

<input type="checkbox"/> Annual 年繳 ¹	<p>Note 注意：</p> <p>1. If you change to less frequent payment option, e.g. from monthly to annual mode, please settle the balance for the remaining time of the year/payment period in advance.</p> <p>2. If your existing payment method is annual, please submit application within 2 months before the policy anniversary date.</p> <p>3. Payment method must be Autopay for monthly mode</p> <p>4. For setting up of a new autopay account, please settle two months' premium in advance.</p> <p>5. Please submit "Direct Debit Authorisation".</p>
<input type="checkbox"/> Semi-annual 半年繳 ^{1,2}	
<input type="checkbox"/> Monthly 月繳 ^{2,3,4}	
AUTOPAY ARRANGEMENT 自動轉賬安排	
<input type="checkbox"/> Set up a new autopay account ⁵ 設立新自動轉賬戶口 ⁵	<p>1. 如果您更改為次數較少的付款方式，例如從月繳更改為年繳，請提前繳交年度或期內的保費差額。</p> <p>2. 如您現時的繳付方式為年繳，請於保單週年日前兩個月內提交申請。</p> <p>3. 月繳的繳付方法必須為自動轉賬。</p> <p>4. 如需設立新自動轉賬戶口，請一併繳交兩個月的保費。</p> <p>5. 請填交「直接付款授權書」。</p>
<p>Will maintain the existing autopay account (if any) if no new autopay account is set up. 如沒有設立新自動轉賬戶口，將保留現有自動轉賬戶口（如有）。</p>	

INDEXATION INFLATION OPTION/INFLATION SHELTER 指數增值抗衡通脹選項 / 抗衡通脹

<input type="checkbox"/> Cancel 永久取消	<input type="checkbox"/> Decline current upgrade 取消本年度增值抗衡通脹
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3. CHANGE OF BENEFICIARY 更改受益人

Beneficiary Class (✓) 受益人類別 (✓)		Full name of beneficiary 受益人姓名	Relationship to Insured 與受保人關係	Beneficiary Identity No. 受益人身份證明號碼	Share (%) 分配比率 (%)
Primary 基本	Secondary 次位				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

- Notes:
(1) To appoint secondary beneficiary, primary beneficiary must be appointed in advance. The appointment of secondary beneficiary(ies) will be effective only if all primary beneficiaries are deceased.
(2) Death Proceeds of this policy shall be payable to the beneficiaries in the same class in equal shares unless otherwise stated.
(3) Total share of each beneficiary class must be 100%.
- 注意：
(1) 如需委任次位受益人，必須先委任基本受益人。次位受益人的委任必須於所有基本受益人身故後才生效。
(2) 如分配比率未有註明，保單的身故賠償將平均支付予每名相同類別的受益人。
(3) 每受益人類別的總分配百分比必須是 100%。

4. CHANGE/UPDATE OF AUTHORISED SIGNATURE 更改 / 更新授權簽名

New Authorised Signature of Insured 被保人的新授權簽名	New Authorised Signature of Owner 持有人的新授權簽名

5. DUPLICATE POLICY 保單副本

- ☐ Request for Duplicate Policy 申請保單副本 (Administration fee is HKD \$200 行政費用為港幣 \$200)
I confirm that the original policy contract has been lost/destroyed. I would like to be issued a duplicate policy and understand that any previous copy/policy will be considered invalid.
本人確認保單正本已遺失 / 毀壞。本人謹此申請補發保單副本及明白任何之前發出的保單副本將被視為無效。

6. REDUCTION/CANCELLATION OF BENEFIT 遞減 / 取消保障

Plan Name 保障名稱	Cancellation 取消	Reduction 遞減	New Sum Insured / Notional Amount / Protection Amount (where applicable) in policy currency 新保額 / 名義金額 / 保障金額 (如適用) 以保單貨幣填寫
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Note 注意：
Should there be any policy value refund, the cheque will be made in Hong Kong dollar and mailed to your correspondence address unless otherwise specified.
如有任何保單價值退款，支票將以港幣折算並直接寄送予您的通訊地址 (另有註明除外)。

7. OPTION ON NONPAYMENT 停止付款選擇

<input type="checkbox"/> Request for Extended Term Insurance 申請延續定期保險	<input type="checkbox"/> Request for Reduced Paid-up Insurance 申請減額繳清保險
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8. CHANGE OF PERSONAL INFORMATION 更新個人資料

- If the identity document of Owner has been changed since last submission, please put a 「✓」 in the box below.
若持有人的身份證件自上次提交後有所更改，請在下列的空格內加上「✓」號。
- ☐ Change of Identity Document (Please also submit copy of the latest identification proof. If information is changed, your policy record will be updated)
更改身份證件 (請同時提交最新身份證明文件副本。如資料有所更改，保單記錄將會更新)

9. OTHER SERVICE REQUEST 其他更改

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料的聲明

Please visit our website (www.axa.com.hk) and read carefully the details of the Personal Information Collection Statement (“PICS”) which can also be made available upon request. 請登入本公司網頁 (www.axa.com.hk) 下載或向本公司索取收集個人資料的聲明 (“該聲明”)，並細閱《該聲明》詳細資料。

For our policy on using your personal data for marketing purposes, please see the section below “Use and provision of personal data in direct marketing”.

Use and provision of personal data in direct marketing: The Company intends to:

(1) use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing; (2) conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer: (a) insurance, banking, provident fund or scheme, financial services, securities and related products and services; (b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products; (3) the above products and services may be provided by the Company and/or: (a) any of our affiliates; (b) third party financial institutions; (c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above; (d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities; (4) in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose. Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose. You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section “Use and provision of personal data in direct marketing”, please indicate your request by ticking the box below. Once your opt-out instruction is recorded, we will not use your personal data for direct marketing.

I/WE ACKNOWLEDGE AND CONFIRM that I/We have read and understood the Personal Information Collection Statement (“PICS”). I/We confirm that I/We have been advised to read carefully the PICS, and I/We have read it carefully its effect and impact in respect of my/Our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/We hereby give my/Our acknowledgement and agree to the use and transfer of my/Our personal data by the Company in accordance with the PICS, including the use and provision of my/Our personal data for the purpose of direct marketing.

☐ I/We do not agree with the use and provision of my/Our personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see “Use and provision of personal data in direct marketing”) and do not wish to receive any promotional and direct marketing materials.

如欲了解本公司為促銷目的使用您的個人資料的政策，請參閱下文 “在直接促銷中使用及將其個人資料提供予其他人士” 部份。

在直接促銷中使用及將其個人資料提供予其他人士：本公司有意：

(1) 使用本公司不時持有的您的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；(2) 就本公司，安盛關聯方，本公司合作品牌夥伴及商業合作夥伴可提供關於下列類別的服務及產品而進行直接促銷 (包括但不限於提供獎賞、客戶或會員或優惠計劃)：(a) 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；(b) 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品；(3) 以上服務及產品將會由本公司及/或以下機構提供：(a) 任何安盛關聯方；(b) 第三方金融機構；(c) 提供上文 (2) 所列之服務及產品之本公司及/或安盛關聯方的商業合作夥伴或合作品牌夥伴；(d) 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；(4) 除由本公司促銷上述服務及產品外，本公司亦有有意將上文 (1) 段部份所述的資料提供予上文 (3) 段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意 (包括表示不反對)。

在使用您的個人資料作上文所述的目的或提供予上文所述的人士之前，本公司須獲得您的書面同意，及只在獲得您的書面同意後方可使用您的個人資料及提供予其他人士作任何推廣及促銷用途。

您日後可撤回您給予本公司有關使用您的個人資料及提供予其他人士作任何促銷用途的同意。

重要通知：如您不同意根據 “收集個人資料的聲明” 使用和轉移您的個人資料作直接促銷用途 (參閱 “在直接促銷中使用及將其個人資料提供予其他人士” 部份)，請在下列方格內加上剔號 (“/”)。當您拒絕直接促銷的指示被紀錄後，本公司將不會使用您的個人資料作為直接促銷用途。

本人 / 我們確認本人 / 我們已閱讀並明白收集個人資料的聲明 《該聲明》。本人 / 我們確認本人 / 我們已被通知本人 / 我們須詳細閱讀 《該聲明》，而本人 / 我們已詳細閱讀 《該聲明》對貴公司所收集或持有之本人 / 我們的個人資料的影響 (不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人 / 我們特此確認並同意貴公司根據 《該聲明》使用及轉移本人 / 我們的個人資料，包括在直接促銷中使用及將本人 / 我們個人資料提供予其他人士。

☐ 本人 / 我們不同意貴公司根據 “收集個人資料的聲明” 使用和轉移本人 / 我們的個人資料作直接促銷用途 (參閱 “在直接促銷中使用及將其個人資料提供予其他人士” 部份) 及並不願意接收任何貴公司的推廣及直接促銷的材料。

DECLARATIONS AND AGREEMENTS 聲明及協議

I HEREBY CONFIRM that I am not acting on behalf of any other person for this policy change/service unless otherwise expressly indicated in this application or any other documents provided to the Company for this application.

I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred in the relevant policy contract(s) and in this application (hereinafter referred to as “Relevant Persons”, “We”, “Our” or “Us”) (for the avoidance of doubt, the expressions “Relevant Persons”, “We”, “Our” or “Us” include myself and such other persons) that:

- (1) the application(s) shall only take effect provided all of the following conditions are met: (i) any required payment for the application(s) is paid in full; (ii) the application(s) is/are approved by the Company at the Company’s office (as defined in the policy contract of the above policy) during the lifetime of the person(s) insured by the above policy;
- (2) the application(s) shall be effective from the date we approve unless otherwise specified, but only if the change is provided by the policy or is allowed by the Company under the policy;
- (3) the application(s) as indicated above is/are based on my/Our own judgment and I/We have not relied on any advice provided by financial consultant;
- (4) all information, statements and answers to all questions stated in this application whether or not written by my/Our own hand are to the best of my/Our knowledge and belief complete and true;
- (5) all statements and answers to such questions, together with this application, shall form the basis for policy change/service and become a part of the policy;
- (6) the Company is not bound by any statement which I/We may have made to any person if not written or printed here;
- (7) I/We have read and understand all the terms and conditions of the eStatement Service and agree to be bound by such terms and conditions (If applicable);
- (8) If I/We fail to provide any information requested in this application, it may result in the Company’s inability to accept or process this application.

I HEREBY DECLARE that I understand that the Company may deduct any outstanding amount applicable from the payout and/or sum received by the Company under the policy according to the applicable statutory and/or regulatory requirement(s), including levy collected by the Insurance Authority.

I HEREBY DECLARE AND AGREE that I have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorizations.

In the event of any inconsistency between the English version and the Chinese version, the English version shall prevail.

本人謹此確認本人並沒有代表任何其他人士提出此保單更改 / 服務申請；如在此申請書或就此申請提交的任何其他文件上另有註明則除外。

本人謹此代表本人及其他在此申請書上及有關的保單合約內提及之人士 (下稱「相關人士」或「我們」) (為免存疑，「相關人士」或「我們」指包括本人及此申請書上及有關的保單合約內之其他人士) 聲明及同意：

- (1) 申請需符合下列條件後方可生效；(i) 繳清所有申請所需之款項；(ii) 申請是於上述保單被保人在生之情況下經貴公司在公司辦事處 (根據上述保單合約內之定義) 批核；
- (2) 更改之要求由貴公司批核日期起生效，除非特別指定，但該更改必須是保單內列為可更改事項或經貴公司許可；
- (3) 上述之申請是基於本人 / 我們之個人判斷，並沒有依賴任何理財顧問所提供的意見；
- (4) 上述一切在此申請書的資料，陳述及問題的所有答案，不論是否本人 / 我們親手所寫，就本人 / 我們所知所言，均為事實之全部並確實無訛；
- (5) 上述一切陳述及問題的所有答案，及此申請書，將成為更改保單的根據，並作為保單一部份；
- (6) 本人 / 我們對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，貴公司不須受其約束；
- (7) 本人已閱讀並明白所有此電子通知書服務申請上的條款，而且同意受此條款和細則的約束 (如適用)；
- (8) 如本人 / 我們不能提供任何何此申請所需的資料，貴公司或不能接受或處理此申請。

本人謹此聲明本人明白貴公司或會從保單的給付金額及 / 或貴公司為保單所收金額中，根據適用法定及 / 或規管要求扣除任何逾期金額，包括保險業監管局收取的徵費。

本人謹此聲明及同意已獲相關人士授權及同意本人作出以上聲明、協議及授權。

如中英文版本的條款有任何分歧，請以英文版本為準。

SIGNATURE 簽署

I/WE ACKNOWLEDGE AND CONFIRM that I/We have carefully read this form and understood the Important Notes.

本人 / 我們確認本人 / 我們已詳細閱讀本表格並明白重要事項。

Signature of Owner* 持有人簽署 *	Date (dd/mm/yyyy) 日期 (日 / 月 / 年)

*Please ensure the signature matches with the one provided in the policy file. 簽名式樣須與保單上的記錄相符。

FINANCIAL CONSULTANT’S DETAILS 理財顧問資料

Name 姓名	Code 編號	Contact Number 聯絡號碼	
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AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability)/ AXA China Region Insurance Company Limited

安盛保險 (百慕達) 有限公司 (於百慕達註冊成立的有限公司) / 安盛金融有限公司

Customer Service Centre Suite 2001, 20/F, Tower Two, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong

客戶服務中心 香港銅鑼灣勿地臣街 1 號時代廣場 2 座 20 樓 2001 室

DOCUMENT CHECKLIST 所需文件指引

Type of service request 服務申請類別	Documents Required (Please ✓ against the documents you submitted) 所需文件 (請 ✓ 您已提交的文件)
Declaration of Foreign Tax Reporting and Withholding Obligations 外國稅務申報和預扣義務聲明	<input type="checkbox"/> Supplement – Tax Residency Self-Certification for Individual/Supplement – Tax Residency Self-Certification for Non-Individual 資料補充—稅務居民身份自我證明 (個人) / 資料補充—稅務居民身份自我證明 (非個人) <input type="checkbox"/> IRS Form W-8 (for non-US entity or trust) IRS W-8 表格 (如您為非美國實體或信託) <input type="checkbox"/> IRS Form W-9 (for US entity or trust) IRS W-9 表格 (如您為美國實體或信託)
Change of Residential Address/ Business Address/ Registered Office Address in Place of Incorporation 更改住宅地址 / 公司業務地址 / 於成立註冊地點之公司註冊 辦事處地址	<input type="checkbox"/> Copy of address proof (issued within past 3 months from the date of submission) 地址證明副本 (發出日期必需為申請遞交日期 3 個月內)
Change of Personal Particulars 更改個人資料	<input type="checkbox"/> Copy of the Owner's identification proof (if not provided before) 持有人身份證明文件副本 (若之前未曾提交) <input type="checkbox"/> Copy of related proof documents, for example: Deed Poll 相關證明文件副本如：改名契
Policy Currency Conversion 保單貨幣轉換	<input type="checkbox"/> Administration fee (HKD \$200) 行政費用 (港幣 \$200)
Duplicate Policy 保單副本	<input type="checkbox"/> Administration fee (HKD \$200) 行政費用 (港幣 \$200)
Change Payment Method to Autopay 將繳付方法更改為自動轉賬	<input type="checkbox"/> Direct Debit Authorisation 直接付款授權書
Reduction of Basic Sum Insured/Notional Amount/ Protection Amount 減少基本保額 / 名義金額 / 保障金額	<input type="checkbox"/> Important Facts Statement - Policy Replacement (if applicable) 重要資料聲明書 – 轉保 (如適用)
Extended Term Insurance/ Reduced Paid-up Insurance 延續定期保險 / 減額繳清保險	<input type="checkbox"/> Important Facts Statement - Policy Replacement (if applicable) 重要資料聲明書 – 轉保 (如適用)

CONTACT US 聯絡我們

If you have any questions on your request, please reach us at 如果您有任何疑問，請聯絡我們。



(852) 2802 2812



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AXA is committed to making your service request process as easy and stress-free as possible.

Thank you for insuring with us. We are always glad to be of service.

安盛致力使您的服務申請過程輕鬆簡單。感謝您與我們投保。我們很高興為您服務。

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