



保單編號： Policy Number:	
準受保人/受保人姓名： Name of Proposed Life Assured/Life Assured:	身份證/護照號碼： ID/Passport Number:
準保單持有人/保單持有人姓名/受讓人： Name of Proposed Policyholder(s)/ Policyholder(s)/ Assignee:	身份證/護照號碼： ID/Passport Number:

甲部: 本人/吾等欲提供以下之附加資料並明白此表格將附於並適用於上述保單。

Part A: I/We would like to provide the following additional information and understand that a copy of the form will be attached to and apply to the above policy.

乙部: 本人謹聲明由投保申請書簽署日至現在，本人/吾等的健康狀況並沒有改變，亦沒有接受任何治療及檢驗。本人/吾等在上述投保申請書內申報的資料仍屬正確。如有改變，則詳述如下。

Part B: And I/we certify that there has been no change in my/our condition of health, and that I/we have received no medical attention, consultation or examination whatsoever, since the date of completion of the said application; further, that all my/our answers as written in the course of the said application are still true. Otherwise, details are stated as below.

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*簽名式樣應與申請書上之簽名相同，以作核對。*All Signature(s) must be consistent with that in your application form.

<p>準受保人/受保人簽署*</p> <p>Signature*of Proposed Life Assured/Life Assured</p>	<p>準保單持有人/保單持有人/受讓人(如非準受保人) 簽署*</p> <p>Signature*of Proposed Policyholder(s)/Policyholder(s)/Assignee(if other than Proposed Life Assured)</p> <p>*準保單持有人/保單持有人及準聯名保單持有人/聯名保單持有人必須同時簽署 若此申請為聯名保單 *Both Proposed Policyholder(s)/Policyholder(s) must sign if this is a joint policy.</p>
日期Date: 日DD 月MM 年YYYY	日期Date: 日DD 月MM 年YYYY