**AIA International Limited**
(Incorporated in Bermuda
with limited liability)

**AMENDMENT TO APPLICATION FOR POLICY**
**投保申請修正書**

| **Policy Number**<br>**保單號碼** | **Name of Proposed Insured / Insured**<br>**準受保人 / 受保人姓名** | **ID Card Number / Passport Number**<br>**身份證號碼 / 護照號碼** |
|---|---|---|
| **Area Code**<br>**區域編號** | **Agency / Broker Name**<br>**營業員組別 / 經紀名稱** | **Agent / Broker Code**<br>**營業員號碼 / 經紀號碼** |
| **Operation**<br>**營運部**<br>VIP ☐ | **Agent's / Broker's Name**<br>**營業員 / 經紀姓名** | **Agent's / Broker's Tel. No**<br>**營業員 / 經紀聯絡電話** |

O0152017

I, _____ hereby request that my application form dated _____
本人 要求修正於 (MM 月 / DD 日 / YYYY 年)
be amended as follows:
簽署的投保申請書，有關修正如下:

and I certify that there has been no change in my / Proposed Insured / Insured condition of health, and that I have received no medical attention, consultation or examination whatsoever, since the date of completion of said application; further, that all my / Proposed Insured / Insured answers as written in the course of said application including those relating to my occupation, are still true. 本人謹聲明由投保申請書簽署日至現在，本人 / 準受保人 / 受保人的健康狀況並沒有改變，亦沒有接受任何治療及檢驗。本人 / 準受保人 / 受保人在上述投保申請書內申報的職業及其他的一切資料，仍屬正確。

_____
Date 日期: (MM 月 / DD 日 / YYYY 年)

_____
(Please do not sign on blank form 請勿在空白表格上簽署)
Signature of the Proposed Insured 準受保人 / 受保人簽署

_____
Signature of Agent(s) / Broker(s) as Witness
營業員 / 經紀(即見證人)簽署

_____
(Please do not sign on blank form 請勿在空白表格上簽署)
Signature of the Applicant / Owner, if other than the Proposed Insured / Insured
申請人 / 持有人簽署 ，倘非準受保人 / 受保人