AIA International Limited
(Incorporated in Bermuda
with limited liability)

AMENDMENT TO APPLICATION FOR POLICY
投保申請修正書

Policy Number 保單號碼	Name of Proposed Insured/Insured 準受保人/受保人姓名	I.D. Card Number/Passport Number 身份證號碼/護照號碼
Area Code 區域編號	Agency/Broker Name 營業員組別/經紀名稱	Agent/Broker Code 營業員號碼/經紀號碼
Operation 營運部 VIP ☐	Agent/Broker's Name 營業員/經紀姓名	Agent/Broker's Tel. No 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：

信託人聲明

申請人現謹代表本人及準受保人聲明並同意：

(A) (i) 於此申請書內填寫的資料及由貴公司所繕發、與此申請書有關並經申請人簽署的問卷或其他文件；及
(ii) 對貴公司驗身醫生所作的陳述和答案，乃完全及真實。如上述資料不屬實，任何根據此申請書繕發的保單，均可被視作無效；

(B) 申請人有權簽署此申請書及購買此保單；

(C) 申請人有權在此申請書代表本人及準受保人(包括未滿十八歲之準受保人)作出陳述、保證及承諾。

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 Proposed Insured/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