

要保補充陳述書 SUPPLEMENTARY INFORMATION FORM

(準)受保人姓名 Name of (Proposed) Insured	(準)保單持有人姓名 Name of (Proposed) Policyholder	要保書/保單編號 Application/Policy No.
保險中介人姓名 Insurance Intermediary's Name	保險中介人註冊編號 Insurance Intermediary's Registration Code	分行/中介人編號 Branch/ Intermediary's Code

本人/我們謹此聲明及同意自簽署要保書當日至今，本人/我們的職業及健康狀況不變，而且沒有接受任何診治或檢查，及要保書上的所有答案至今真實及不變。I/WE HEREBY DECLARE AND AGREE that there has been no change in my/our occupation and health condition, and that I/we have not received medical attention or consultation or examination since the date of the above Application Form was signed and all my/our answers as written in the Application Form are still true and unchanged.

本人謹此聲明，本人所作以上陳述為事實之全部，並同意該等陳述將作為本人致中國人壽保險(海外)股份有限公司的上述要保書一部份。如有任何不正確或虛報資料，繕發之保單將根據貴公司的選擇而無效或可使無效。

I declare that the above statements are full, complete and true, and agree that they shall form part of my application above mentioned to China Life Insurance (Overseas) Company Limited and that any untrue or inaccurate statement shall render the policy issued may be void or voidable at the option of the Company.

本人確認已閱讀及明白中國人壽(海外)股份有限公司的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於 www.chinalife.com.hk 下載或向中國人壽(海外)股份有限公司索取。I confirm that I have read and understood the personal information collection statement of China Life Insurance (Overseas) Company Limited. For the latest version of the personal information collection statement, it can be downloaded from www.chinalife.com.hk or is made available upon request.

保險中介人簽署
Insurance Intermediary's Signature

(準)保單持有人簽署
Proposed Policyholder's Signature

(準)受保人簽署 (若年齡在 18 歲或以上)
Proposed Insured's Signature (If age 18 or above)

簽署地 Place of Signing

_____/_____/_____
年 Year 月 Month 日 Day

