

保單編號 Policy Number									
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HKMCA Ref No.: _____

注意事項：

- 請以**正楷**填寫本聲明書並將已填妥之聲明書連同相關文件（如適用）提交至香港年金有限公司（「**香港年金公司**」）以下地址。
- 切勿在空白或尚未填妥之聲明書上簽署，或留空任何部分。
- 如有任何更改或修正，敬請在更改或修正的位置旁簽署作實。
- 如香港年金公司在簽署日期起計逾**10**天後收到閣下的聲明書，香港年金公司保留權利要求閣下簽署並提交新的聲明書。
- 保單持有人或其法定授權人（如適用）之簽署必須與香港年金公司之記錄相符。
- 香港年金公司有權隨時更新此聲明書的內容，如閣下之申請未能符合有關規定，香港年金公司可決定接受或拒絕閣下遞交之聲明書。
- 如有任何查詢，歡迎透過以下途徑與我們聯絡：
 - 客戶服務熱線 : (852) 2512-5000
 - 客戶服務電郵 : cs@hkmca.hk
 - 地址 : 香港九龍觀塘偉業街180號 Two Harbour Square 19樓
 - 辦公時間 : 星期一至星期五，上午9時至下午6時
(公眾假期除外)

IMPORTANT NOTES：

- Please complete this declaration form in **BLOCK LETTERS** and return the completed declaration form with the relevant documents (if applicable) to HKMC Annuity Limited (“**HKMCA**”) at the address below.
- Do not sign on a blank or incomplete declaration form or leave any space blank.
- Any changes or amendments should be counter-signed by you.
- If the declaration form is received by the HKMCA after 10 days of the signing date, the HKMCA reserves the right to request you to sign and submit a new declaration form.
- The signature(s) of the Policyowner or his/her Lawful Attorney (if applicable) in this declaration form shall correspond to the record of the HKMCA.
- The HKMCA shall have the right to update this declaration form from time to time and to accept or reject the declaration form submitted by you if you fail to fulfill the requirements.
- If you have any enquiries, please contact us through the following channels:
 - Customer Service Hotline : (852) 2512-5000
 - Customer Service Email : cs@hkmca.hk
 - Address : 19/F, Two Harbour Square
180 Wai Yip Street, Kwun Tong
Kowloon, Hong Kong
 - Office Hours : Monday to Friday, 9 a.m. to 6 p.m.
(except public holiday)



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第一部分 保單持有人資料
PART I POLICYOWNER'S INFORMATION

姓名 Name	姓 Surname	名 First and Middle Name
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第二部分 保單遺失聲明
PART II LOST POLICY DECLARATION

本人要求重發保單，現附上以「香港年金有限公司」為抬頭之支票乙張，金額為港幣二百元作為相關行政費用。

本人要求香港年金公司將保單之副本以掛號形式郵寄至本人的通訊地址。

本人謹此聲明並同意：

1. 本人已不再持有上述保單及確認上述保單經已遺失，並在本人盡力尋找下未有尋獲。如該報失保單日後被尋獲，本人將盡快交回香港年金公司。
2. 本人現承諾在任何時候，倘若由於遺失或永久遺失本保單文件，導致香港年金公司因訴訟、司法程序、索償、限制及有關費用支出而蒙受或招致的所有損失，本人將向香港年金公司作出賠償。本人作進一步聲明本人從未破產或無力償債，亦從未出售、轉讓、承讓保單權益或同意出售、轉讓、承讓保單權益。
3. 本人確認已閱讀、明白及同意本聲明書的注意事項並簽署作實。
4. 本人進一步確認已閱讀及明白香港年金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.hkmca.hk 查閱或下載，或向香港年金公司索取。

I request for reissue of the policy document, a cheque of HKD200 - payable to "HKMC Annuity Limited" is hereby enclosed being the handling fee.

I further request the HKMCA to send the policy copy to my correspondence address by registered mail.

I hereby declare and agree that:

1. The above policy is not in my possession and further declare that it was lost and cannot be found to the best of my effort. Should I subsequently find the policy now reported as lost, it will be returned to the HKMCA immediately.
2. I will at all times, keep the HKMCA indemnified against all actions, proceedings, claims, demands and expenses which may be made against the HKMCA, or which the HKMCA may suffer or incur as a result of the loss or purported loss of the policy document. I further declare that I have never been bankrupt or insolvent and have never assigned or agreed to assign the policy.
3. I confirm that, by signing below, I have read, understand and agreed to the Important Notes stated in this declaration form.
4. I further confirm that I have read and understand the Personal Information Collection Statement ("PICS") of the HKMCA. For the latest version of the PICS, it can be viewed or downloaded from www.hkmca.hk, or is made available upon request.



保單持有人簽署
Signature of Policyowner

日期 (日/月/年)
Date (DD/MM/YYYY)

若本聲明書是由保單持有人之法定授權代表簽署，請填寫此欄。
Please complete this part if this declaration form is signed by the Lawful Attorney of the Policyowner.



保單持有人之法定授權代表簽署
Signature of Lawful Attorney of Policyowner

保單持有人之法定授權代表姓名
Name of Lawful Attorney of Policyowner

日期 (日/月/年)
Date (DD/MM/YYYY)

如保單持有人或其法定授權代表以圖章蓋印或指紋作簽署，必須由一名見證人見證下簽署本聲明書。
Where any Policyowner or his/her Lawful Attorney uses name chop or fingerprint as signature, a Witness is required to witness the signing of this declaration form.

收集個人資料聲明 (見證人用)

- 閣下所提供的個人資料僅用作核實閣下之見證人身分及記錄保存之用；該等資料並不會用作直接促銷或向任何其他第三者披露或轉移。
- 閣下有權向香港年金公司要求查閱或更正閣下的個人資料。有關要求可以書面形式送至香港九龍觀塘偉業街180號Two Harbour Square 19樓，向按揭證券公司集團的個人資料保障主任提出。

Personal Information Collection Statement (for Witness only)

- Personal data provided by you is required to enable us to verify your identity as a Witness and also for record keeping only; your data will **NOT** be used for direct marketing or disclosed or transferred to any other third party.
- You have the right to request access to and correction of your personal data held by the HKMCA. Your request can be made in writing to the Data Protection Officer of the HKMC Group at 19/F, Two Harbour Square, 180 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong.



見證人簽署 (如適用)
Signature of Witness (if applicable)

見證人姓名 (如適用)
Name of Witness (if applicable)

日期 (日/月/年)
Date (DD/MM/YYYY)

見證人與保單持有人/
法定授權代表的關係
Relationship between Witness and
Policyowner/Lawful Attorney

身份證明文件類別
Type of Identification Document

身份證明文件號碼
Identification Document Number

- 親屬 Relative
 朋友 Friend
 其他，請註明 Other, please specify

- 香港身份證 Hong Kong Identity Card
 護照 Passport
 其他 Other _____