

## Application Addendum

## 附加資料申請書



Name of Life to be Insured 被保人姓名	Application No. 保單號碼	I.D. No. 身份証號碼
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I submit the following information as an Addendum to my Application for Insurance dated\_\_\_\_\_.

本人現遞交以下資料，作為本人\_\_\_\_\_ (日期)之保險投保書之附加資料。

## DECLARATION 聲明

I, the LIFE TO BE INSURED, do hereby declare that the above statements are complete and true and that they are correctly and fully recorded. And since the application for insurance dated above, I do not ask for any medical consultation and I am not required to undergo any medical tests or investigations. And I, the APPLICANT, do hereby agree that this Application Addendum, together with the original Application and all additional documents related to the Application, will be the basis of the contract between me and FWD Life Insurance Company (Bermuda) Limited.

本人(被保人)謹此聲明以上陳述為完整及真實，並為正確及已全部紀錄。自上列保險投保書遞交日起，本人沒有要求任何醫療診斷亦毋須接受任何醫療測試或檢查。同時本人(投保人)謹此同意本附加資料申請書連同投保書正本及所有於投保書有關之附加文件將會作為本人與富衛人壽保險(百慕達)有限公司合約之基本。

Signature of Life to be Insured 被保人簽署		Signature of Applicant (if different from Life to be Insured) 投保人簽署(若與被保人不同)	
Witness 見證人	Date 日期	Witness 見證人	Date 日期

**FWD Life Insurance Company (Bermuda) Limited**

Incorporated in Bermuda with limited liability



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