



**QBE Hongkong & Shanghai Insurance Limited**

**昆士蘭聯保險（香港）有限公司**

A member of the worldwide QBE Insurance Group 澳洲昆士蘭保險集團成員

**Corporate Medical Scheme 團體醫療計劃**

**Member Amendment Form 會員資料修訂表**

**Important Note 重要事項：**

- ☆ Please complete the relevant Member Amendment Form and submit to us within 30 days of the effective date.  
請填妥有關會員資料修訂表，並於生效日期起計30天內遞交本公司。
- ☆ Please ensure that you have read and understood the Personal Information Collection Statement of QBE Hongkong & Shanghai Insurance Limited.  
請確保閣下已知悉及明白昆士蘭聯保險（香港）有限公司之收集個人資料聲明內容。

<b>Employer:</b> 僱主：	<b>Policy No.:</b> 保單號碼：	<b>Date:</b> 日期：
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**Change of Benefit Class / Name / Bank Account Number / Others 更改保障類別/姓名/銀行戶口號碼/其他**

Membership No. 會員編號	Surname 姓	Name 名	Date of Change (DD/MM/YYYY) 更改日期 (日/月/年)	Type of Changes 更改事項	From 由	To 到	Remarks 備註

<p><b>Declaration 聲明：</b></p> <p>I/We confirm that I/We have read the QBE Hongkong &amp; Shanghai Insurance Limited's Personal Information Collection Statement ("Notice") and acknowledge and agree that all personal data and information with respect to me/us which are provided by me/us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Notice.</p> <p>本人/吾等確認本人/吾等已細閱昆士蘭聯保險（香港）有限公司的收集個人資料聲明（「通知」），並知悉及同意有關於本人/吾等於是次申請由本人/吾等提供的所有個人資料及其他資料將可能被持有、使用、處理或披露予有關方面以用作「通知」上所載的用途上。</p>	<p>Signed by the authorized person of the Employer (with company chop) 僱主授權簽署（連公司印鑑）</p>	<b>For Official Use Only 公司專用</b>	
		<p>Date 日期</p>	<p>Input 資料輸入</p>