



PRUChoice Medical Insurance – Variation Form 保誠精選「醫療寶」醫療保障計劃 – 更改保單申請表

Please complete Section 1 and 2 as required and return the completed form to Prudential General Insurance Hong Kong Limited
請依指示填寫第一及第二部份，及將填妥之申請表寄回保誠財險有限公司

| | | |
|---|---|---|
| Name of the Insured 保單持有人姓名 _____ | Telephone No. 電話號碼 _____ | |
| Policy No. 保單號碼 _____ | Facsimile No. 圖文傳真號碼 _____ | |
| Section 1 – Types of Changes 第一部份 – 更改項目 (Please tick the change(s) requested and fill in details as required. 請用“✓”號選擇所需更改，並填妥有關資料。) | | |
| <input type="checkbox"/> A. Deletion of Insured Person(s) 減除受保人 (Application is only allowed at renewal. Please make sure that this form is received by us 1 month before the renewal date.) (只可於續保時申請。請於續保到期前一個月將申請表寄抵本公司。) | | |
| Name 姓名 _____ | | |
| <input type="checkbox"/> B. Change of Level of Cover 更改投保等級 (Application is only allowed at renewal. Please complete Section 2 as well and make sure that this form is received by us within a month before the renewal date.) (只可於續保時申請。並請同時填寫第二部份及於續保到期前一個月內將申請表寄抵本公司。) | | |
| Name for Insured Person 受保人姓名 _____ | Height (cm) 身高(厘米)* _____ | Weight (kg) 體重(公斤)* _____ |
| <input type="checkbox"/> Private Room 私家病房 | <input type="checkbox"/> Semi-Private Room 半私家病房 | <input type="checkbox"/> Ward Bed 大房病床 |
| * Applicable to level upgrade only 只適用於病房級別提升 | | |
| <input type="checkbox"/> C. Change of Claim Reimbursement Method 更改賠償入賬方法 | | |
| <input type="checkbox"/> Cheque 支票 | <input type="checkbox"/> Bank Account 銀行戶口 | (Please complete the bank account details below.) (請填妥以下銀行戶口資料。) |
| Bank Name 銀行名稱 _____ | | |
| Account No. 戶口號碼 _____ | | |
| 1. The holder of the bank account must be the Insured. 銀行戶口持有人必須為保單持有人。 2. Cheque shall be issued to the Insured only should no bank account be designated for claim reimbursement. The Insured must report to the Company in writing in case of the loss of claims cheque. A handling fee of HK\$100 shall be charged for each cheque reissuance. 在未有就賠償指定銀行戶口時，將只會向保單持有人發出賠償支票。如有遺失賠償支票，保單持有人請以書面通知本公司。本公司將為每張補發支票收取HK\$100行政費。 3. For changing direct debit account premium settlement, please fill in the Payment Details Amendment Form. 如欲更改以自動轉賬繳付保費的銀行戶口號碼，請另填更改付款資料申請表。 | | |
| <input type="checkbox"/> D. Change of Correspondence Address/ Telephone Number 更改通訊地址/ 電話號碼 | | |
| New Address 新地址 _____ | | |
| New Telephone No. 新電話號碼 _____ | | |
| <input type="checkbox"/> E. Termination of Policy 終止保單 (Application is only allowed at renewal. Please make sure that this form is received by us 10 working days before the renewal date.) (只可於續保時申請。請於續保到期前十個工作天將申請表寄抵本公司。) | | |
| Note : Premium paid is not refundable. 注意 : 已繳保費，一概不發還。 | | |

F. Other Changes – 其他更改

(Please fill in the details of your required changes that have not been covered in above section.)
(如以上部分未有閣下所需更改的項目，請在此填妥有關資料。)

G. Addition or Cancellation of Optional Medical Plus Plan/ Hospital Cash Plan
參加或取消自選「醫療寶上寶」計劃/「住院現金」計劃

(Application is only allowed at renewal. Please make sure that this form is received by us within a month before the renewal date.)
(只可於續保時申請。請於續保到期前一個月內將申請表寄抵本公司。)

Name for Insured Person
受保人姓名

Height (cm)
身高(厘米)*

Weight (kg)
體重(公斤)*

Optional Medical Plus Plan 自選「醫療寶上寶」計劃

I would like to apply for Optional Medical Plus Plan
本人欲申請自選「醫療寶上寶」計劃
(Please complete Section 2 as well. 請同時填寫第二部份。)

I would like to cancel Optional Medical Plus Plan
本人欲取消自選「醫療寶上寶」計劃

Optional Hospital Cash Plan 自選「住院現金」計劃

I would like to apply for Optional Medical Cash Plan
本人欲申請自選「住院現金」計劃
(Please complete Section 2 as well. 請同時填寫第二部份。)

I would like to cancel Optional Medical Cash Plan
本人欲取消自選「住院現金」計劃

Section 2 – Evidence of Insurability 第二部份 – 可保證明

(For change of Level of Cover and addition of Optional Medical Plus Plan/ Hospital Cash Plan only.)
(只供更改投保等級及申請自選「醫療實上實」計劃/「住院現金」計劃者填寫。)

Please read the following questions carefully and tick as appropriate. Please sign next to the box whenever any correction is done.
請詳閱以下問題，並在適當空格內填上“✓”號。如有塗改，請於方格旁簽署作實。

- | | No 否 | Yes 是 |
|---|--------------------------|--------------------------|
| 1. Has any person to be covered had any symptoms, illness or disorders of the following: 本申請表內所包括之受保人曾否有下列病徵、疾病或問題： | | |
| (a) The musculoskeletal system or skin, e.g. arthritis, rheumatism, gout, sciatica or any disorder of the bones or spine? 與肌肉及骨骼系統或皮膚有關的疾病，如：關節炎、風濕病、痛風、坐骨神經痛、或其他骨骼或脊椎問題？ | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) The nervous system, psychiatric or brain function disorder, or impairment of the eyes or ears, e.g. paralysis, anxiety states, blindness, deafness, giddiness or epilepsy? 與神經系統、精神或與腦有關的疾病，眼或耳有問題，如：癱瘓、精神緊張、失明、失聰、暈眩或癲癇？ | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) The circulatory system, heart or blood, e.g. palpitation, murmur, chest discomfort, raised blood pressure, stroke or anaemia? 與循環系統、心臟或血液有關的疾病，如：心跳不正常、心雜音、胸部不適、血壓不正常、中風或貧血？ | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) The respiratory system or endocrine system, e.g. asthma, bronchitis, emphysema, diabetes or goitre? 與呼吸系統或內分泌系統有關的疾病，如：哮喘、支氣管炎、肺氣腫、糖尿病或甲狀腺腫脹？ | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) The digestive system or urinary system, breast or reproductive system, e.g. ulcer, hepatitis (including hepatitis B carrier), mastitis, cervicitis, endometriosis, other disorders of the stomach, liver, bowels, kidneys or bladder? 與消化系統或泌尿系統、乳房或生殖器官有關的疾病，如：潰瘍、肝炎（包括乙型肝炎帶菌者）、乳房炎、子宮頸炎、子宮內膜移位或其他胃、肝、腸、腎或膀胱有問題？ | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Enlarged glands, tumours, cysts, cancer, growth or other malignancy? 腺脹大、腫瘤、水囊、癌、瘤或其他惡性病變？ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Apart from the symptoms, illness or disorders mentioned in question 1, has any person to be covered had any other illness, injury, physical impairment/deformity or condition requiring in-patient treatment, operation, or consultation with a doctor? 除於問題1提及之病徵、疾病或問題外，本申請表內所包括之受保人曾否因任何疾病、受傷、身體受損/畸形或其他情況，而需入院接受治療、手術，或向醫生求診？ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any person to be covered taken or been advised to have X-ray, ECG or blood test, biopsies, ultrasound, mammogram or PAP smears, etc? 本申請表內所包括之受保人曾否接受或被建議接受X光，心電圖或抽血檢查、活體檢視、超聲波、乳房X光或子宮頸細胞塗片檢驗等？ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any person to be covered had or been recommended for tests or counseling in connection with HIV, sexually transmitted disease, AIDS, AIDS related complex or any other AIDS related conditions? 本申請表內所包括之受保人曾否被建議接受與人體免疫力缺乏病毒、性病、愛港病、愛港衍生疾病及其他因愛港病而引致之疾病的有關測試或忠告？ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has any person to be covered taken or been advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason? 本申請表內所包括之受保人曾否因血友病或其他原因，被禁止捐血、接受輸血或其它血辭產品？ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does any person to be covered have any foreseeable need for treatment or for consulting any doctor? 本申請表內所包括之受保人是否有可預見之治療或診視需要？ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is any person to be covered currently under medical attention or receiving medical treatment or medication? 本申請表內所包括之受保人是否現正接受治療、或有就診需要、或服用藥物？ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has any person to be covered ever been insured against Medical Insurance? 本申請表內所包括之受保人曾否購買醫療保險？ | <input type="checkbox"/> | <input type="checkbox"/> |
| Please specify the name of Insurance Company: 請列明保險公司名稱： _____ | | |
| 9. Has any person to be covered ever been declined for Medical Insurance or had any special conditions or exclusions imposed? 本申請表內所包括之受保人曾否因醫療保險而被保險公司拒絕受保、或附加特別條款？ | <input type="checkbox"/> | <input type="checkbox"/> |

If you reply "YES" in any of the above questions, please give name(s), date and full details and use separate sheet if more space is needed.
如上述任何問題回答“是”，請列出其姓名、日期及詳細情況，如有需要，請用另頁填寫。

Declaration 聲明

I hereby request to change my policy in accordance with the particulars set out in Section I of this Form.

本人謹此要求將上述之保單依據此申請表第一部份所填寫的細則作出修改。

I acknowledge that benefits are not payable under the PRUChoice Medical Insurance for any cost of treatment arising from any existing illness, injuries or other conditions unless complete current details are fully disclosed by me in this Form and accepted by Prudential General Insurance Hong Kong Limited ("Prudential"). I hereby apply to be the Insured and to include the Insured Person listed above in the Policy under this application. I declare that, to the best of my knowledge and belief, the statements contained in this Form are true and complete. Prudential reserves the right to ask for submission of more details of health status or medical reports for me and other Insured Person(s) as listed at my own cost. I have read and agree to be bound by the Policy of the PRUChoice Medical Insurance and I agree that this declaration and the answers given in this Form shall be the basis of the contract between me and Prudential.

本人知道，根據保誠精選「醫療寶」醫療保障計劃之規定，凡因已存在之疾病、損傷或其他情況而引起之治療，除非本人在申請表內已詳細列出及獲得保誠財險有限公司（「保誠」）接納，否則一律不予賠償。本人茲申請為保單持有人，並在申請中，將上列人士增加成本保單的受保人。本人聲明，就本人所知所信，本申請表填報之一切資料，均屬確實完整。保誠有權要求提供更多有關本人及受保人之健康情況或醫療報告，一切費用將由本人支付。本人已細讀並同意遵守保誠精選「醫療寶」醫療保障計劃之保單條款，並同意以本申請表內之聲明及填報之一切資料，作為本人與保誠之間所訂合約之根據。

Personal Information Collection Statement ("PICS") 收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as "Company", "our", "we", or "us") take the privacy and protection of your personal information seriously. We collect personal information from you that is necessary or helpful for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements (including the purposes mentioned below), or even for security purpose. We may collect personal information including, but not limited to, full name, address, contact details, contact details history, date of birth, gender, nationality, family members, beneficiaries, identity card copy and details, travel document information, health/ medical records, credit information, product history, claims history, biometric data including but not limited to your voice pattern, fingerprint and facial images, your location information based on your device, financial and medical information ("Personal Information") to provide you with the insurance or financial products or services. "Personal information" shall also include, but not be limited to, the personal information relating to your beneficiaries (or any other person designated or entitled to receive any benefits under an insurance policy), dependents, authorised representatives, company staff, and other individuals in relation to which you have provided personal information. If you provide personal information about another person to us, you confirm that you are either their parent or guardian or you have obtained that person's consent to provide such personal information for use and transfer by the Company for the purposes set out in this PICS. We may also collect Personal Information about you from third parties such as other insurance companies, agents, credit reference/ reporting agencies, vendors, financial institutions, fraud prevention agencies, government agencies, medical personnel, courts or public record.

保誠財險有限公司（簡稱「本公司」或「我們」）認真對待閣下個人資料的私隱及保護。為使我們可以向閣下提供閣下要求的產品或服務，或為遵守法定及合約要求，我們會向閣下收集必要或有幫助的個人資料。為向閣下提供保險或金融產品或服務，遵守法定或合同要求（以下概述的其他目的），及保安目的，我們可能會向閣下收集個人資料，包括但不限於全名、地址、聯絡資料、過往聯絡資料、出生日期、性別、國籍、家庭成員、受益人、身分證副本及資料、旅遊證件資料、健康/醫療紀錄、信貸資料、過往產品紀錄、過往索償紀錄、生物辨識資料，包括但不限於閣下的聲音模式、指紋及面部圖像、基於閣下的流動或其他電子裝置收集閣下的位置資料、財務及醫療資料（「個人資料」）。「個人資料」將包括但不限於與有關以下人士的個人資料：閣下的受益人（或任何其他根據保單被指定或有權獲得任何利益的人）、收養人、授權代表、公司職員和閣下曾提供其個人資料的其他人士。如閣下向我們提供其他人士的個人資料，即表示閣下確認閣下是該人的父母或監護人或閣下已取得該人士的同意以提供個人資料供本公司按此收集個人資料聲明目的使用和轉移。我們亦可能會從第三方，如其他保險公司、代理、信貸資料服務/報告機構、供應商、金融機構、防欺詐機構、政府機構、醫務人員、法院或公開紀錄，收集關於閣下的個人資料。

China Personal Information Protection Law (PIPL) 《中華人民共和國個人信息保護法》

The PIPL Addendum supplements the Personal Information Collection Statement and applies to you if you are located in Mainland China. The PIPL Addendum is available on our website at <https://www.prudential.com.hk/en/china-personal-information-protection-law/>

中國內地補充內容是對本個人信息收集聲明的補充，如果您在中國內地則適用此補充內容。您可在本網站 <https://www.prudential.com.hk/tc/china-personal-information-protection-law/> 查閱中國內地補充內容。

1. Purpose of Collection 收集資料之目的

We may use your Personal Information for the following purposes: (a) the administration of our products and services, including to provide any relevant services as discussed with you prior to any purchase of a product or service; (b) to process your application; (c) to administer and process insurance policies, insurance claims, medical, security and underwriting checks; (d) to process payment instructions; (e) to verify your eligibility for insurance, financial or wealth management products and services; (f) to design and provide you with insurance, financial and related products and services; (g) to communicate with you; (h) to comply with any regulatory or other legal requirements or other internal business requirements (whether imposed on us or any third parties in Section 2 below), including but not limited to anti-money laundering and Know-Your-Client obligations; (i) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application) and/ or other illegal activity, or security or technical issues; (j) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (k) to provide customer services; (l) to perform automated decision-making or profiling; (m) to perform a policy review or needs analysis; (n) to conduct research and statistical analysis (including use of new technologies); (o) to administer lucky draws and other contests; (p) to enable us to perform our obligations to you; (q) to keep your information on record and carry out other internal business administration; (r) with your specific consent where required for direct marketing as explained in Section 3 below, personalise and tailor, customised promotions, messages and suggestions to you; and (s) any other purpose directly relating to any of the above purposes. With your consent, we may also use your personal data to send you marketing communications, as described in Section 3 below.

Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also use and share your Personal Information for the purposes described above to improve our products and services. Your Personal Information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary.

我們可能會使用閣下的個人資料作下列目的：(a) 管理我們的產品和服務，包括在購買產品或服務之前提供已與閣下討論的任何相關服務；(b) 處理閣下的申請；(c) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(d) 處理付款指示；(e) 核實閣下申請保險、金融或財富管理產品及服務的資格；(f) 設計及為閣下提供保險、金融及相關的產品和服務；(g) 與閣下進行通訊；(h) 遵守任何監管或其他法律規定或其他內部業務規定（不論是向我們或下述第2部分所列的任何第三方實施），包括但不限於打擊洗錢和認識你的客戶（KYC）義務；(i) 就索償進行調查及和解，以及偵查及防止欺詐（不論是否有關就本申請簽發的保單）及/或其他非法行為或安全/技術問題；(j) 使用代理機構（包括信貸資料服務機構）、追蹤公司或公開可得資料以執行核實；(k) 提供客戶服務；(l) 執行自動決策或資料剖析；(m) 進行保單審查或需求分析；(n) 進行研究和統計分析（包括使用新科技）；(o) 進行管理幸運抽獎和其他比賽；(p) 使我們能夠履行對閣下的義務；(q) 保持閣下的資料記錄並執行其他內部業務管理；(r) 為直接市場推廣需要並在有需要時經閣下的特定同意下，如以下第3部分所述，為閣下量身訂製個性化的促銷、消息和建議；及(s) 與上述任何目的直接相關的任何其他目的。經閣下同意，我們亦可能會按照以下第3部分所列使用閣下的個人資料以向閣下發出促銷通訊。

為履行對閣下的合約責任及至使我們能夠遵守適用法律及法規，上述部分目的屬必要的。我們亦可能會為上述所列的目的使用及分享閣下的個人資料以改善我們的產品及服務。只要閣下（或閣下的聯名保單持有人）仍為我們的客戶，我們將一直保存閣下的個人資料，或如法律有所規定或因其他原因而為必要，我們將將其保存更長時間。

2. Classes of Transferees 被資料轉交者的類別

We may disclose your Personal Information to the group of companies including the Company and those of other entities whose ultimate parent company is Prudential plc including but not limited to Prudential General Insurance Hong Kong Limited ("companies within the Prudential Group") and their respective insurance agents, and to our financial/ medical/ wellness/ health business partners. We may also disclose your Personal Information to the following third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above: (a) insurance agents; (b) insurance brokers; (c) re-insurance companies; (d) claims investigation companies; (e) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph) and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (f) third party service providers who provide administrative, telecommunications, computer, information technology, data processing and storage, customer satisfaction analysis, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation other insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees, auditors, IT service and platform providers, insurance intermediaries, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, and selected third party financial and insurance product providers); (g) industry associations and federations; (h) medical bill review companies; (i) your joint policy or investment holder; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions and partnerships; and (n) financial crime prevention agencies, any legal, regulatory, law enforcement or government bodies and the courts. We may also disclose your Personal Information to an actual or proposed assignee or participant in connection with a transaction with another company which affects the control, governance, structure and/ or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements. With your consent, we may also disclose your personal data to third parties to allow them to send you marketing communications, as described below.

我們可能會向該公司集團，包括本公司以及其他母公司為保誠集團成員的實體包括但不限於保誠財險有限公司（「保誠集團內的公司」）及他們各自的保險代理，及我們的金融/醫療/保健/健康業務夥伴，透露閣下的個人資料。為達到上述第一部分所列明之目的，我們亦可能會向下列第三方（在香港境內或境外）透露閣下的個人資料：(a) 保險代理；(b) 保險經紀；(c) 再保險公司；(d) 索償調查公司；(e) 為保險業整合索償及承保資料的組織、防欺詐組織、其他保險公司（不論直接或透過防欺詐組織或本段指名的其他人士），及保險業用作分析及核實現有資料與及後提供的資料而使用的數據庫或登記冊（及其營運商）；(f) 提供行政、電

訊、電腦、信息技術、數據處理及儲存、客戶滿意度分析、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商（包括但不限於其他保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人、審計師、IT服務及平台供應商、保險中介、投資經理、代理、退休金受託人及其他持份者）、計劃顧問、介紹人及選定的第三方金融和保險產品供應商）；(g)行業協會及聯會；(h)醫療賬單審查公司；(i)閣下的聯名保單或投資持有人；(j)研究人員；(k)信貸資料服務機構；(l)收賬代理；(m)夥伴金融機構及合作夥伴；及(n)預防金融罪案機構、任何法律、監管和執法機構或政府機構及法院。在有關影響到我們全部或大部分業務的控制權、治理、結構及/或管理的與另一公司的交易時，或在必須符合適用的法律或監管要求下，我們亦可能會透露閣下的個人資料予該等的實在或擬議受讓人或參與人。經閣下同意，我們亦會向第三方透露閣下的個人資料以讓該等第三方向閣下發出促銷通訊（如下文所述）。

3. Use and Transfer of Personal Data for Direct Marketing Purposes 使用及轉移個人資料作直接促銷用途

With your consent, we intend to use your name and contact details for promotional and marketing purpose including sending marketing communications and conducting direct marketing to you by electronic and non-electronic means including by post, in relation to the following products, services and subjects, and we require your consent in order to do so: insurance; annuities; retirement schemes; pensions; wealth and financial management; estate management; investment; financial; medical/ wellness/ health related products, reward/loyalty programme services and subjects ("Classes of Marketing Subjects").

We also intend to transfer your name and contact details to our insurance agents, other companies within the Prudential Group and their respective insurance agents, our Business Partners, and our Marketing Partners, to enable them to market any of the Classes of Marketing Subjects to you, and your written consent is required in order for us to do so. We may provide your personal data to such transferees for gain.

If you change your mind, and/ or you would like to opt-out of receiving direct marketing, you can advise our Data Protection Officer at service@prudential.com.hk.

經閣下的同意，我們擬使用閣下的姓名和聯絡資料，用於宣傳和市場推廣用途，包括通過電子和非電子方式（包括郵寄）向閣下發送市場推廣通訊和進行直接促銷，就以下產品、服務和目的，我們需要閣下的同意才可以這樣做：保險；年金；退休計劃；退休金；財富和財務管理；遺產管理；投資；金融；醫療/ 保健/ 健康相關產品；獎賞/ 優惠計劃服務及目的（「促銷標的類別」）。

我們亦擬將閣下的姓名和聯絡資料轉移給我們的保險代理人、保誠集團內的其他公司及其保險代理人、我們的業務合作夥伴和營銷合作夥伴，以使他們能夠向閣下推銷任何促銷標的類別，並且需要閣下的書面同意才能這樣做。我們可能因此類受讓人提供閣下的個人資料而獲得利益。

如閣下改變主意，及/ 或閣下想選擇不接受直接市場推廣，可以與我們的資料保護主任聯絡（service@prudential.com.hk）。

4. Consequence of failing to provide Personal Information 未能提供個人資料的影響

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. If you do not provide such Personal Information, we may not be able to provide you the product or service that you've requested.

除非我們另有規定，否則閣下必須提供我們要求的個人資料。若閣下未提供有關個人資料，我們可能無法為閣下提供所要求的產品或服務。

5. Access and Correction Rights 查閱和更正的權利

Under the Personal Data (Privacy) Ordinance (the "Ordinance"), you have the right to request access to and correction of any Personal Information that you provide to us. If you want to exercise your rights, or if you require any other information, you can advise our Data Protection Officer at service@prudential.com.hk or contact us using the details on "Contact Us" section of the Company website (<https://www.prudential.com.hk/scws/pages/en/contact-us/contact-us-home/index.html>) or our Privacy Notice.

If you move/ moved to a European Union ("EU") jurisdiction, we may be required to provide you with further information, and you may have additional rights, under the EU General Data Protection Regulation. This information and these rights are set out in the Privacy Notice on our Company website.

We update our Privacy Notice from time to time. We encourage you to familiarise yourself with the Privacy Notice on our Company website. The Privacy Notice is available on our Company website at <https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html>. By completing and progressing with this form, you confirm that you have read and understood this PICS.

Business Partners means our service providers who provide administrative, telecommunications, computer, information technology, data processing and storage, customer satisfaction analysis, payment, printing, redemption or other services to us to enable us to operate our business, accountants, auditors, IT service and platform providers, insurance intermediaries, reinsurers, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, selected third party financial and insurance product providers, and our legal advisers.

Marketing Partners means our service providers who provide administrative, telecommunications, computer, payment, printing, third-party rewards/ loyalty/ privileges programs, medical/ health/ wellness related products, redemption or other services to us to enable us to operate our business, insurance intermediaries, pension trustees (and other stakeholders), scheme advisors, introducers and selected third party financial and insurance product providers.

根據《個人資料（私隱）條例》（「條例」），閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲行使閣下的權利，或如閣下需要任何其他資料，請聯絡 我們，閣下可以發送電郵至 service@prudential.com.hk 或使用本公司網站 (<https://www.prudential.com.hk/scws/pages/tc/contact-us/contact-us-home/index.html>) 或我們的私隱通知中「聯絡我們」部分所列的資料與我們的資料保護主任聯絡。

如閣下搬遷/ 已搬遷至歐洲聯盟（「歐盟」）司法管轄區，我們可能需要向閣下提供進一步資料，且閣下可能在歐盟《通用數據保障條例》下享有額外權利。此類資料及此等權利均載於本公司網站上的私隱通知中。

我們會不時更新我們的私隱通知，並建議閣下瀏覽本公司網站以了解該私隱通知。該私隱通知可在本公司網站 (<https://www.prudential.com.hk/scws/pages/tc/privacy-policy/index.html>) 上查閱。閣下填妥並繼續提交本表格，即表示閣下確認已閱讀並理解本收集個人資料聲明。

業務合作夥伴指我們的服務供應商、提供行政、電信、電腦、信息技術、數據處理及儲存、客戶滿意度分析、支付、印刷、贖回或其他服務予我們，以使我們能夠經營我們業務，會計師、審計師、IT服務和平台供應商、保險中介機構、再保險承保人、投資經理、代理、退休金受託人（和其他持分者）、計劃顧問、介紹人、核准的第三方金融和保險產品供應商以及我們的法律顧問。

營銷合作夥伴指我們的服務供應商提供行政、電信、電腦、支付、印刷、第三方獎賞/ 會員/ 優惠計劃、醫療/ 健康/ 保健相關產品、贖回或其他服務，以使我們能夠經營我們業務、保險中介、退休金受託人（和其他持分者）、計劃顧問、介紹人和核准的第三方金融和保險產品供應商。

Opting-out of Marketing Communications and Materials 拒絕市場推廣通訊及資料

If you do not agree to receive marketing communications and materials from the Company, please check this opt-out box.

If you **do not** check the opt-out box and sign below, you agree to the provision and use of your personal data by the Company for direct marketing purposes in accordance with Section 3 of the PICS.

如果你不同意接收本公司的市場推廣通訊及資料，請選擇此拒絕方格。

如果你沒有選擇此拒絕方格，並在下方簽署，則代表你同意本公司根據收集個人資料聲明第三部分，使用及轉移你的個人資料作直接促銷用途。

| | | |
|-----------------------------------|--|-------------------------|
| Signature of Applicant* 申請人簽署* | Financial Consultant's Name (Please complete in BLOCK LETTERS) 理財顧問名稱（請用正楷填寫） | |
| X | Financial Consultant's Division and Code 理財顧問組別及編號 | |
| Date 日期 | Mobile Number 流動電話號碼 | Office Location 辦公地點 |

* The signature of this Application Form is only valid for 30 days from the date of your signature. 此申請表上的簽署只於簽署日期起30日內有效。

| For Office Use Only 本公司專用 | | |
|---|------|----------------|
| Approved by | Date | Effective Date |
| Restrictions <input type="checkbox"/> No <input type="checkbox"/> Yes | | |