

**僱員補償險批改申請書**  
**Employees' Compensation Insurance Endorsement Application Form**

致：中銀集團保險有限公司      To: Bank of China Group Insurance Co. Ltd.      (傳真 Fax: 39069919)

保單號碼      代理及經辦單位編號  
Policy No.\* : \_\_\_\_\_      Agent Code & Unit No. : \_\_\_\_\_

(\*此資料必須由客戶提供或確認) (\*This information must be provided or confirmed by client)

保戶名稱      商業登記證號碼  
Name of Insured : \_\_\_\_\_      Business Registration No. : \_\_\_\_\_

請照下述開列事項更改，並送回貴公司認簽之批改

**Please issue an endorsement subject to the following particulars :**

由 \_\_\_\_\_ 起更改內容如下      (請在適當方格內加「✓」)

As from \_\_\_\_\_ alter the followings :      (Please put a "✓" in the box as appropriate)

(1) 保戶名稱  
Name of Insured : \_\_\_\_\_

(2) 保戶通訊地址  
Insured's Mailing Address : \_\_\_\_\_

(3) 保險處所  
Place of Employment : \_\_\_\_\_

(4) 保險期限      由 \_\_\_\_\_ 至 \_\_\_\_\_ (首尾兩日包括在內)  
Period of Insurance : From \_\_\_\_\_ To \_\_\_\_\_ (B.D.I.)

(5) 取消保單 (如要取消保單，必須把批改申請書連同原保單一起送回。)  
Cancel Policy (In order to cancel the Policy, please return the original Policy together with this Endorsement Application Form.)

已附上原保單       原保單後補送回  
Original Policy attached      Original Policy will be returned later

未能送回原保單      原因  
Cannot return the original Policy.      Reasons : \_\_\_\_\_

(6) 僱員種類/僱員人數/年薪、工資及其它收入調整如下：  
Occupation of Employees/Estimated No. of Employees/Estimated Earnings will be amended/adjusted as below:

僱員種類 Occupation of Employees	僱員人數 Estimated No. of Employees	薪金/工資/其他收入 Estimated Earnings (HKD)
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a)	_____	_____
b)	_____	_____
c)	_____	_____
d)	_____	_____
e)	_____	_____

(7) 補發保單副本  
Reprint Duplicate Policy

(8) 其他  
Others : \_\_\_\_\_

申請人簽章 Signature of Applicant : \_\_\_\_\_      日期 Date : \_\_\_\_\_

備註：所取得之資料均按照“收集個人資料聲明”辦理。  
Remarks : All data is collected in accordance with the 'Personal Information Collection Statement'.

本公司專用 For Office Use Only

覆核人	經辦人
No.	No.