



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

Blue Cross (Asia-Pacific) Insurance Limited

藍十字(亞太)保險有限公司

Customer Service Hotline 客戶服務熱線 : 3608 2988

Fax 傳真 : 3608 2989 E-mail 電郵 : cs@bluecross.com.hk

CHANGE OF ADDRESS FORM 更改地址申請表



Sun Flower Insurance Brokers Limited

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong

Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

To :	Blue Cross (Asia-Pacific) Insurance Ltd	From :	
Attn :	_____	Co Name :	_____
		(if applicable)	
Tel No :	_____	Tel No :	_____
Fax No :	_____	Fax No :	_____

Please complete this Form in BLOCK letters. 請以英文正楷填寫此表格。

DETAILS 資料				
Name of Insured 投保人姓名				
Contact Person 聯絡人姓名		Contact Tel No 聯絡電話		
Existing Policy No 保單編號		Agent No 代理人編號		
CHANGE THE NEW ADDRESS AS FOLLOWS 更改以下新資料				
<input type="checkbox"/> Correspondence Address 通訊地址				
<input type="checkbox"/> Insured Location 被保地址				
EFFECTIVE DATE 生效日期				
From 由		(D/M/Y 日/月/年)		
SIGNATURES 簽署				
Signature of Insured (with Company Chop if applicable) 投保人簽署 (公司印章, 如適用)			Date 日期 (D/M/Y 日/月/年)	
FOR OFFICE USE ONLY 本公司專用				
Seller ID	Branch Name	Branch Chop & No	Authorized Signature	Date (D/M/Y)

ME501(02/2007)

Head Office & Customer Service Centre 總辦事處及客戶服務中心

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