Date:

BUPA ASIA 18/F. BERKSHIRE HOUSE, 25, WESTLANDS ROAD, QUARRY BAY, H.K.



CANCELLATION FORM

申請取消保單表格

本人/本公司現要求取消下列保單。 Subscriber's Name 投保人姓名 Member's Name 會員姓名 Membership No. 會員編號 Cancelled Date 取消日期 Cancellation Reason 取消原因 Subscriber's Signature 投保人簽署 (Name 姓名: Date 日期

I/ Our company request to cancel the following policy.

Please return the original form to us for the cancellation procedures. NO cancellation to be accepted until original form returned.

請把此信正本寄回方可辦理取消保單手續。

本公司在未收到此信正本前,不會確實取消保單申請。