

**Notification of Changes to Member Information**  
**(會員資料更改通知書)**

親愛的會員：

如有任何個人資料需要更改，請於以下表格的適當位置上，填上更新資料，並以電郵發送至 [mem@gama.com.hk](mailto:mem@gama.com.hk) 或傳真至 (852) 2832 9822。

Dear Members,

Please fill-in with the update information and return the notification to GAMAHK Office by email to [mem@gama.com.hk](mailto:mem@gama.com.hk) or by Fax at (852) 2832 9822 for our record.

**更改個人資料：**

**Personal Information Update:**

英文全名 \_\_\_\_\_ 中文全名 \_\_\_\_\_  
Name in English \_\_\_\_\_ Name in Chinese \_\_\_\_\_  
(如欲更新姓名，請提供相關證明文件 Please provide relevant supporting documents for updating name)

公司 \_\_\_\_\_  
Company Name \_\_\_\_\_

**更改通訊資料：**

**Address Information Update:**

郵寄地址：  公司地址  住宅地址  
Mail to: Office Address Home Address

住宅地址 \_\_\_\_\_  
Home Address \_\_\_\_\_

公司地址 \_\_\_\_\_  
Company Address \_\_\_\_\_

**更改聯絡資料：**

**Contact Information Update:**

公司電話 \_\_\_\_\_ 傳真號碼 \_\_\_\_\_  
Office Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

手提電話 \_\_\_\_\_ WhatsApp \_\_\_\_\_  
Mobile Number \_\_\_\_\_

電郵地址 \_\_\_\_\_  
E-mail Address \_\_\_\_\_

本人，下述簽署人，特此聲明上述資料均屬真實且正確無誤，本人明白並同意香港人壽保險經理協會 (GAMAHK) 將該等資料作其行政及通訊之用。

I, the undersigned, hereby declare that all the above information I have provided is true and correct. I understand and agree the information I have provided in this form will be used for the purpose of administration and communication by GAMAHK.

英文全名 \_\_\_\_\_ 會員號碼 \_\_\_\_\_  
Name in English \_\_\_\_\_ Member No. \_\_\_\_\_

簽署 \_\_\_\_\_ 日期 \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_