

**The Hong Kong Confederation of Insurance Brokers**  
**香港保險顧問聯會**

**NOTIFICATION BY MEMBER COMPANY**  
**會員公司資料更改通知書**

Name of Member Company (in Eng) 會員公司英文名稱	Membership No. 會員編號	
---------------------------------------------	------------------------	--

**Contact Details 聯絡資料**

**(A) New Address 新地址**

At least 7-day prior notice is required. Please tick the applicable box and fill in the new or relevant address in the space provided 需在更改生效前最少七天提交通知。請剔選合適方格及在空位上填寫新地址或相關資料。

Registered Business Address 註冊營運地址

This is also our Primary Business/Correspondence Address 此同時為我們的主要營運/通訊地址

effective date 生效日期 : \_\_\_\_\_

(please furnish a copy of Business Registration Certificate within a month 請於一個月內提供商業登記證影印本)

Primary Business/Correspondence Address 主要營運/通訊地址(if different from the above 如與上列不同)

effective date 生效日期 : \_\_\_\_\_

**(B) Others 其他**

	New 新	Replacing 取代
<input type="checkbox"/> Office Phone number 電話號碼	_____	_____
<input type="checkbox"/> Office Fax number 傳真號碼	_____	_____
<input type="checkbox"/> Office Email Address 電郵地址(1)	_____	_____
<input type="checkbox"/> Office Email Address 電郵地址(2)	_____	_____

I hereby confirm the above information provided is true and accurate.

本人在此確認上述資料真實及正確無誤。

\_\_\_\_\_  
Date (dd/mm/yy)日期(日/月/年)

\_\_\_\_\_  
Signature of Chief Executive or of Director  
行政總裁或董事簽署

\_\_\_\_\_  
Company Chop 公司蓋章

Name in print 簽署人姓名 : \_\_\_\_\_