



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

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|--|------------------|
| To : Blue Cross (Asia-Pacific) Ins., Ltd. | From : |
| Attn. : | |
| Dept. : Business Development Department | Tel No. : |
| Fax No. : 3608 2986 – Medical & Travel Ins. | Fax No. : |
| : 3608 2987 – General Ins. | Date : |

***Change of Agency Service
Authorization Form***

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Name of Policyholder</b> : _____                                                                                                                                                                                                              |                                                                               |
| <b>Policy Number</b> : _____                                                                                                                                                                                                                     |                                                                               |
| I _____ (Policyholder), hereby agreed to the change of my / our servicing Intermediary. I confirm that the new appointing Intermediary (Name) _____ (No.) _____ has explained to me / us the detail(s) and condition(s) relating to the changes. |                                                                               |
| <b>Effective Date (dd/mm/yy)</b> :                                                                                                                                                                                                               |                                                                               |
| <b>Signature of Policyholder</b> :<br>(For Individual Account)                                                                                                                                                                                   | <b>Authorization Signature with Company Chop</b> :<br>(For Corporate Account) |
| <b>Date</b> :                                                                                                                                                                                                                                    | <b>Date</b> :                                                                 |
| <b>Signature of New Appointed Intermediary</b> :                                                                                                                                                                                                 |                                                                               |
| <b>Date</b> :                                                                                                                                                                                                                                    |                                                                               |
| <b>Other Policy Changes</b> :                                                                                                                                                                                                                    |                                                                               |



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