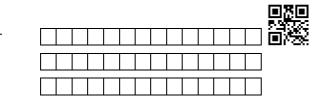
Policy No.





## PERSONAL PARTICULARS UPDATE FORM

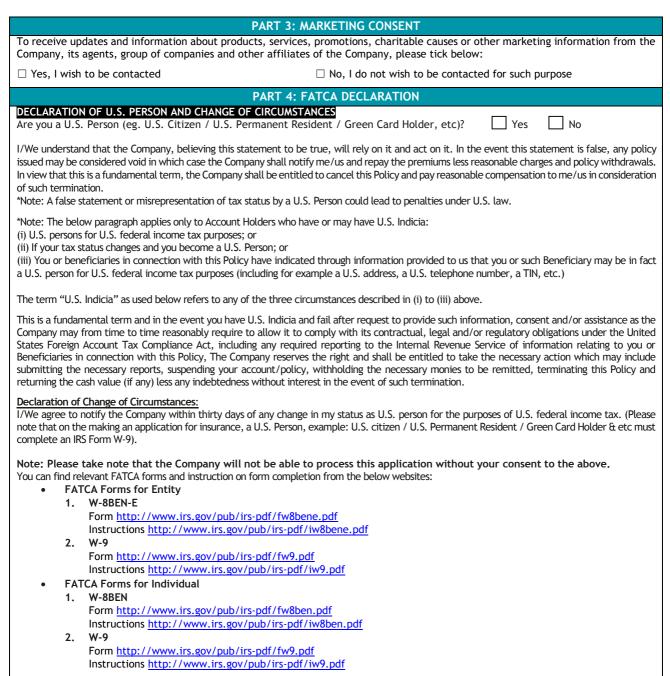
PART 1: UPDATE PERSONAL DETAILS								
(Please tick where Title 🗆 Mr Name 🗆 Policy	□ Miss □ Madam □ Master □ Others							
Full Name as per NRIC / Passport								
NRIC/BC/ Passport No.								
Nationality								
DOB	D         I         Y         Y         Y         Gender         Male           D         D         I         M         I         Y         Y         Y							
	PART 2: UPDATE ADDRESS OR CONTACT							
Policy Owner	□ Life Assured □ Nominee □ Trustee □ Assignee							
Address								
Postcode								
Country								
Contact No.	Handphone         House         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         <							
Email Address								
CONSENT FOR eCORRESPONDENCES								
By completing the email address above or by updating the email address, I hereby consent to receive all future correspondence relating to the Policy via electronic format and I authorize Tokio Marine Life Insurance Malaysia Bhd. to email such correspondences to me.								
(	RECEIVED DATE For Office Use:							

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Tokio Marine Life Insurance Malaysia Bhd. (457556-X) Ground Floor, Menara Tokio Marine Life, 189, Jalan Tun Razak, 50400 Kuala Lumpur. T: (603) 2059 6188 F: (603) 2162 8068 tokiomarine.com

A member of the Tokio Marine Group CS/PPUF/102018

Policy No.



CS/PPUF/102018





Policy No.			ТТ									IONO MARINE INSURANCE GROUP
												_
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PART 5: CRS DECLARATION												
<ol> <li>The Income Tax (Automatic Exchange of Financial Account Information) Rules 2016 sets the Common Reporting Standard (CRS) for the purpose of automatic exchange of financial account information. This is a Self-Certification to be completed by you to the Company for the said purpose. The information collected herein may be transmitted by the Company to the government authorities or regulatory bodies for transfer to the tax authority of another country(ies).</li> <li>You are required to immediately inform the Company of any changes in your tax residency status.</li> <li>You are required to complete this Self-Certification in full (unless stated otherwise).</li> <li>If you have any questions on Self-Certification or your tax residency status, please consult your tax, legal advisor and/or other professional advisors.</li> </ol>												
For further information on tax residency, please refer to the OECD website at <u>http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/</u>												
Do you have any t	Do you have any tax residency in country(ies) other than Malaysia?											
Yes. Please complete the respective Tax Residency Self-Certification Form No*												
Note: Please take note that the Company will not be able to process this application without your declaration. * If the Policy Owner is a company, please complete Entity Tax Residency Self-Certification Form.												
Applicable to bot							: F	ATC.	A	& C	RS	S DATA PRIVACY WAIVER
"Reporting Requirements"). As such, I/we provide our express consent that the Company shall have the right to provide such personal data and information to any governmental authorities, regulatory bodies and/or any other person(s) in respect of the Reporting Requirements. I/We understand that such disclosures may involve the cross border transfer of personal data outside the jurisdiction and that such disclosures may be with respect to i) the personal data of the proposer, life assured, beneficiaries, trustees, personal representatives, nominees, assignees and other persons specified in this insurance application (collectively "other persons"), or any of them; ii) any information relating to this Policy; and iii) any information relating to any other policies held by the other persons or any of them. I/We understand that the Company will not be able to sell any insurance product to me/us and provide any service if I/we refuse to give the said express consent."												
								PAR	T	7: /	٩U	JTHORISATION
I/We, the Policy Owner in the title of the above mentioned policy, hereby authorize and request that the above policy be changed in accordance with the above particulars. I/We further agree that any alteration or variation shall not take effect until the request is approved by the Company.												
I understand and agree that the information I supply will be collected, used and processed by the Company, its agents and its authorised parties (within or outside of Malaysia) for the purposes of processing this application and to facilitate the Company's function as an insurance company. I understand that I have a right to obtain access to and to request correction of my personal information held by the Company by contacting the Company's Customer Service Representatives.												
Signe	ed at				place					_ on		D D I M M I Y Y Y Y
Signature of Policy	/ Owr	ner										*Signature of Witness
Name : NRIC No.:	Name :									Name : NRIC No.: Tel. No. :		
<ul> <li>*STATEMENT OF WITNESS:</li> <li>1. I hereby witness and certify that the signature in this form was made before me and that to the best of my knowledge it is the signature of the Policy Owner under the Policy.</li> <li>2. The Witness must be at least 18 years of age and of sound mind.</li> </ul>												
Note: A copy of NRIC/Passport/Birth Certificate of the Policy Owner is submitted for verification by the Company. For Change in Name/ Change in Date of Birth/ Change in NRIC Number/ Change in Nationality/ Change in Gender, please submit Certified True Copy of NRIC/Passport/Birth Certificate/other identity documentations for verification by the Company.												

CS/PPUF/102018