

**NOTICE: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CHAPTER 142), YOU ARE TO DISCLOSE IN THE APPLICATION, FULLY AND FAITHFULLY, ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID.**



**Please remember to...**

- ✓ Enclose copy(ies) of NRIC/Passport of **ALL** authorised signatory(ies).
- ✓ Enclose a copy of the latest ACRA Business Profile **dated within the last 6 months from submission date.**

## 1 POLICY INFORMATION

Name of Corporate Policy Owner / Registered Name of Corporation .....

Registration No. / Unique Entity No. ....

Policy Number .....

Name of Life Insured ..... NRIC/Passport No. of Life Insured .....

## 2 AUTHORISED SIGNATORY(IES) OF THE CORPORATE POLICY OWNER

✓ **Tick as applicable:**

- Sole Signing Authority** (signature from any one of the individuals below is sufficient to act on behalf of the Company.)
- Joint Signing Authority** (signatures from any two of the individuals below are required to act on behalf of the Company.)
- Others** (please specify): .....

I/We have read and understood and hereby consent to the collection, use, disclosure and processing of my/our personal data in accordance with and agree to be bound by the Manulife's Statement of Personal Data Protection, as may be amended by Manulife from time to time. I/We have obtained a copy of the Manulife Statement of Personal Data Protection by:

- (a) downloading a soft copy from [www.manulife.com.sg](http://www.manulife.com.sg); or
- (b) obtaining a hard copy from Manulife.

Full Name .....  
*Please indicate Name on NRIC/Passport & underline Surname/Last name*

NRIC/Passport No. ....

Title/Position Held .....

Signature of Authorised Signatory

Full Name .....  
*Please indicate Name on NRIC/Passport & underline Surname/Last name*

NRIC/Passport No. ....

Title/Position Held .....

Signature of Authorised Signatory

Full Name .....  
*Please indicate Name on NRIC/Passport & underline Surname/Last name*

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NRIC/Passport No. ....

Title/Position Held .....

Signature of Authorised Signatory

Full Name .....  
*Please indicate Name on NRIC/Passport & underline Surname/Last name*

NRIC/Passport No. ....

Title/Position Held .....

Signature of Authorised Signatory

### 3 DECLARATION AND AUTHORISATION

1. I declare I have the legal capacity and power to appoint authorised signatory and I certify that the signatures above are of the individuals authorised by me to exercise the powers as policy owner of the above policy on behalf of our company. / The board of our company has passed a resolution authorizing the individuals above to exercise the powers as policy owner of the above policy on behalf of our company. I certify that the signatures above are of the individuals authorised by resolution of the board of our company.
2. I confirm Manulife (Singapore) Pte. Ltd. ("Manulife") is authorised by our company to effect any instructions from the above individuals relating to the above policy.
3. The above authorisation shall supersede any pervious authorisation received from our company.
4. I will ensure timely written notification will be provided to Manulife if any of the above individuals has left the employment of our company or such authority has been revoked by our company. I confirm that the above authorisation shall continue to be in force until Manulife receives the written notification from our company.
5. I confirm the authority granted by our company to the above individuals in relation to the policy including but not limited to the authority to surrender the policy, obtain loans (if applicable) or deal with the Policy in any manner without the consent of the life insured or any other person.
6. I certify that to the best of my knowledge, funds to be used by our company to purchase this policy are not the proceeds of any criminal or immoral act.
7. I certify to the best of our knowledge and belief, all statements made and given by the life insured in relation to the policy's application, or declaration made during any medical examination, are full, complete and true and if found otherwise Manulife may treat the policy as null and void.
8. I agree to indemnify and hold harmless Manulife from and against all demands, claims, actions, suits, proceedings, assessments, judgments, costs and legal and other expenses as a result of Manulife acting strictly in accordance with this authorisation or any instructions from the above individuals.
9. I shall ensure our company will not do anything to put Manulife in breach of Singapore's Anti-Money Laundering and Counter-Terrorism Financing legislation and agree to provide supporting documents as and when requested by Manulife.

**Director / Chief Executive**

**Full Name**

.....  
*Please indicate Name on NRIC/Passport & underline Surname/Last name*

**Date Signed**

.....  
*Please indicate in DD/MM/YYYY*

**Signature & Company Stamp**

#### Need Help?

Please contact your **Representative** for further assistance.  
Alternatively, you may call our **Client Services Officers** at **6833 8188**.

#### Completed?

You may submit the completed and signed form to us through:

 **Mail – 8 Cross Street #15-01, Manulife Tower, Singapore 048424**