中國信託金控 台灣人壽

2204061

保險契約內容變更申請書(C 式)
Application Form for Change Policy (Type C)

※ 填寫本申請書前請先詳閱「蒐集、處理及利用個人資料告知事項」及相關注意事項。本申請書應併同其他申請文件送達台灣人壽保險股份有限公司（以下稱台灣人壽），經台灣人壽同意後，本申請書以指定生效日或台灣人壽書面受理日為保單內容異動生效日。
Before filling out this Application Form, **please read "Notifications for Performance of the Obligations under Personal Data Protection Act by Taiwan Life", the precautions and instructions herein**. This Application Form shall be submitted, along with the documents necessary for the change option you apply for, to Taiwan Life Insurance Co., Ltd.("We"or "Taiwan Life"), and once approved by Taiwan Life, this Application Form shall be effective from the date as specified, or otherwise be effective from the date of receipt, by Taiwan Life.

※ 如欲查詢保單狀況之相關訊息可透過台灣人壽網站或客服專線(02)8170-5156等管道查詢。
For any information regarding to your insurance policy, please submit your enquiry via Our official website or customer service hotline as follows:
Official Website: www.taiwanlife.com Customer Service Hotline: (02)8170-5156

保單號碼 Policy Number		要保人姓名 Name of Policyowner	

變更項目 Change Option	變更後內容 After change
1.要保人住所/行動電話/E-mail 變更 Change of Policyowner's Address /Mobile Phone Number/E-mail	□住所 Address： □**要保人同意一併變更所有保單之住所（如未勾選，視為不同意）** **The policyowner agree to change the updated address to all policies In Taiwan Life.(If the policyowner uncheck, Taiwan Life will consider that the policyowner does not agree.)**
	□行動電話 Mobile Phone Number (with country code)： □電子郵件 E-Mail： **要保人所有保單之行動電話/E-mail 將一併變更** **The mobile phone number/E-mail of all policies of the policyowner In Taiwan Life will be changed at the same time.**
2.被保險人住所/行動電話/E-mail 變更 Change of Insured's Address /Mobile Phone Number/E-mail	□住所 Address： □**被保險人同意一併變更所有保單之住所（如未勾選，視為不同意）** **The insured agree to change the updated address to all policies In Taiwan Life.(If the insured uncheck , Taiwan Life will consider that the insured does not agree.)**
	□行動電話 Mobile Phone Number (with country code)： □電子郵件 E-Mail： **被保險人所有保單之行動電話/E-mail 將一併變更** **The mobile phone number/E-mail of all policies of the policyowner In Taiwan Life will be changed at the same time.**
3.紅利給付方式 Change of Bonus	**※年度保單紅利計算及給付方式，請詳閱各該契約條款。For the calaulation and payment method of Bonus, please read the terms of each contract in detail.** **※若契約條款已明訂給付方式，依契約條款規定辦理；若契約條款未提供以下給付方式之選項，雖於本欄位填寫仍不生效力。If the contract terms clearly stipulate the payment method, it will be processed as stipulated in the contract terms. If the contract terms do not provide the following payment method options, filling in this field will not be effective.**
	□儲存生息 Deposit for Interest □抵繳保險費 Deduct Premium □購買增額繳清保險 Purchase Addition Paid-up Insurance □現金給付 Cash Payment(請同時填寫「匯款帳戶」Please also fill in" Remittance Account")
4.增值回饋分享金給付方式 Change of the Payment of Value-added Bonus	**※增值回饋分享金計算及給付方式，請詳閱各該契約條款。For the calaulation and payment method of Value-added Bonus, please read the terms of each contract in detail.** **※若契約條款無「增值回饋分享金」之給付約定，雖於本欄位填寫仍不生效力。If there is no agreement on the payment of "Payment of Value-added Bonus" according to the terms of the contract, it will not take effect even if you check or fill in this field.** **※若契約條款已明訂給付方式，依契約條款約定辦理；若契約條款未提供以下給付方式之選項，雖於本欄位填寫仍不生效力。If the contract terms clearly stipulate the payment method, it will be processed as stipulated in the contract terms. If the contract terms do not provide the following payment method options, filling in this field will not be effective.**
	□儲存生息 Deposit for Interest □抵繳保險費 Deduct Premium □購買增額繳清保險 Purchase Addition Paid-up Insurance □現金給付 Cash Payment（請同時填寫「匯款帳戶」Please also fill in" Remittance Account"） □選擇「現金給付」者，同時申請自第 7 保單年度起且被保險人保險年齡到達 55 歲(含)以上時，以月給付方式辦理。（如未勾選，視為投保時不申請。） Those who choose "cash payment" also apply for monthly payment starting from the 7th policy year and when the insured's insurance age reaches 55 years old or above (inclusive). (If not checked, it will be deemed as not applying for insurance.) **(註)**本欄不適用於無增值回饋分享金之保單。 **(Note)This column shall not apply to the insurance policy without value-added bonus.**
5.□紅利提領 Withdraw Bonus 6.□增值回饋分享金提領 Withdraw Value-added Bonus （請同時填寫「匯款帳戶」Please also fill in" Remittance Account"） **(Note)1. This column only applies to single withdrawal application. 2. Option 6 shall not apply to the insurance policy without value-added bonus.**	

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※匯款帳戶 Remittance Account：

戶名 Account Name：＿＿＿＿＿＿＿＿ 銀行名稱 Name of Bank：＿＿＿＿＿＿＿＿ 分行 Branch：＿＿＿＿＿＿＿＿

帳號 Account No.：＿＿＿＿＿＿＿＿ ＊SWIFT CODE：＿＿＿＿＿＿＿＿

1. 外幣保單除提供匯款銀行/分行名稱及帳號資料外，務必再提供「＊號」欄位資料。Foreign currency insurance policy In addition to the name of the remittance bank/branch and account information, be sure to provide the information in the "*" field.
2. 若收付幣別為外幣者，受款帳戶限臺灣地區可收受外幣的帳戶；受款人所需承擔之「匯款相關費用」請參閱保單條款。If the currency of payment is foreign currency, accounts are limited to accounts that can receive foreign currency in Taiwan. Please refer to the policy provisions for the "Remittance Related Charges" that the payee needs to bear.
3. 本次變更如有應付給要保人之款項，除已另有約定給付方式外，台灣人壽將款項匯入以上帳戶。If there is any payment due to the policyowner in this change, unless the payment method has been agreed otherwise, Taiwan Life will remit the payment to the above account.

7.年金給付方式變更 Change of Annuity Payment	□一次給付 Lump-sum Payment □分期給付 Installment Payment（□年給付 Yearly □月給付 Monthly） 選擇分期給付者, 請續勾選給付週期： For Installment payment , please choose the payment period as follows： □保證期間 Guaranteed Period □10 年期 Ten Years □15 年期 Fifteen Years □20 年 Twenty Years □保證金額 Guaranteed Amount ＿＿＿＿＿＿＿＿
8.繳別變更 Change of Premium Mode	□年繳 Annual □半年繳 Semi-Annual □季繳 Quarterly □月繳 Monthly ※如須補繳納保險費，請同時填寫「27. 補繳納保費」。 If additional premium payment is required, please also complete "27. Additional Premium Payment." ※如投資型保單辦理繳別變更，將同時配合繳別調整目標(計劃)保險費、超額保險費及定期保險費，如欲另行指定目標(計劃)保險費等金額者，請同時填寫「22. 其他變更項目」。 For investment-linked policies, the change in premium mode will also adjust the target (plan) premium or other regular premium accordingly. If you want to specify a new target (plan) premium or other regular premium, please also complete "22. Other item to change."
9.繳費方式變更 Change of Premium Payment Method	□自行繳費 Manual Payment
10.保險費自動墊繳變更 Change of Automatic Premium Loan	□同意自動墊繳 Agree □不同意自動墊繳 Disagree
11.補發保單 Policy Re-issuance	原保單因已 The original insurance policy has been □遺失 Lost □毀損 Damage □其他原因 Other reasons＿＿＿＿＿＿＿＿，特聲明作廢 Special statement invalid，並申請補發 and apply for reissue□電子保單 electronic insurance policy □紙本保單 paper insurance policy。 1.申請補發紙本保單時，須繳納工本費新臺幣 100 元，請檢附工本費之郵局劃撥單據或匯款證明。 When applying for a replacement paper policy, you must pay a production fee of NT$100. Please attach the post office transfer receipt or remittance certificate for the production fee. (1) 劃撥 Allocate：戶名 Account name：台灣人壽保險股份有限公司 Taiwan Life Insurance Co 劃撥帳號 Transfer account：50120507 (2) 匯款 Remittance：戶名 Account name：台灣人壽保險股份有限公司 Taiwan Life Insurance Co 銀行 Bank：中國信託商業銀行城中分行 CTBC Bank Co Taipei Down Town Branch 帳號 Bank account number：502 加保單號碼 502 Add policy number 2.如原為電子保單且首次申請補發紙本保單則無須繳納工本費。 If the policy was originally electronic and you apply for a replacement paper policy for the first time, you do not need to pay the production fee. **(註)**保單補發後，原保單作廢，以補發之保單為準 **(Note) The reissued policy shall supersede the original policy.**
12. 職業變更 Change of Occupation □**要保人** Policyowner □**被保險人** Insured	服務單位 Work Unit：＿＿＿＿＿＿＿＿ 詳細工作內容 Job Description：＿＿＿＿＿＿＿＿ **(註)**要保人/被保險人所有保單之職業將一併變更 **(Note)Chang of occupation applies to all the policies of the policyowner prop/insured.**
13.簽章樣式變更 Change of Signature	變更對象 Change of Identity： □要保人 Policyowner □被保險人 Insured □法定代理人 Legal Representative 變更原因 Reason for Change： □變更慣用簽章樣式 Change of the usual signature □要保人/被保險人已滿七足歲欲變更簽章樣式 Change of the signature for policyowner/insured above the age of 7. □其他 Others＿＿＿＿＿＿＿＿

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變更項目 Change Option		變更/更正後內容(After Change/Correction)				
		姓名 Name	身分證統一編號 ID Number	國籍 Nationality	出生/註冊日期更正 Correction of Birth /Registration Date	與被保險人關係 Relationship with the Insured
□要保人變更 Change of Policyowner □基本資料變更 Change of Policy Information	14.□要保人 Policyowner					
	15.□被保險人 Insured					
	16.□法定代理人 Legal Representative					

※申請要保人變更事涉財產權益之移轉，可能涉及遺產稅或贈與稅之課徵，台灣人壽提醒您應依「遺產及贈與稅法」規定向國稅局辦理申報，以確保您自身權益。
For the policies applying for policyowner-changing involves the transfer of an interest in property, and may be subject to estate tax or gift tax. To protect your rights, you should file taxes with the National Taxation Bureau under the Estate and Gift Tax Act.
※申請變更/更正要保人(或被保險人)姓名或身分證統一編號者，要保人在台灣人壽之所有保單資料將一併變更/更正。
Applications for changing/correcting the name or ID number of a policyowner (or insured) shall apply to all the policies concerning the said policyowner, to the extent that such policies is underwritten by Taiwan Life.
※請一併填寫「美國海外帳戶稅收遵循法案 FATCA 身分聲明書暨金融機構執行共同申報及盡職審查作業辦法(CRS)身分聲明書」。
All the application shall be submitted along with a completed FATCA/CRS Identity Confirmation Questionnaire.
※如為投資型保單，新要保人尚未進行投資屬性分析評估或距前次評估已逾一年者，請務必先完成投資屬性分析。
投資屬性分析之網址為 https://kyc.taiwanlife.com，或請掃描右邊 QR code 登入。
If it is an investment policy and the new policy holder has not yet conducted an investment attribute analysis and assessment or it has been more than one year since the last assessment, please be sure to complete the investment attribute analysis first. The website for investment attribute analysis is (https://kyc.taiwanlife.com), or please scan the QR code on the right to log in
※如繳費方式為金融機構轉帳及信用卡扣款者，請新要保人重新檢附「自動轉帳付款授權書」或「保險費信用卡付款授權書」。
If the payment method is financial institution transfer or credit card deduction, the new policy holder is required to re-submit the "Autopay Payment Authorization Form" or "Insurance Credit Card Payment Authorization Form".
※申請變更要保人者，變更後之要保人應概括承受本保單所生之借款或自動墊繳保險費(如有)之債務。
For the policies applying for policyowner-changing, the new policyowner shall generally assume all the liabilities derived therefrom, including but not limited to the policy loan or automatic premium loan, as the case may be.
※申請要保人變更，台灣人壽將進行電訪，請確認您方便電訪之時間。
For the policies applying for policyowner-changing, Taiwan Life will conduct telephone interviews. Please confirm your convenient time for the phone call.

受益人變更 Change of Beneficiary	變更後內容(After Change)					
	變更後受益人姓名 Name of Beneficiary (After Change)	身分證統一編號 ID Number	出生日期 Date of Birth	國籍 Nationality	與被保險人關係 Relationship with the Insured	分配方式 Settlement Options
17.□生存保險金受益人 Survival Benefit						□均分 Equally divided □順位 Priority □比例 Proportion
18.□滿期保險金受益人 Maturity Benefit						□均分 Equally divided □順位 Priority □比例 Proportion
19.□祝壽保險金受益人 Survival Benefit						□均分 Equally divided □順位 Priority □比例 Proportion
20.□身故保險金受益人 Death Benefit						□均分 Equally divided □順位 Priority □比例 Proportion

□同要保人住所 Address same of the Policyowner □同被保險人住所 Address same of the Insuerd
□其他，請填寫以下聯絡資料 Others, please fill in contact information as below
聯絡地址 Address：
聯絡電話 Contact Number：
行動電話 Mobile Phone Number (with country code)：
※身故保險金受益人如非被保險人之直系親屬、配偶、法定繼承人時，請同時填寫變更原因。
If the beneficiary of the death benefit is not a lineal relatives, spouse, or legal heir of the insured, please also complete the reason for change.
變更原因為 Reason for change：_____。

※身故保險金受益人約定為「法定繼承人」時，以被保險人身故時之「法定繼承人」為準，且其順位及應得比例適用民法繼承編相關規定。
When the beneficiary of the Death Benefit is designated as the legal heirs of the Insured, upon whose death the said legal heirs shall be confirmed, the order and proportion of such Death Benefit claimed by the said legal heirs shall be decided in accordance with Part V "Succession" of the Civil Law.
※如未留存受益人聯絡資料，台灣人壽將於保險事故發生後，以要保人最後留存於台灣人壽之聯絡方式通知保險金受益人。
If the contact information of a beneficiary is not provided, Taiwan Life shall be entitled to notify, when insured peril occurs, the said beneficiary with the contact information last provided by the policyowner.

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21.☐**減額繳清保險** Reduce paid-up insurance	**22.**☐**展期定期保險** Extended term insurance

23.☐**復效** Reinstatement (請於停效兩年內提出申請並檢附健康告知書 Please attached a copy of Health Notification if applying for reinstatement within two years from the date of suspension.)

24.☐**保障內容變更** Change of policy benefit：**主契約保額降低為**_____**元** Reduce insurance amount of the policy to _____Dollar.
(請依保單幣別填寫金額 Please fill in the amount according to the currency of the policy)

25.☐**贖回/提領部分保單(帳戶)價值** Redeem/withdraw policy (account) value /**減少年金保單價值準備金** reduce annuity policy value _____ **元** dollar.
(請依保單幣別填寫贖回/減少金額 Please fill in the amount according to the currency of the policy)

※請填寫申請原因 Reason for application：☐生活應急/資金運用 Need of cash ☐投保/加保新契約(含台灣人壽及同業)Take out Insurance ☐經濟因素暫時無法繳納保費 Unable to pay premium due to financial difficulties ☐其他 Others_____

26.樂齡日變更 **Change of Senior Citizen Day**	**變更為被保險人保險年齡達** Change to the insured person whose insurance age reaches☐**35 歲** 35 years old ☐**55 歲** 55 years old ☐**60 歲** 60 years old ☐**65 歲** 65 years old ☐**70 歲** 70 years old ☐ _____ **歲之保單週年日** Insurance policy anniversary at age ____. **※樂齡日之相關規定，請詳閱該契約條款。**For the relevant provisions on Senior Day, please read the terms of the contract carefully.

27. 補繳納保費 (本次申請契約內容變更或復效，如須補繳納保險費時請務必勾選)
Additional Premium Payment Option.(For this application regarding policy change or reinstatement, if additional premium payment is required, please be sure to select one of the following options.)
☐同意由約定之續期保險費自動轉帳帳戶扣款/信用卡請款 Agree to have the additional premium deducted from the designated autopay account / charged to the designated credit card for renewal premiums.
☐自行繳納補費金額 Manual Payment.
(未勾選/自動墊繳/保單借款未清償或預約變更者，則以「自行繳納補費金額」辦理 If no option is selected, or if you have automatic premium loan, or if your policy loan has not been paid, or if you made a reservation for policy change, you will need to pay the additional premium by yourself.)

28.其他變更項目 **Other item to change**	**(註)**變更項目非本申請書所列事項者，請填寫於「其他變更事項」 **(Note)**For application not listed in option 1 to option 27, please fill in this column.

※茲向台灣人壽申請變更保險契約內容如上，本人理解並同意，本申請書經台灣人壽簽核同意後，將作為構成原保險契約之一部分。
I hereby submit my application to Taiwan Life for policy change/replacement as stated above, and acknowledge and agree that, upon approved by Taiwan Life, this application form shall constitute a part of the insurance policy concerned.
※本人（要保人、被保險人及法定代理人/監護人/輔助人）已詳細閱讀與瞭解「蒐集、處理及利用個人資料告知事項」，並同意台灣人壽於法定範圍內蒐集、處理及利用本人之個人資料。
I (the policyowner、insured and legal representative/guardian/assistant) have read and understood the "Notifications for Performance of the Obligations under Personal Data Protection Act by Taiwan Life" hereunder , and entitle Taiwan Life, to the extent permitted by law, to collect, process and use my personal data as specified herein.

要保人簽章 **Signature of Policyowner**	**被保險人簽章** **Signature of Insured**	**法定代理人/監護人/輔助人簽章** **Signature of legal representative/guardian/assistant**	**申請日期** **Application Date**
		身分證統一編號(ID Number)： 出生日期(Date of Birth)： 國 籍 (Nationality)： 關 係 (Relationship)：	_____年_____月_____日 YYYY MM DD

※以上簽章應由要保人/被保險人本人親自為之，且簽章樣式需與要保文件相同；簽章者未滿七足歲，應由法定代理人代簽，如為未成年或已受有監護宣告/輔助宣告尚未撤銷者，需其法定代理人/監護人/輔助人一併簽章。
The above signatures and seals should be made by the applicant/insured in person, and the signature format must be the same as that of the insurance document. If the person signing the signature is under seven years old, a legal representative should sign on his behalf. If he is a minor or If a guardianship declaration/auxiliary declaration has not been revoked, the legal representative/guardian/assistant must also sign and seal it.
※要保人、被保險人簽章與原留台灣人壽簽章樣式不符或文件未齊全者，台灣人壽有權拒絕該次申請。
Taiwan Life shall be entitled to refuse your application if the signature form of policyowner/insured herein does not match the latest one retained by Taiwan Life, or if the documents with respect to your application are not completed.
※申請要保人/被保險人/法定代理人之簽章樣式、姓名等變更，須同時於簽章欄位簽署變更前與變更後之姓名。
When applying for the change of signature or name of the policyowner /insured/legal representative, Please sign both the name before and after the change in the signature field.

***Please noted that the English version of this application form is for reference only. In the event of any conflict between the English version and the Chinese version, the Chinese version shall prevail.**

※ 配合相關法令規範，台灣人壽將視需要向要保人/被保險人進行電話訪問，請勾選適合電訪之時段：
In accordance with the relevant laws and regulations, Taiwan Life will conduct telephone interviews with the policyowner/insured as necessary.Please check your Available time for Telephone Interview：
☐**上午 Morning (9:00~12:00)** ☐**下午 Aftenoon (13:00~18:00)**
（若未勾選者，將由台灣人壽安排電訪時段）If uncheck, Taiwan Life will arrange a telephone interview.

單位名稱 Branch	招攬/服務人員簽名 Signature of Agent	登錄字號/執業證書編號 Certificate No. of Agent	覆核主管簽名 Signature of Review Officer	保經/保代公司簽章 Insurance agent and brokerage company signature	台灣人壽受理章 Acceptance Chapter of Taiwan Life
	※經驗明身分確由要保人/被保險人/監護人/輔助人親自簽章辦理無誤 **The proof of identity must be signed and stamped in person by the applicant/insured/guardian/assistant.**	行動電話 Mobile Phone of Agent			

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台灣人壽履行個人資料保護法告知義務內容

Notifications for Performance of the Obligations under Personal Data Protection Act by Taiwan Life

台灣人壽保險股份有限公司（以下稱本公司）依據個人資料保護法（以下稱個資法）第六條第二項、第八條第一項（如為間接蒐集之個人資料則為第九條第一項）規定，向您告知下列事項：

Taiwan Life Insurance Co., Ltd (refers to as “the Company” hereafter), in compliance with Section 2, Article 6 and Section 1, Article 8 (Section 1, Article 9 for indirect collection of personal data) of Personal data Protection Act (the Act),notify you of the following:

一、蒐集之目的：本公司為執行下列事項，將在合法範圍內蒐集、處理及利用您的個人資料。1.人身保險（００一）。2.金融服務業依法令規定及金融監理需要，所為之蒐集處理及利用（０五九）。3.非公務機關依法定義務所進行個人資料之蒐集處理及利用（０六三）。4.契約、類似契約或其他法律關係業務（０六九）。5.消費者、客戶管理與服務（０九０）。6.財稅行政（０九五）。7.其他自然人基於正當性目的所進行個人資料之蒐集處理及利用（一七六）。8.其他經營合於營業登記項目或組織章程所定之業務（一八一）。

Purpose of collection: The Company collects, processes and uses your personal data legally for the specific purposes as follows: 1. Life insurance (001). 2. Financial service industry’s collection and processing information in accordance with laws and needs for financial supervision (059). 3. Non-government agency collect or process personal information under legal obligations (063). 4. Contract, contract-like or other legal relation matters (069). 5. Consumer/customer management and service (090). 6. Fiscal & tax administrative (095). 7. Other natural persons based on the legitimacy of the purpose of the processing and use of personal information collected (176). 8. Other business operation in accordance with the business registration project or organization Prospectus (181).

二、蒐集之個人資料類別：本公司將依契約及您所申請的項目蒐集您的個人資料包含但不限於：姓名、生日、身分證字號、地址及其他聯絡方式、病歷、醫療、健康檢查…等。

Categories of personal data collected: The Company only collects your personal data on the basis of the insurance policy and your application including but not limited to your name, birth date, personal ID card, address, contact information, medical records, healthcare and physical examination.

三、個人資料之來源（個人資料非由當事人提供間接蒐集之情形適用）：1.要保人。2.當事人之監護人、法定代理人、輔助人。3.各醫療院所。4.與第三人共同行銷、交互運用客戶資料、合作推廣等關係、或於本公司各項業務內所委託往來之第三人。

Source of personal data (applies to indirect collection): 1. Policyowner 2. Guardian, legal representative or assistant of the person whose information has been collected. 3. Medical care institutions. 4.The third party with whom the Company maintain a business relationship in respect to co-selling activities, sharing of customer information, joint promotion, or those commissioned by the Company regarding to the Company’s business activities.

四、個人資料利用之期間、對象、地區、方式：1.期間：因執行業務所必須及依法令規定應為保存之期間。2.對象：本（分）公司、中華民國人壽保險商業同業公會、中華民國產物保險商業同業公會、財團法人保險事業發展中心、財團法人保險安定基金、財團法人金融消費評議中心、財團法人金融聯合徵信中心、財團法人聯合信用卡中心、台灣票據交換所、財金資訊公司、業務委外機構、與本公司有再保業務往來之公司、與本公司有合作推廣或共同行銷之公司、依法有調查權機關或金融監理機關。3.地區：上述對象所在之地區。4.方式：合於法令規定之利用方式。

Time period, recipients, territory and methods of which the personal data is used: 1. Time period: The time period necessary for the Company’s business activities, or those as required by law. 2. Recipients: The Company (and its branches), the Life Insurance Association of Republic of China, the Non-Life Insurance Association of Republic of China, Taiwan Insurance Institute, Taiwan Insurance Guaranty Fund, Financial Ombudsman Institution, Joint Credit Information Center, National Credit Card Center of R.O.C, Taiwan Clearing House, Financial Information Service Co., LTD, the institutions commissioned by the Company, the reinsurance companies with whom the Company establish reinsurance relationship, and the competent government authorities of investigation or financial supervision. 3. Territory: The territory in which the aforementioned parties are situated. 4. Methods: The methods as permitted by law and regulation.

五、依據個資法第三條規定，您得以書面、電子郵件或傳真方式，就本公司所保有您的個人資料行使下列權利：1.向本公司查詢或請求閱覽；2.請求製給複製本；3.請求補充或更正；4.請求停止蒐集、處理或利用；5.請求刪除。

In accordance with Article 3 of the Act, where the personal data of yours possessed by the Company is concerned, you have the rights to: (1) make an inquiry of and to review your personal data; (2) request for a copy of your personal data; (3) request to supplement or correct your personal data; (4) demand for the cessation of the collection, processing or use of your personal data by the Company; (5) request to erase your personal data.

For the purpose of exercising the abovementioned rights, you may submit your application either (1) in written form; or (2) by E-mail; or (3) by fax.

六、您若未能提供相關個人資料時，本公司可能拒絕或遲延您的申請，或者無法提供相關服務予您。(直接蒐集個人資料時適用)

If you fail to provide the personal data as required hereunder, The Company may refuse or postpone your application, or may not able to provide you with relevant services.