



HSBC Life (Singapore) Pte. Ltd. (Reg. No. 199903512M)  
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## Personal Particulars Update Form (VES)

Policy No.

Name of Policyowner

### INSTRUCTIONS:

- **ALL SECTIONS AND FIELDS ARE MANDATORY** (Except Section H)
- Please complete this form in capital letters and submit the required documents with this form
- Please allow up to 5 business days from the date we receive the form and supporting documents for the changes to be effected.

### Consent to use of personal data

I understand that HSBC's Data Privacy Policy (which may be found at <https://www.insurance.hsbc.com.sg/privacy-and-security/>) forms a part of the terms and conditions governing my relationship with HSBC. I consent to the collection, use and disclosure of my personal data for the purposes set out in the Data Privacy Policy.

### A. PERSONAL PARTICULARS

**Full Name** as in NRIC/Passport (including alias) Title:  Mr  Mrs  Madam  Ms  Others: \_\_\_\_\_

Last Name / Surname:

First / Given Name:

Former / Other Name (documentary proof is required e.g. deed poll):

**Date of Birth** (dd/mm/yyyy):

**Gender:**  Male  Female

**NRIC/Passport No:**

**Marital Status:**  Single  Married  Divorced  Widowed

**Identification Type:**  NRIC  Passport  Malaysian IC

**Place of Birth:**

**Nationality** (please list all)

**Country / Jurisdiction of Tax Residence** (please list all)

**Tax Identification Number** (please list all)

### B. ADDRESS DETAILS

- For residential and permanent address, PO Box and C/O address is not allowed.
- If you reside in a country/region where complete legal addresses do not exist, please provide a description of the location of your property (which should include exact street/ building name, apartment/ villa number, city, country and the closest landmark, etc)
- Please submit **proof of residential address:**
  - A copy of NRIC / Passport (with minimum 6 months' validity) which shows the address OR
  - A copy of utility bills, statement/ letters issued by bank / financial institution or letter from a Government department or agency issued within the last 3 months.

**Residential Address** (residential address refers to your current place of residence)

Postal Code:

Country/Region:

**At this address since** (dd/mm/yyyy):



<b>Source of Ongoing Wealth/Income</b> – you may tick more than 1 option			
<input type="checkbox"/> Salary	<input type="checkbox"/> Business Income	<input type="checkbox"/> Gift	<input type="checkbox"/> Inheritance
<input type="checkbox"/> Savings	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Lottery	<input type="checkbox"/> Others _____
<b>Annual Income (S\$):</b>			
<b>Other Income (S\$):</b>		<b>Sources(s) of Other Income:</b>	
<b>Country(s) where you have accumulated your wealth:</b>			
<b>E. PAYOR DETAILS</b>			
Will you be paying for the premiums of the policy?			
<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide reason if 'No') _____			
If <b>Yes</b> , existing auto-debit through Giro (if you are not the bank account holder) will be cancelled. Please submit a fresh Giro form if you wish to deduct the premiums from your Singapore bank account.			
If <b>No</b> , please provide details of the <u>Payor</u> and submit a copy of Payor's NRIC / Passport (with minimum 6 months' validity)			
1. Full Name (as in NRIC/Passport) including alias:			
2. Residential Address:			
3. Relationship with Policyowner:			
<b>F. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)</b>			
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a United States Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a United States Green Card Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If <b>any</b> of the above is Yes, please complete and submit a <b>US IRS Form W-9</b> together with this form.			
If <b>all</b> of the above is No, please complete and submit a <b>US IRS Form W-8BEN</b> together with this form if you have any of the following:			
<ul style="list-style-type: none"> <li>• Residential / Mailing / Permanent address in the United States</li> <li>• United States phone number</li> <li>• United States as country of birth</li> </ul>			
<b>G. DECLARATION OF POLITICALLY EXPOSED PERSON (PEP)</b>			
Have you or any person in connection with this policy* ever been a Politically Exposed Person (PEP), a family member of a PEP or close associate of a PEP? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If <b>Yes</b> , please provide the following details:			
1. Full Name of PEP as shown in NRIC/Passport: (including alias)			
2. Rank/Position held by PEP:			
3. Country/Region where the PEP holds office:			
4. Relationship with Policyowner:			
*This include policyowner, life insured, beneficial owner(s), beneficiary(ies), director(s) and authorised signatory(ies)			
A Politically Exposed Person ("PEP") is defined as an individual who is or has been entrusted with prominent public positions in Singapore, a foreign country or an international organisation, which includes a current or former senior official in the executive, legislative, administrative, military or judicial branches of a government or a government agency, a member of a ruling royal family, a senior official of a political party, a senior executive of a government-owned or government-funded corporation, institution or charity and a senior executive of an international organisation. Family member of a PEP means parent, spouse, child, sibling, partner, uncle, aunt, cousin, niece, nephew, grand-parent/child, all in-laws, and includes any such step relatives or adopted family members.			
Close associate of a PEP means a person who is widely and publicly known to maintain close relationship with a PEP either socially or professionally.			
<b>H. DECLARATION OF BENEFICIAL OWNER (BO) - where applicable</b>			
<b>Please complete this Section <u>only</u> if you are not the Beneficial Owner.</b>			
For avoidance of doubt, completion of this section does not in any way constitute a nomination of beneficiary(ies) under the policy.			
1. Full Name of Beneficial Owner as shown in NRIC/Passport: (including alias)			

- 2. Former/Other Name:  
(documentary proof is required e.g. deed poll)
- 3. NRIC/Passport No:
- 4. Relationship with Policyowner:

A copy of NRIC/Passport of Beneficial Owner must be submitted to us.

“Beneficial Owner” as defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or a legal arrangement.

**I. OTHER DETAILS**

**Purpose of insurance** - you may tick more than 1 option

- Protection    Children Education    Retirement Planning    Wealth Accumulation
- Legacy Planning    Others \_\_\_\_\_

**DECLARATION AND AUTHORISATION**

I confirm that the information provided in this form is correct and complete. By providing my signature, I authorise HSBC Life (Singapore) Pte. Ltd. to update my particulars according to this form and disclose my information to HSBC Bank (Singapore) Limited to update their records accordingly if I am a customer of HSBC Bank (Singapore) Limited.

Signature of Policyowner

Date (DDMMYYYY)

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