

Life Insurance Policy Giving - Reply Form

Your information will remain confidential and you are free to change your mind about your gift at any time.

(Please note: This reply form is only for our records and has no legal effect.)

1. Life Insurance Policy Giving

I have donated / will donate ____% of the insured amount of my life policy to CARITAS Hong Kong.

Name of Insurance Company: _____ Policy No.: _____

Agent's Name: _____ Agent's Registered No.: _____

2. Personal Information

Title* ☐ Mr ☐ Ms ☐ Miss

Name* : (English) _____ (Chinese) _____

Contact Number*: _____ ID/Passport Number: _____

Address: _____

Email: _____

Please provide a valid email address. Confirmation and donation e-receipt (if applicable) will be sent to this email.

I wish to be contacted by ☐ Phone ☐ Email ☐ WhatsApp.

Please provide the personal data marked with asterisks (*). If you do not provide the information, we cannot process the form and communicate with you. The personal data collected will be treated as strictly confidential and will be used by CARITAS Hong Kong and its service providers for the purposes of donation administration, receipt issuance and related communications.

(Signature of Donor)

Date:

For Office Use

Remarks:

Please send us by fax +852 2305 5900 or email legacygiving@caritas.org.hk. Our staff will contact you as soon as possible.