

Inquiry Service Request Form and Receipt Slip

(specifically for queries on seniority)

資料查詢服務單暨簽收單(複查年資專用)

Inquiry insurance information of the insured

【If the query is raised by the insured unit, the BLI shall only provide the insured's insurance record with the current employer. If the query is raised by the insured, please attach a photocopy of the identity documents. (Copy of passport or Alien Residence Certificate)】

Name of the insured person : _____ Date of birth : _____

Number of alien resident certificate or passport : _____

Phone number : _____

Mobile phone no : _____

The insured has changed his/her name 、 ARC or passport number

Query on Seniority (Missing parts) :

(Please ensure correct information is provided regarding the employer and the service period.)

1.Original insured unit (Please provide the name in Chinese) : _____

Service period : _____ Working area : _____

Industry type (in Chinese) : _____

2.Original insured unit (Please provide th name in Chinese) : _____

Service period : _____ Working area : _____

Industry type (in Chinese) : _____

3.Original insured unit (Please provide th name in Chinese) : _____

Service period : _____ Working area : _____

Industry type (in Chinese) : _____

【Address for mailing or delivery in person】

Personal seal or signature of the insured person (or beneficiary)
