法定代理人聲明書

Declaration of Legal Representative

立聲明書人			(身分證字	
號:)之法	定代理人,因本人無法於本次續	保(原	呆單號碼:)
之相關文件親自簽署,特立此書聲明本人允許要被保險人向 貴公司申請辦理續保事宜。				
The undersigned [(ir	sert the name:)],	the legal representative	of
the applicant/insured at the age under 20 years old ([insert the name:];				
[insert ID number:]), due to my inab	ility to	sign on the policy renewa	al
application in person ,hereby declare that I permit the applicant/insured to apply for				
renewal of the original p	olicy (policy number:) with the insurance	
company.				
	物保險股份有限公司台灣分公司 e Company of North America,	Taiwa	ın Branch	

簽 名 處	中華民國文件證明專用	
Signature	R.O.C. Document Authentication	
(要保人/被保險人未滿法定年齡 20 歲者·請法定代理人簽名)		
For applicant/insured under 20 years old, signature of the legal representative is required		
立 同 意 書 人: (簽章)		
Signature of Applicant:		
身 分 證 字 號: 與未成年人之關係:	中華民國文件專用貼紙	
ID Number Relationship of Legal Representative & Applicant		
住址 Address:		
立 同 意 書 人: (簽章)		
Signature of Insured:		
身 分 證 字 號: 與未成年人之關係:		
ID Number Relationship of Legal Representative & Applicant		
佳址 Address:		
備註:法定代理人與要保人如未在同一國家者:請傳真予法定代理人簽名:以完成續保程序	•	
Note: If the legal representative and applicant are in different countries		
please fax this document to the legal representative for signature, ir		
order to complete the renewal process.		
公 證 人 簽 名:		
Signature of Notary Public		

年 月

 \Box (Date: Day /Month /Year)

華民國

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