

FROM	Policy Holder 1	Policy Holder 2 (if applicable)
Name:	.....	.....
Date of Birth:	.....	.....
Address:	.....	.....
Tel:	.....	.....
Fax:	.....	.....
Mob:	.....	.....
E-mail:	.....	.....
Financial Institution:	.....
Policy N°(s):	.....
National Insurance Number:	.....

To Whom It May Concern:

Please take this as authority to release any information requested by **Platinum Financial Services Limited**.

- Valuation
- Surrender Value
- Market Value Adjuster
- Release/Transfer Form

Administration Office

15/F, Skyway Centre, 23 Queen's Road West,
Sheung Wan, Hong Kong
Tel: (852) 3115 7616
Fax: (852) 3115 7630
E-mail: admin@fsplatinum.com

Signed Policy Holder 1: Dated:

Signed Policy Holder 2: Dated:
(if applicable)