法定代理人同意書

Agreement from Legal Representative

立同怠害人	(身分證字號:,以下
稱未成年人)之法定代理人,因無法於本次續保(原保	單號碼:
簽署,特立此書同意未成年人向 貴公司辦理續保事	宜。On behalf of the legal representative of
insured under 18 years old who is unable to	sign personally for the policy renewal
(name:,ID number:), I (name:) declare my
statement as follows to complete the renewal process for the insured with the original policy (policy	
number:) to the insurance com	ipany.
立同意書人簽名確認無誤,且對於未成年人向 貴公司申請續保相關事項,依法負授權人責任。I confirm my authorized signature and will be responsible for the application of policy renewal to	
the insurance company as a legal representative according to the related laws.	
此致 凱基人壽保險股份有限公司 Attention KO	Gl Life Insurance Co., Ltd.
簽 名 處	中華民國文件證明專用
Signature	R.O.C. Document Authentication
立 同 意 書 人: (簽章)	
Signature of Applicant:	
身分證字號:	
ID Number 與未成年人之關係:	
Relationship of Legal Representative & Applicant:	
住址 Address:	
立 同 意 書 人: (簽章)	
Signature of Insured:	中華民國文件專用貼紙
身分證字號: ID Number	
與未成年人之關係:	
Relationship of Legal Representative & Applicant:	
住址 Address:	
公 證 人 簽 名:	
Signature of Notary Public	

註:若法定代理人在中華民國境內者[,]則免公證人簽名及文件證明專用章 · **Note: If the legal representative is within the territory of the ROC**, **the** signature of notary public and the seal of document authentication are not required.

中 華 民 國 年 月 日(Date: Year /Month/Day)