



GLOBAL HEALTH PLANS

JOINING AND MANAGING YOUR PLAN

Bupa Global is the sole insurer of this plan.

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FOR NEW CUSTOMERS WISHING TO APPLY FOR A POLICY

Please use this form to tell us about your medical history and the medical history of anyone else you want to add to your cover (dependant). We need this information to confirm your cover, process future claims and pay for treatment.

As the policy you are applying for is fully medical underwritten, any symptoms or medical conditions that you or any of your dependants had before the start date may not be covered.

You must tell us if you or any dependant to be covered under the policy experience any symptoms between the time you complete this application form and when the policy is issued. This may be different from the requested policy start date on this form. If you do not provide this information your (and your dependants') cover may be affected.

Please provide complete and accurate information. Without it, we may be unable to pay all or part of a claim or need to treat your (and your dependants') policy as if it had not existed.

Start at section 2 and complete all sections after that. Once completed you can send your application to your sales representative or send it by post to Bupa Global, Bupa (Asia) Limited Customer Service, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

Please ask your intermediary to complete section 12, if you have one.

FOR EXISTING CUSTOMERS WISHING TO MAKE A CHANGE TO THEIR POLICY

Please use this form to make changes to your policy.

o **To add dependants:** complete sections



To change your address or contact details:

Log into our secure website: <https://membersworld.bupaglobal.com>

Email us at ultimate.hk@bupaglobal.com

Call us: **+852 2531 8571**

Remember to quote your membership number when you get in touch with us.

Once completed you can send your application to your sales representative or send it by post to Bupa Global, Bupa (Asia) Limited Customer Service, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

Please ask your intermediary to complete section 12, if you have one.

HOW TO COMPLETE THIS FORM - ALL NEW AND EXISTING CUSTOMERS

You can type directly into this form, save it and email it to us. Or please complete it, writing clearly in block capitals using black ink.

If you need more space to answer any of the questions, you can use the notes page at the end.

Remember to sign and date the form and check you've completed all relevant sections fully before you return it to us.

If you have any questions, please call us on +852 2531 8571, and we'll be happy to help.

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DEPENDANTS TO BE COVERED ON YOUR POLICY – TO BE COMPLETED BY EXISTING AND NEW CUSTOMERS

If any of these additional persons have different residency or correspondence addresses to yours, please write their name and addresses on the “Notes” section at the end of this form and indicate you have done so by ticking here

Title		Male	<input type="radio"/>	Female	<input type="radio"/>	1st language	
First name					Middle name		
Family name							
Date of birth	D	D	M	M	Y	Y	Country of nationality
Country of residency					Relationship to you		
Occupation							
Email							
Phone/Mobile							
Have you had a previous policy with Bupa?	<input type="radio"/> Y	<input type="radio"/> N	If yes, membership number				

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Title		Male	<input type="radio"/>	Female	<input type="radio"/>	1st language	
First name					Middle name		
Family name							
Date of birth	D	D	M	M	Y	Y	Country of nationality
Country of residency					Relationship to you		
Occupation							
Email							
Phone/Mobile							
Have you had a previous policy with Bupa?	<input type="radio"/> Y	<input type="radio"/> N	If yes, membership number				

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Title		Male	<input type="radio"/>	Female	<input type="radio"/>	1st language	
First name					Middle name		
Family name							
Date of birth	D	D	M	M	Y	Y	Country of nationality
Country of residency					Relationship to you		
Occupation							
Email							
Phone/Mobile							
Have you had a previous policy with Bupa?	<input type="radio"/> Y	<input type="radio"/> N	If yes, membership number				

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3 DEPENDANTS TO BE COVERED ON YOUR POLICY (CONTINUED)

Title		Male	<input type="radio"/>	Female	<input type="radio"/>	1st language														
First name						Middle name														
Family name																				
Date of birth	D	D	M	M	Y	Y	Y	Y	Country of nationality											
Country of residency									Relationship to you											
Occupation																				
Email																				
Phone/Mobile																				
Have you had a previous policy with Bupa?									<input type="radio"/> Y <input type="radio"/> N	If yes, membership number										

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4 HOW YOU'D LIKE TO MANAGE YOUR POLICY - TO BE COMPLETED BY EXISTING AND NEW CUSTOMERS

We are working hard to reduce our impact on the environment, and we encourage our customers to help us by managing their plan online.

Please let us know how you would like to receive your and your dependants' (over 16 years old) policy documents.

	Main applicant	Dependant 1	Dependant 2	Dependant 3	Dependant 4
To view and manage your policy online, register at https://membersworld.bupaglobal.com . We will email you when new documents are available to view	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To receive your documents by post	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5 MEDICAL HISTORY - TO BE COMPLETED BY EXISTING AND NEW CUSTOMERS

This section asks for health and medical details, past and present about yourself and each dependant named in section 3.

If you are an existing customer upgrading your cover you must complete this section in full so that we have an up to date record of your (and your dependants') health.

Please tick yes or no to every question for every person. If you tick yes to a question, please give full details in section 6.

If you do not provide us with full details we may terminate your cover or it may stop us from paying your claims and/or cause us to review the terms and conditions of your policy.

You must also tell us immediately if you or any additional person to be covered under the policy experience any symptoms between the time you complete this application form and the date the policy starts. Failure to do so may also result in termination, rejection of claims and/or changes to the terms and conditions of your policy.

For any of the medical conditions listed below (questions 1-13), please answer yes if you or anyone to be covered by this plan has:

- Seen a doctor, therapist or consultant in the last three years
- Been admitted to hospital, had an operation or procedure, or had an investigation (e.g. a scan/blood tests) in the last five years

	M	1	2	3	4
1. Circulatory disorders e.g. high blood pressure, high cholesterol, chest pains, aneurysms, varicose veins or deep vein thrombosis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
2. Endocrine (glandular) disorders e.g. diabetes (Type 1 or Type 2), thyroid problems, Addison's disease or obesity	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
3. Breathing or respiratory disorders e.g. shortness of breath, asthma, chronic obstructive pulmonary disease, chest infections, pneumonia, bronchitis, tuberculosis, emphysema, sleep apnoea or allergies (including hayfever and anaphylaxis)	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

4. Stomach, intestines, liver or gall bladder problems e.g. stomach inflammation/ulcers, irritable bowel, Crohn's disease, colitis, change in bowel habits, abdominal pain, haemorrhoids/piles, pancreatitis, liver inflammation, cirrhosis, gall stones or hernias	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
5. Benign tumours, growths or pre-cancerous conditions e.g. polyps, benign growths, non-cystic breast lump, fibrocystic breast disease, lipomas	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
6. Skin problems e.g. eczema, dermatitis, rashes, psoriasis, acne, cysts, moles that itch or bleed or allergic conditions	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
7. Brain or nervous system disorders e.g. dementia, migraine, repeated headaches, multiple sclerosis, epilepsy/fits, nerve pain (including sciatica and shingles), Parkinson's disease, motor neurone disease, cerebral palsy, encephalitis or meningitis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
8. Muscle or skeletal problems e.g. arthritis, back pain, neck/shoulder problems, cartilage and ligament problems, fractures, osteoporosis, gout or inflammatory conditions	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
9a. Female urinary or reproductive system problems e.g. kidney or bladder problem (including kidney failure), recurrent urinary infection, incontinence, ovarian cysts, polycystic ovaries, pelvic inflammation, cervical disease, endometriosis, dysmenorrhoea, irregular menstruation, fibroids, breast disease or infertility	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
9b. Male urinary or reproductive system problems e.g. kidney or bladder problem (including kidney failure), recurrent urinary infection, benign prostate hypertrophy or enlarged prostate or infertility	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
10. Blood/infective/immune disorders e.g. abnormal blood tests, anaemia, hepatitis, HIV, malaria or any autoimmune disorder	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
11. Eye, ear, nose and throat problems e.g. cataracts, glaucoma, visual impairment, detached retina, macular degeneration, deafness, ear infections, glue ear, deviated nasal septum, tonsillitis, gingivitis.	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
12. Mental health disorders e.g. schizophrenia, bipolar, compulsive or eating disorders, depression, stress, anxiety or drug/alcohol dependency, panic attacks, paranoia, ADHD	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
13. Congenital/Hereditary conditions e.g. Downs syndrome, spina bifida, cystic fibrosis, cerebral palsy, cleft lip or cleft palate, sickle cell anemia, Huntington's disease, thalassemia, hemochromatosis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

Please also answer the following questions:

14. Is anyone to be covered taking any medication, prescribed or otherwise?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
15. Does anyone to be covered currently have, or ever had:					
<input type="radio"/> Cancer	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Heart condition e.g. angina, heart attack, heart failure, abnormal heartbeat	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Stroke	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Prosthetic implants and appliances in their body e.g. shunts, pacemakers, joint replacements	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
16. Is anyone to be covered receiving any treatment of any kind or require or expect to require any review, investigations or treatment for any current or past medical problem not already mentioned in questions 1 - 13?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
17. In the last 3 months has anyone to be covered experienced any signs or symptoms of any medical problem, illness, or injury not yet diagnosed or treated?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

Further details (for over 16s only):

How tall are you?	<input type="radio"/> feet/inches	<input type="radio"/> metres/centimetres	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you weigh?	<input type="radio"/> stones/pounds	<input type="radio"/> kilogrammes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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MEDICAL HISTORY: ADDITIONAL INFORMATION - TO BE COMPLETED BY EXISTING AND NEW CUSTOMERS

This section applies if you, or anyone to be covered under this plan, have indicated Yes to any medical questions in section 5. If you are unsure whether any details are relevant, you must include them.

Please attach medical reports or test results relating to the medical conditions you have declared if these are available.

Is additional medical information included?

Y N

Main applicant or additional person	The relevant question number from section 5	Please specify as accurately as possible the name of the illness or medical problem. Where applicable, please state the area of the body affected (e.g. right leg, left eye).	When were symptoms first experienced and when was treatment completed (if applicable)?	What treatment did you receive and when (please include dates, names and details of medications)?	What was the outcome of the treatment (e.g. ongoing, complete recovery, recurrent or likely to recur)?
M					
1					
2					
3					
4					

If there is insufficient space, please use the "Notes" section at the end of this form and indicate that you have done so by ticking here

problems, and understanding your preference(s) with our website(s), mobile application(s) or portal(s);

- (k) provision and design of products and services of the Company;
- (l) exercising the Company's rights in connection with provision of any products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
- (m) communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Notice;
- (n) with your consent, marketing services, products and other subjects by us, any member and/or brand of the Group Companies (such as Horizon Health and Care Limited and/or Quality HealthCare Group, our affiliates) and/or other third parties (please see further details in **paragraph 5** below);
- (o) managing our relationship with you, our business and organisations who work with us in relation to providing our products or services to you, or the Member (including, with limitation, future changes to this Notice);
- (p) enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation;
- (q) making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company; and
- (r) fulfilling any other purposes directly related to (a) to (q) above.

4. Transfer of Personal Information

4.1 Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region of the People's Republic of China, for the purposes specified in **paragraph 3** to the following classes of transferees:

- (a) any member and/or brand of the Group Companies;
- (b) any insurance adjusters, agents and brokers;
- (c) any re-insurance companies authorised by the Company;
- (d) employers (for members of corporate policy only);
- (e) healthcare professionals and hospitals;
- (f) any third parties engaged in connection with a member of the Group Company's business who provides medical, health, insurance, wellness or other related services or products;
- (g) any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing, storage of analytics, cloud, printing, research, advertising, distribution or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);
- (h) with your consent, third parties (within or outside the Group Companies) in relation to direct marketing (please see further details in **paragraph 5** below);
- (i) third party reward, loyalty, co-branding and privileges programme providers and co-branding partners of a member of the Group Companies;
- (j) financial institutions engaged by the Company or you for billing and payment purposes;
- (k) any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
- (l) any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

4.2 We will only disclose personal information limited to that which is necessary to the above parties for the relevant purposes, who may process (including, without limitation, by recording, organising, structuring, storing, adapting, altering, retrieving, using, aligning, combining or erasing) your personal information for the relevant purposes set out in **paragraph 3** above.

4.3 In the event that we complete the acquisition of a new business or brand, we shall communicate with you through the communication channels you provided to us, and any personal information shall be treated in accordance with this Notice if it is practicable and permissible to do so.

5. Use of Personal Information in Direct Marketing

5.1 Only with your consent (which includes an indication of no objection), the Company, any member and/or brand of the Group Companies and/or the third parties stated under paragraphs 3.1 (n) and 5.2 (b) to (e) may use your personal information (including your name, contact details, products and services portfolio, transaction pattern and behaviour) collected from time to time to provide you with marketing communications (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) relating to the following products and services:

- (a) insurance, medical, dental, healthcare, wellness, personal development, beauty, sporting activities and membership, lifestyle, entertainment, financial, and related services and products;
- (b) rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products;
- (c) services and products offered by the Company's co-branding partners; and
- (d) donations and contributions for charitable and/or non-profit making purposes.

5.2 The above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:

- (a) any member and/or brand of the Group Companies;
- (b) third party service providers;
- (c) third party reward, loyalty, co-branding or privileges programme providers;
- (d) co-branding partners of a member of the Group Companies; and
- (e) charitable or non-profit making organisations.

5.3 We will not use your personal information for direct marketing purposes unless we have received your consent. For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from you shall override any previous instruction given to the Company in this regard in relation to all of your personal information collected or held by the Company from time to time.

5.4 If you choose to personalise your services where such options are available, we will use personal information that we collect so that we can offer you those personalised services or communications. If you do not wish to accept those personalised services or communications, you can unsubscribe from those services at any time and we will cease to offer such services to you.

5.5 For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 5, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.

6. Security and Retention

6.1 The Company retains your personal information for as long as necessary for the purposes set out in this Notice, or otherwise agreed between you and us, unless otherwise required or permitted under applicable law.

6.2 Where the Company no longer requires your personal information for the purposes under this Notice, or otherwise required under law, we will take appropriate steps to securely delete or destroy your personal information.

6.3 We will take all practicable steps to protect your personal information against unauthorised or accidental access, processing, erasure, loss or use. This includes implementing a range of digital and physical security measures. In addition, we will restrict access to your personal information to those properly authorised to have access.

6.4 When you use our sites, we and third-party companies collect information by using cookies and other technologies such as pixel tags (for simplicity we refer to all such technologies as “cookies”). The updated version of the Cookies Policy is available for download from our website: www.bupa.com.hk and is available upon request.

6.5 Our websites, mobile applications or portals may provide the links to other external websites over which we do not have control. You are advised to refer to the privacy policies of these websites for more information.

7. Data Access and Correction

7.1 Under and in accordance with the terms of the Ordinance, you have the following rights to:

- (a) check whether the Company holds personal information relating to you or the Member and to access such personal information;
- (b) require the Company to correct any personal information relating to you or the Member which is inaccurate;
- (c) ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company;
- (d) request the Company to cease using your personal information for direct marketing purposes; and
- (e) change your preference in respect of our use of your personal information.

7.2 Requests can be made in writing to the Company’s Data Protection Officer at the following address:

Data Privacy Officer/ Customer Service Manager

6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

8. In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.

9. For any enquiries about this Notice, please do not hesitate to contact our Customer Care helpdesk at +852 2531 8571.

10. Nothing in this Notice shall limit the rights of customers under the Ordinance.

11. In case of discrepancies between the English and Chinese versions of this Notice, the English version shall prevail. This Notice may be amended by the Company from time to time. You may access and obtain a copy of this Notice, as amended from time to time, at www.bupa.com.hk.

Issued by Bupa (Asia) Limited

1 September 2024

Our complaints procedure

If you have a concern or complaint you can call the Bupa Global service team on +852 2531 8571. Alternatively, you can email or write to the team via:

- o Post: Bupa Global, Bupa (Asia) Limited, 6/F, Tower 2, The Quayside 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong
- o Email: ultimate.hk@bupaglobal.com

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