

Note 注意

1. Please read the principal brochure (and any addendum thereto) of the BCT (MPF) Pro Choice / BCT (MPF) Industry Choice (as appropriate) carefully before completing this form. 填寫此申請書前，請先細閱BCT積金之選 / BCT(強積金)行業計劃總說明書及任何其附錄的條款(如適用)。
2. Please mark “✓” in the appropriate box. 請於適用的方格內填上“✓”號。
3. Please countersign any alterations made in this form. 如須作出任何刪改，請於刪改之位置旁簽署。

<b>Part I. Employer Details 僱主資料</b>	
Name of Plan 計劃名稱	<input type="checkbox"/> BCT (MPF) Pro Choice BCT 積金之選 <input type="checkbox"/> BCT (MPF) Industry Choice BCT(強積金)行業計劃
Participating Plan No. (Internal Use Only) 參與計劃編號(內部專用)	
Name of Company 公司名稱	English 中文
Business Registration No. (Please provide a copy of BR Certificate, where applicable) 商業登記證編號(如適用，請附上商業登記證副本)	
Registered Address 註冊地址	
Correspondence Address 通訊地址 (If different from Registered Address 如與註冊地址不同)	
Contact Details 聯絡資料	Contact Person (Mr / Ms / Mrs*) 聯絡人(先生 / 小姐 / 女士*)
	Telephone No.      Country Code      Area Code      Phone No.      Ext. 電話號碼      國家號碼      地區號碼      電話號碼      內線
	Business 辦公室
	Other Contact No. 其他聯絡號碼
	E-mail Address 電郵地址
Fax No. 傳真號碼	Company Website (if any) 公司網址(如有)
Participating Plan Commencement Date 參與計劃開始日期	_____ / _____ / _____ D日 / M月 / Y年
Country of Domicile of the Employer (if outside H.K.) 僱主之本籍國家(如在香港以外)	
Industry Classification 行業分類	<input type="checkbox"/> 001 Catering 飲食業 <input type="checkbox"/> 003 Manufacturing / Factories / Engineering 製造業 / 工廠 / 工程 <input type="checkbox"/> 005 Real Estate / Property Management / Cleaning 地產業 / 物業管理 / 清潔 <input type="checkbox"/> 007 Information Technology 資訊科技 <input type="checkbox"/> 009 Social Services / Education / Charities / Government Agencies 社會服務 / 教育 / 慈善 / 政府部門 <input type="checkbox"/> 998 Others 其他
	<input type="checkbox"/> 002 Building & Construction 建造業 <input type="checkbox"/> 004 Finance / Insurance / Business Services 金融 / 保險 / 商用服務業 <input type="checkbox"/> 006 Entertainment / Retail / Personal Services / Media 娛樂 / 零售 / 個人服務業 / 傳媒 <input type="checkbox"/> 008 Wholesale / Import & Export Trades 批發 / 出入口貿易 <input type="checkbox"/> 010 Transportation & Logistics Services 運輸及物流服務
Is the company a regulated entity? 公司是否受監管機構監管?	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 (Please specify 請說明): <input type="checkbox"/> SFC 證監會 <input type="checkbox"/> HKEx 香港交易所 <input type="checkbox"/> HKMA 金管局 <input type="checkbox"/> Others 其他 _____
<b>Directors / Principals 董事 / 主事人</b>	
Please list the details of two directors / principals. Should you need to list more, please continue on a separate sheet and attach for submission. 請列明兩位董事 / 主事人之詳情。如須列出其他董事 / 主事人，請於另紙作出補充並一併遞交。	
1	Name 姓名 HKID Card / Passport* No. 香港身份證 / 護照* 號碼
2	Name 姓名 HKID Card / Passport* No. 香港身份證 / 護照* 號碼

\* Delete as appropriate 請刪去不適用者

Plan Sponsor 計劃保薦人: BCT Financial Limited 銀聯金融有限公司

Trustee & Administrator 受託人及行政管理人: Bank Consortium Trust Co. Ltd. 銀聯信託有限公司



**Part II. MPF Asset Transfer-in (If Any) 強積金計劃轉入資產(如有)**

Is there any MPF / ORSO asset transfer-in?  
是否有強積金 / 職業退休計劃之資產轉入?

Yes  
有

For MPF asset transfer-in, please complete the "Request for Fund Transfer Form (For Participating Employer)".  
強積金資產轉入, 請填寫「資金轉移申請表格(參與僱主適用)」。

For ORSO asset transfer-in, please complete the "ORSO Asset Transfer Form".  
職業退休計劃資產轉入, 請填寫「職業退休計劃資產轉入表格」。

No  
沒有

**Part III. Details of Voluntary Contribution (If Any) 自願性供款資料(如有)**

(Basis of voluntary contribution of employer and employee must be the same 僱主及僱員之自願性供款基準必須相同)

**Retirement Age 退休年齡**

Normal Retirement Age  
正常退休年齡

Early Retirement Age  No  Yes (Attaining the age of \_\_\_\_\_ )  
提早退休年齡 沒有 有 (年滿 \_\_\_\_\_ 歲)

Employer continues to make contributions in respect of members who are still in employment after they have reached the Normal Retirement Age. 在成員於到達正常退休年齡後的僱用期內, 僱主仍會繼續為其成員供款。  
 No  Yes  
否 是

**Member Category and Vesting Scale of Contribution Rates 成員類別及供款比率歸屬表**

Member Category 成員類別	Description 描述	Employer Contribution Rate % 僱主供款率 %	Voluntary Contribution Commencement Date <sup>▲</sup> 自願性供款開始日期 <sup>▲</sup>	Vesting Scale Option 歸屬比例選擇 (Please refer to the table) (請參考附表)
A				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
B				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
C				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

<sup>▲</sup> (i) Date employed 受僱日期 (ii) Date joined the Plan 參與計劃日期 (iii) Date after completion of three months' probation 完成三個月試用期  
(iv) Others (Please specify) 其他(請註明)

**Basis of Voluntary Contribution 自願性供款基準**

- % x Basic Salary 供款率 x 基本入息
- (% x Basic Salary) minus Employer's Mandatory Contribution (供款率 x 基本入息) 減去僱主強制性供款
- % x (Basic Salary in excess of maximum level of Relevant Income\*\*) 供款率 x (基本入息超過最高有關入息\*\*)
- % x Relevant Income\*\* 供款率 x 有關入息\*\*
- (% x Relevant Income\*\*) minus Employer's Mandatory Contribution (供款率 x 有關入息\*\*) 減去僱主強制性供款
- % x (Relevant Income\*\* in excess of the maximum level of Relevant Income\*\*) 供款率 x (有關入息超過最高有關入息\*\*)

\*\* "Relevant Income" has the meaning ascribed to the term by the Mandatory Provident Fund Schemes Ordinance as amended from time to time.  
「有關入息」之定義已載於強制性公積金條例內並不時作出修訂。

**Vesting Scale for Leaving Service (not Applicable to Retirement, Death, Total Incapacity or Dismissal)**

離職歸屬表(不適用於因退休、死亡、完全喪失行為能力或解僱)

Completed Year Based On 完整年期基準	<input type="checkbox"/> Completed Years of Membership in the Participating Plan 參與計劃會籍整年期		<input type="checkbox"/> Completed Years of Service with the Employer 為僱主服務整年期		Completed Year 完整年期										
	Option 選擇		0	1	2	3	4	5	6	7	8	9	10+		
Vesting Scale Option 歸屬比例選擇  (Please select an option where appropriate or specify at option 4) (請揀選適用的選擇或在「選擇4」註明)	1	%	0	10	20	30	40	50	60	70	80	90	100		
	2	%	0	0	0	30	40	50	60	70	80	90	100		
	3	%	0	0	0	0	0	50	60	70	80	90	100		
	4	%													

**Part IV. Administration Preference (Applicable to Regular Employee Only) 行政指示 (只適用於一般僱員)**

## 1. Payroll Details 糧期資料:

Does the Payroll Cycle mentioned below apply to all members or not?  Yes  No (Please specify on the "Member Enrolment Form")  
 以下出糧周期是否適用於所有成員? 是 否 (請於「成員參加表格」上註明)

Payroll Cycle 出糧周期	Payroll Period End Date 糧期的最後一天	
<input type="checkbox"/> Monthly 每月	<input type="checkbox"/> Month-end 每月最後一天	<input type="checkbox"/> Others : Please specify 其他 : 請註明 _____
<input type="checkbox"/> Semi-monthly 每半月	<input type="checkbox"/> 15 <sup>th</sup> of the month and month-end 每月 15 日及最後一天	<input type="checkbox"/> Others : Please specify 其他 : 請註明 _____
<input type="checkbox"/> Weekly 每星期	Day of the week 星期 _____	
<input type="checkbox"/> Others 其他	Please specify 請註明 _____	

## 2. Payment Method 付款方法:

By Cash Deposit / Transfer via Bank / Cheque  By Direct Debit Authorisation service  
 經銀行存入現金 / 轉帳 / 遞交支票 直接付款授權服務  
 (Please complete the "Direct Debit Authorisation Form – Employer / Self-employed Person")  
 (請填寫「僱主 / 自僱人士直接付款授權書」)

## 3. Remittance Statement Arrangement 付款結算書安排: (Please choose 1 item from below 請選擇下列其中一項)

- Prepared by Employer via the Bank Consortium Trust Company Limited ("BCT") website  
 由僱主經銀聯信託有限公司(「銀聯信託」)網頁遞交
- 1) MPF Calculator Upload / Contribution Data Submission  
 上載強積金供款計算表 / 遞交供款資料
- 2) C-Online<sup>#</sup>  
 供款易<sup>#</sup>  
 (for Employers who use Direct Debit Authorisation service only  
 只適用於使用直接付款授權服務之僱主)
- Prepared by Employer via contribution software provided by BCT  
 由僱主用銀聯信託提供之供款軟件製備
- Prepared by BCT via Autobill<sup>#</sup>  
 由銀聯信託製備之自動帳單<sup>#</sup>
- Others, please specify:  
 其他, 請指示: \_\_\_\_\_
- Remark : The Employer agrees to authorise BCT to accept without any further verification, and agrees to be responsible for, all information and instructions that BCT receives via the BCT website, when accompanied by the Employer's Participating Plan No. and PIN.  
 備註 : 僱主同意授權銀聯信託接受所有以僱主參與計劃編號和私人密碼及經銀聯信託網頁遞交的資料和指示, 而毋須另行核實; 並對該等資料承擔責任。

<sup>#</sup> For monthly payroll cycle and with month-end as payroll period end date only 只適用於以曆月為出糧周期及以每月月底為糧期的最後一天

**Part V. Authorised Signatories 授權人簽署**

Any [one / two\*] of the following signatories (and Authorised Signatories appearing at the bottom of Part VII) is / are authorised to enter into or issue any documents or give instructions related to the scheme on behalf of the Employer. If the following list of Specimen Signature is not filled in, then any [one / two\*] of the Authorised Signatories appearing at the bottom of Part VII shall, on its own, be deemed to be authorised for the same purposes and matters as referred above.

下列任何 [一位 / 兩位\*] 簽署人 (及列在 Part VII 底部的授權簽署人) 獲授權代表僱主處理, 簽署任何文件及發出任何有關該參與計劃之指示。若下列簽名式樣表沒有填寫, 則 Part VII 底部的任何 [一位 / 兩位\*] 授權簽署人將被視為獲授權處理以上之目的及事項。

Name 姓名	HKID Card / Passport No. 香港身份證 / 護照號碼 (Must provide a copy 必須附上副本)	Title 職銜	Specimen Signature 簽名式樣
(1)			
(2)			
(3)			
(4)			
(5)			

If you need to update the signature specimen of your authorised signatories and their authorities in the future, please complete an "Authorised Signature Specimen Form" [FORM: AS (ER)] to BCT.

如日後需更新上述獲授權人士的資料, 請填妥並交回「授權簽署式樣表格」[FORM: AS (ER)] 至銀聯信託以作記錄更新。

The ID documents of the above authorised signatories have been verified by a department or person (eg. compliance, audit or human resources) which is independent to the authorised signatories.  Yes  No  
 上述獲授權人士的身份證明文件已被獨立部門或認可人士 (例如合規管理、審計或人力資源) 核實。 是 否

上述獲授權人士的身份證明文件已被獨立部門或認可人士 (例如合規管理、審計或人力資源) 核實。

**Part VI. Personal Information Collection Statement 收集個人資料聲明**

The personal data provided by or in respect of Members and Participating Employers of the BCT (MPF) Pro Choice and / or the BCT (MPF) Industry Choice (collectively referred as the "Schemes") (concerning application records and operational records and / or their dealing / transaction details records) will only be accessed and handled by properly authorised staff of BCT (the trustee of the Schemes), BCT Financial Limited ("BCTF", the sponsor of the Schemes) and their properly authorised service providers and agents, and may be used, disclosed and / or transferred (whether in or outside Hong Kong) to such persons as BCT or any of its service providers may consider necessary, including governmental authorities and regulators, for any of the following purposes: (i) exercising or performing the functions conferred or imposed by or under or for the purposes of the Mandatory Provident Fund Schemes Ordinance ("Ordinance"); (ii) providing Mandatory Provident Fund services including the processing, administering, managing, and analysing of their, as the case may be, contributions, accrued benefits and portfolios and direct marketing of Mandatory Provident Fund services; (iii) improving the provision of Mandatory Provident Fund services by BCT to customers generally (including the facilitation of the provision of Mandatory Provident Fund services to enable the customers of BCT generally to access Mandatory Provident Fund (or other) account details through the internet and / or automated teller machine networks such as JETCO); (iv) compliance with applicable laws and regulations, and court order and / or (v) any other purposes for the exercise or performance of the above mentioned functions. If there is any change in the information provided, BCT should be notified as soon as practicable. Failure to provide the information requested may result in BCT being unable to process the instructions.

Members and Participating Employers have a right to request access to and correction of any personal data or to request that personal data about them not be used for direct marketing purposes. Requests can be made in writing to the Data Protection Officer at BCT, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong.

由BCT積金之選及 / 或BCT(強積金)行業計劃(統稱為「強積金計劃」)成員及參與僱主所提供或相關之個人資料(有關申請及運作記錄)及 / 或他們的買賣 / 交易細節記錄僅供銀聯信託(強積金計劃之受託人)、銀聯金融有限公司(「銀聯金融」, 強積金計劃之保薦人)及它們正式授權之服務供應商及代理之正式授權之職員使用及處理, 及在銀聯信託或其任何服務供應商認為有需要時, 或會被使用、披露及 / 或轉移(在香港境內或境外)予個別人士, 包括政府機關及監管機構作以下列任何之目的: (一)行使或執行強制性公積金計劃條例(「條例」)下所授予或施加之職能或根據該條例的目的而行使或執行職能; (二)提供強制性公積金的服務包括處理、掌管、管理及分析供款、累算權益及投資組合, 視乎情況而定, 及直銷強制性公積金服務; (三)改善銀聯信託提供予客戶一般之強制性公積金服務(包括協助提供強制性公積金服務以令銀聯信託之客戶可於互聯網及 / 或自動櫃員機網絡例如銀通處理強制性公積金(或其他)戶口資料); (四)遵守適用之法律及規例及法院命令及 / 或(五)任何以行使或執行上述職能作目的之用途。如所提供資料有所變更, 請在可行的情況下儘快通知銀聯信託。未能提供所需資料可能導致銀聯信託不能處理有關指示。

成員及參與僱主有權要求查閱或更改任何個人資料或要求個人資料不被用作直銷之用。請以書面聯絡銀聯信託之資料保護主任, 香港皇后大道中183號中遠大廈18樓。

**Part VII. Authorisation, Declaration and Consent 授權、聲明及同意**

By signing this document:

- I / We confirm that I / we have received, read and understood the contents contained in the latest version of the principal brochure (and any addendum thereto) of the BCT (MPF) Pro Choice / BCT (MPF) Industry Choice (as appropriate). I / We accept and agree to be bound by the terms of such principal brochure (and addendum thereto, if any), the trust deed constituting the BCT (MPF) Pro Choice / BCT (MPF) Industry Choice (as appropriate) (including any deed of amendment), the rules thereof and any other notification sent to us from time to time pursuant to the terms of the relevant trust deed.
- I / We undertake that if there is any change in the information so provided, I / we shall notify BCT as soon as reasonably practicable.
- I / We agree to comply with the obligations imposed on us as an employer under the Mandatory Provident Fund Schemes Ordinance (Cap. 485) and its related regulations.
- I / We further agree to comply with the obligations imposed on us as an employer under the Occupational Retirement Schemes Ordinance (Cap. 426) and Mandatory Provident Fund Schemes Ordinance (Cap. 485) and their related regulations, if applicable. I / We understand that the Participating Plan does not enable any person, without any consent of the Participating Plan's member concerned and any approval of the Mandatory Provident Fund Schemes Authority, to alter to the member's detriment either his accrued rights or his vested benefits under the Participating Plan. I / We further undertake that whenever this circumstance occurs, I / we shall notify BCT as soon as reasonably practicable for Mandatory Provident Fund Schemes Authority's approval.
- I / We understand and agree to the terms of the Personal Information Collection Statement as set out in this form.
- I / We declare that to the best of my / our knowledge and belief, the information given in this form and / or its attachment(s), if any, is correct and complete.
- I / We expressly consent to the use of my / our personal data (provided herein or in connection with the service provided hereunder) for the purpose of direct marketing of Mandatory Provident Fund Services (and ancillary MPF products) by BCTF (or its employees or agents); but I / we understand that BCTF cannot make such use of my / our personal data without my / our consent and will cease upon my / our written or verbal request. I / We further understand that if I / we do not wish to consent to my / our personal data being used for the said direct marketing purpose, I / we should indicate that no consent is given, by ticking this box.

經簽署本文件:

- 本人 / 吾等確認已收取、細閱及明白最新版本之BCT積金之選 / BCT(強積金)行業計劃(如屬適用)總說明書及其附錄(如有)。本人 / 吾等接受及同意受此總說明書及其附錄(如有)之條款、成立BCT積金之選 / BCT(強積金)行業計劃(如屬適用)之信託契約(包括其後之修訂契約)、信託契約內之規則及日後根據有關信託契約之條款向本人 / 吾等不時發出有關之通知所約束。
- 本人 / 吾等承諾若所提供之資料有任何更改, 將儘快通知銀聯信託。
- 本人 / 吾等同意遵守《強制性公積金計劃條例》(第485章)及其有關規例中作為僱主之責任之規定。
- 本人 / 吾等並同意遵守《職業退休計劃條例》(第426章)及《強制性公積金計劃條例》(第485章)及其有關規例中作為僱主之責任之規定, 如適用。本人 / 吾等明白該參與計劃的條款不會令任何人能夠未經該參與計劃的有關成員同意及任何在未經強制性公積金計劃管理局的批准下、以對該成員不利的方式更改該成員在該參與計劃下的累算權益或既有利益。如有上述情況, 本人 / 吾等並承諾會儘快通知銀聯信託, 以便向強制性公積金計劃管理局申請批核。
- 本人 / 吾等明白及同意闡明於此表格之收集個人資料聲明條款。
- 本人 / 吾等聲明, 盡本人 / 吾等所知及所信, 本表格及隨附之文件(如有)所提供的資料均屬正確無訛且無缺漏。
- 本人 / 吾等即明確表示同意銀聯金融(及其僱員或代理)使用本人 / 吾等的個人資料(於此文件提供的或就根據此文件而提供的服務所提供的)作直銷強制性公積金服務(及有關強積金的產品)的目的, 但本人 / 吾等明白倘本人 / 吾等不同意銀聯金融不能如此使用本人 / 吾等的個人資料及倘獲本人 / 吾等之書面或口頭要求, 該使用將停止。本人 / 吾等亦明白如本人 / 吾等不欲將本人 / 吾等的個人資料用作上述直銷用途, 本人 / 吾等應在此方格內加上「✓」號, 以表示不同意。

Authorised Signature(s) with Company Stamp (if applicable) 有效簽署及公司印章(如適用)

Date (D / M / Y) 日期(日 / 月 / 年)

Name 姓名 : (1) \_\_\_\_\_ (2) \_\_\_\_\_

Title 職銜 : (1) \_\_\_\_\_ (2) \_\_\_\_\_

Remarks 備註

- For Corporation, this form needs to be signed by the director(s). 倘為法人公司, 本表格必須由董事簽署。
- For Sole Proprietorship, this form needs to be signed by the Sole Proprietor. 倘為獨資經營公司, 本表格必須由獨資經營者簽署。
- For Partnership, this form needs to be signed by the partner(s). 倘為合夥經營公司, 本表格必須由合夥人士簽署。

**Internal Use Only 內部專用**

Classification Code 項目編號:

Date Received: \_\_\_\_\_ Input By: \_\_\_\_\_ Verified By: \_\_\_\_\_ Remarks: \_\_\_\_\_

Broker Code: \_\_\_\_\_ Agent Code: \_\_\_\_\_ Campaign Code: \_\_\_\_\_ BD Code: \_\_\_\_\_

**THIS PARTICIPATION AGREEMENT** is made on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

**BETWEEN:**

(1) **BANK CONSORTIUM TRUST COMPANY LIMITED** whose registered office is at 18th Floor Cosco Tower, 183 Queen’s Road Central, Hong Kong (the “Trustee”); and

(2) \_\_\_\_\_ whose registered office is at \_\_\_\_\_ (the “Employer”).

**RECITALS:**

- (A) The Trustee is the Trustee of the following plan: (Please mark “✓” in the appropriate box)
- the BCT (MPF) Pro Choice (the “Plan”) which was established by a deed dated 31 January 2000 made by the Trustee (as amended from time to time, the “Deed”).
  - the BCT (MPF) Industry Choice (the “Plan”) which was established by a deed dated 12 April 2000 made by the Trustee (as amended from time to time, the “Deed”).
- (B) The Employer wishes to join the Plan in order to establish a retirement benefits scheme (the “Participating Plan”) for the benefit of its employees.
- (C) The Participating Plan shall be governed by the Deed and this Participation Agreement.
- (D) The Trustee shall notify the Employer of the Plan Commencement Date.

**PROVISIONS:**

1. Unless otherwise stated, words and expressions used in this Participation Agreement shall have the meanings given to them in the Deed.
2. The Employer hereby establishes a Participating Plan, to be governed by the terms of the Deed and this Participation Agreement. The Employer acknowledges that (i) any Application Form completed by the Employer and Member Enrolment Forms completed by the employees of the Employer in respect of the application for participation in the Plan shall form part of this Participation Agreement and the details provided therein shall apply for the purposes of the Participating Plan and (ii) subject to the relevant applicable law and in respect of Voluntary Contributions, it shall not be the duty of the Trustee to oversee or ensure that any contributions or other monies payable under the Deed, the Rules, the Participation Agreement or any other applicable directions, are in fact paid, that any applicable definition of earnings or income (howsoever expressed) is properly applied or that the calculation of contributions is correct.
3. The Employer hereby covenants with the Trustee to comply with and be bound by the provisions of the Deed and this Participation Agreement and all applicable laws and regulations.
4. The Employer warrants that the information from time to time to be provided by the Employer in the Application Form and any other information to be provided by the Employer in relation to each Employee Member will be correct in all respects.
5. Subject to the provisions of the Deed and this Participation Agreement, the Employer undertakes and agrees to hold the Trustee indemnified against any and all proceedings, costs, charges, liabilities and expenses occasioned by any and all actions, claims, demands or proceedings in connection with the Plan or the Participating Plan either:
  - (a) arising out of the breach by the Employer of the warranty referred to in paragraph 4; or
  - (b) as a result of any failure or omission on the part of the Employer to duly and punctually perform or observe any obligations pursuant to the Deed and this Participation Agreement or otherwise so far as they relate to the Employer and Employee Members of the Participating Plan (whether they relate to the Employer and such Employee Members alone or together with another Employer and the Employee Members of other Participating Plans).
6. The Employer undertakes and agrees to pay all fees and expenses which are payable by it under the terms of the Deed and this Participation Agreement.
7. The Employer further undertakes and agrees to make Voluntary Contributions in respect of its Employee Members in accordance with the provisions of the Deed and the information specified in the Application Form. Unless otherwise stated in the Application Form, the Trustee and the Employer agree that the vesting, withdrawal and any other matters relating to the Voluntary Contributions made by the Employer shall be governed by the provisions of the Deed.
8. This Participation Agreement shall be governed by the laws of Hong Kong.

IN WITNESS whereof this Participation Agreement has been entered into the day and year first above written.

SIGNED for and on behalf of the **Trustee** by \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 in the presence of : - \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 For and on behalf of the Employer by \_\_\_\_\_ )

\_\_\_\_\_  
 (Name & Title) \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 (Name & Title) \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 (Signature of Witness) \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 (Name of Witness)

[Authorised Signature(s) with company stamp (if applicable)]

If there is any inconsistency between the English version and the Chinese version, the English version shall prevail.

本參加協議於二零\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日由以下雙方共同訂立：

(1) 銀聯信託有限公司，其註冊辦事處地址為香港皇后大道中183號中遠大廈18樓(「受託人」)；以及

(2) \_\_\_\_\_，其註冊辦事處地址為  
 \_\_\_\_\_  
 \_\_\_\_\_ (「僱主」)。

**敘文：**

(A) 受託人為以下計劃之受託人：(請於適用的方格內填上“✓”號)

- BCT 積金之選(「有關計劃」)之受託人，有關計劃依據於二零零零年一月三十一日訂立之契約(經不時修訂，「有關契約」)成立。
- BCT(強積金)行業計劃(「有關計劃」)之受託人，有關計劃依據於二零零零年四月十二日訂立之契約(經不時修訂，「有關契約」)成立。

(B) 僱主希望參加有關計劃，用以成立為保障僱員利益之退休保障計劃(「參與計劃」)。

(C) 參與計劃將受有關契約及此參加協議規限。

(D) 受託人應將計劃生效日期通知僱主。

**條文：**

1. 本參加協議內之文字及語彙(另有規定的除外)，應採用有關契約列明之涵意。
2. 僱主現成立一個參與計劃，並由有關契約及本參加協議條文規限。僱主確認：(i)就申請參與有關計劃而由僱主填寫的任何申請書及由僱主的僱員填寫之成員參加表格，將成為本參加協議之一部份，而這些文件所提供之資料應適用於有關參與計劃；以及(ii)在相關適用法律規限下，對於自願性供款，受託人沒有責任監督或確保應根據有關契約、規則、參加協議或任何其他適用指引繳付的各種供款或其他款項已實際繳交，也沒有責任監督或確保任何適用的入息或收入(不論採用何種字眼表達)之定義已被妥善地採用，也沒有責任監督或確保供款的計算正確。
3. 僱主現向受託人契諾，其將遵從有關契約及本參加協議之條文以及所有適用之法律及規例，並受該等條文、法律及規例所約束。
4. 僱主保證，僱主不時在申請表格上提供的資料以及僱主將就每名僱員成員提供的其他資料，在一切方面都會是正確的。
5. 在有關契約及本參加協議之條款的規限下，僱主承諾並同意就受託人有關下述原因引致而與有關計劃或參與計劃有關的任何及一切法律行動、索償、要求或程序所造成之訴訟、費用、收費、責任及開支，向受託人作出彌償：
  - (a) 僱主違反第4段所述之保證；或
  - (b) 因僱主未能妥當及準時地履行或遵守依照有關契約及本參加協議之任何責任，或僱主未能妥當及準時地履行或遵守凡與參與計劃之僱主及僱員成員相關的責任(不論該等責任是否只與僱主及該等僱員成員有關，或是否同時與其他參與計劃下之另一僱主及僱員成員有關)所造成之失誤或遺漏。
6. 僱主承諾並同意支付就有關契約及本參加協議需繳付之所有費用及開支。
7. 僱主進一步承諾並同意按照有關契約之條款及申請書指明的資料就有關其僱員成員作出自願性供款。除申請書另有規定外，受託人及僱主同意，有關僱主自願性供款之歸屬、提取以及其他事項，應受有關契約之條款約束。
8. 本參加協議應受香港法律約束。

本參加協議已在本文文件首頁所列的日期簽訂，以資證明。

代表受託人簽署 \_\_\_\_\_ )

在下列見證人的面前簽署：- \_\_\_\_\_ )

由以下人士代表僱主 \_\_\_\_\_ )

\_\_\_\_\_  
 (姓名及職銜) \_\_\_\_\_ )

\_\_\_\_\_  
 (姓名及職銜) \_\_\_\_\_ )

在下列見證人的面前簽署：- \_\_\_\_\_ )

\_\_\_\_\_  
 (見證人簽署) \_\_\_\_\_ )

\_\_\_\_\_  
 (見證人姓名) \_\_\_\_\_ )

[ 獲授權簽署及公司印章(如適用) ]

如中、英文兩個版本有任何不相符之處，應以英文版本為準。

**BCT (MPF) Pro Choice / BCT (MPF) Industry Choice**  
**BCT 積金之選 / BCT(強積金)行業計劃**  
**Direct Debit Authorisation Form – Employer / Self-employed Person**  
**僱主 / 自僱人士直接付款授權書**

**Note 注意**

- Please write in BLOCK LETTERS. 請以英文正楷填寫。
- Bank Consortium Trust Company Limited ("BCT") is pleased to offer an Autopay service to our Employer / Self-employed Person members. This service, provided to you free of charge, offers a simple and easy way for making your contribution payment to us. Simply complete this form and return to us.  
銀聯信託有限公司("銀聯信託")推出專為僱主 / 自僱人士而設的自動轉帳服務, 此項服務完全免費, 更可讓您簡易地繳付供款。您只需填妥此授權書並交回我們即可。
- Once all the information is received, we will arrange for the Autopay service on your behalf via a savings or checking account you currently maintain with a specified banking institution in Hong Kong. Please consult your banking officer for applicable service fee, if any, charged by your bank. With our Autopay service, your contribution amount will be debited from your specified bank account on the contribution due date. If the direct debit day is a public holiday, Saturday, gale warning day or black rainstorm warning day, it will be the following business day. If the direct debit day falls on a Saturday which is also the last date of the month, it will be the preceding business day.  
當我們收受您提供的資料後, 便會透過您的指定銀行所開設之儲蓄或支票戶口辦理有關手續。請聯絡您的銀行主任以便了解在此服務上會否收取任何費用。自動轉帳生效後, 供款會在到期日自動從您指定之銀行戶口直接轉帳支付。如直接付款日為公眾假期、星期六、烈風警告日或黑色暴雨警告日, 則順延至隨後的工作天。如直接付款日為每月最後一天並為星期六, 則提早一個工作天。
- Please be advised that it may take two to six weeks for processing your application. You are, therefore, requested to continue making your contributions by other means of payment until you receive the confirmation letter from your bank stating the effective date of the Autopay service.  
申請該項服務約需時二至六星期。故此, 您在仍未收到付款銀行的自動轉帳服務確認通知書及有關生效日期之前, 務必繼續以其他方式繳付供款。
- Please mark "✓" in the appropriate box. 請於適用的方格內填上"✓"號。
- Please countersign any alterations made in this form. 如須作出任何刪改, 請於刪改之位置旁簽署。


Part I. Plan Details 計劃資料		Bank Code 銀行編號	Branch Code 分行編號	Account No. to be Credited 收款帳戶之號碼
<input type="checkbox"/> BCT (MPF) Pro Choice BCT 積金之選	Bank Consortium Trust Co Ltd - Client A/C - Master Clearing 銀聯信託有限公司 – 集成計劃	0 2 5	3 2 8	8 2 4 1 2 9 1 0
<input type="checkbox"/> BCT (MPF) Industry Choice BCT(強積金)行業計劃	Bank Consortium Trust Co Ltd - Client A/C - Industry Clearing 銀聯信託有限公司 – 行業計劃	0 2 5	3 2 8	8 2 4 1 3 0 4 6

**Part II. Direct Debit Authorisation Declaration 直接付款指示聲明**

- The Employer / I / We hereby authorise(s) the below-named bank ("the Bank") to effect transfers from the below account to the above-mentioned account (as indicated) in accordance with such instructions as the Bank may receive from the Beneficiary and / or its banker from time to time.
- The Employer / I / We agree(s) that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to the Employer / me / us.
- The Employer / I / We jointly and severally accept(s) full responsibility for any overdraft (or increase in existing overdraft) on my / our account which may arise as a result of any such transfer(s).
- The Employer / I / We confirm(s) that the signature(s) on this form is / are the same as that / those for the operation of my / our Savings / Current Account to be debited for the transfer.
- The Employer / I / We agree(s) to notify BCT of any change of bank account or cancellation of payment method and further agree(s) that should there be insufficient funds in my / our bank account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may levy the usual service charge to be paid by the Employer / me / us.
- This authorisation shall have effect until further notice.
- The Employer / I / We agree(s) that any notice of cancellation or variation of this authorisation which the Employer / I / we may give to the Bank shall be given at least seven business days prior to the date on which such cancellation / variation is to take effect and at the same time such notice shall be given to BCT in writing.
- The Employer / I / We certifies / certify that the Employer / I / we is / am / are the sole beneficial owner of the Bank account and the Employer / I / we agree(s) and understand(s) that this Direct Debit Authorisation service is provided on this basis.
- BCT may cancel this Direct Debit Authorisation service at any time on one week's written notice without recourse.
- In consideration of BCT agreeing to accept and act upon my / our instructions to initiate the making of direct debits from my / our designated account to BCT's designated accounts with Shanghai Commercial Bank Limited, the Employer / I / we agree(s) to indemnify BCT and hold BCT harmless against all actions, claims, proceedings, loss, damages, costs and expenses of whatever nature which may be brought against BCT or suffered or incurred by BCT and which shall have arisen either directly or indirectly out of or in connection with this direct debit authorisation arrangement.
- The Employer / I / We understand(s) and agree(s) to all of the terms and conditions contained herein.
  - 僱主 / 本人 / 吾等授權下述銀行("付款銀行")按受益人及 / 或其銀行不時給予之指示由僱主 / 本人 / 吾等指定之銀行帳戶將款項交付上述指定銀行帳戶。
  - 僱主 / 本人 / 吾等同意付款銀行並無義務於每次付款時對僱主 / 本人 / 吾等作出通知。
  - 僱主 / 本人 / 吾等願共同及個別承擔所有因對此項付款而引致之帳戶透支(或增加透支)的責任。
  - 僱主 / 本人 / 吾等確認本表格內之簽署與僱主 / 本人 / 吾等留存於付款銀行內之儲蓄或支票帳戶簽署相同。
  - 僱主 / 本人 / 吾等同意就更改付款帳戶或取消付款方式而向銀聯信託作出通知, 並同意付款銀行可在僱主 / 本人 / 吾等帳戶存款不足情況下毋須完成此項付款, 與及為此產生之一般銀行服務費用亦由僱主 / 本人 / 吾等負責繳付。
  - 此項付款授權將持續有效, 直至另行通知。
  - 僱主 / 本人 / 吾等同意必須於七個工作天前就此項付款授權之任何轉變或取消向僱主 / 本人 / 吾等付款銀行作出通知, 並同時以書面知會銀聯信託。
  - 僱主 / 本人 / 吾等保證是付款銀行帳戶的唯一受益人, 並且同意及明白此項直接付款授權服務是根據以上保證而提供的。
  - 銀聯信託需要預早一星期前以書面通知, 便可取消直接付款授權服務, 並不負追索之責。
  - 因銀聯信託同意接受及遵從僱主 / 本人 / 吾等之指示由僱主 / 本人 / 吾等指定之銀行帳戶直接將款項轉入銀聯信託在上海商業銀行指定之帳戶, 僱主 / 本人 / 吾等同意就此項直接付款授權安排中所有直接或間接向銀聯信託提出或引致銀聯信託蒙受損害之一切訴訟、申索、法律程序、損失、賠償、訟費及任何性質的開支對銀聯信託作出彌償。
  - 僱主 / 本人 / 吾等明白及同意全部上述的條款及條件。

Part III. Bank Account Details 銀行帳戶資料			
Bank and Branch Name 銀行及分行名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 帳戶編號
Name(s) as Recorded on Statement / Passbook* 結單 / 存摺* 上所記錄之名稱		Business Registration / Certificate of Incorporation No. / HKID Card / Passport* No. of Account Holder 帳戶持有人的商業登記證 / 公司註冊證書編號 / 香港身份證 / 護照* 號碼	
Address as Recorded on Statement / Passbook* 結單 / 存摺* 上所記錄之地址		Contact Telephone No. 聯絡電話號碼	
Name of Debtor – Employer / Self-employed Person* 債務人名稱 – 僱主 / 自僱人士*		Signature of Account Holder(s) with company stamp (if applicable) 帳戶持有人簽署及公司印章(如適用) <i>(All joint account holders must sign; please sign in the same specimen that you sign on your Bank Account. 所有聯名帳戶持有人必須簽署; 請以銀行帳戶的簽署式樣簽署)</i>	
Participating Plan No. 參與計劃編號		Date (D / M / Y) 日期(日 / 月 / 年)	
Debtor's Reference (Internal Use Only) 債務人參考(內部專用)		Signature Verified 簽名核對	

Part IV. Personal Information Collection Statement 收集個人資料聲明
<p>The personal data provided by or in respect of Members and Participating Employers of the BCT (MPF) Pro Choice and / or the BCT (MPF) Industry Choice (collectively referred as the "Schemes") (concerning application records and operational records and / or their dealing / transaction details records) will only be accessed and handled by properly authorised staff of BCT (the trustee of the Schemes), BCT Financial Limited ("BCTF", the sponsor of the Schemes) and their properly authorised service providers and agents, and may be used, disclosed and / or transferred (whether in or outside Hong Kong) to such persons as BCT or any of its service providers may consider necessary, including governmental authorities and regulators, for any of the following purposes: (i) exercising or performing the functions conferred or imposed by or under or for the purposes of the Mandatory Provident Fund Schemes Ordinance ("Ordinance"); (ii) providing Mandatory Provident Fund services including the processing, administering, managing, and analysing of their, as the case may be, contributions, accrued benefits and portfolios and direct marketing of Mandatory Provident Fund services; (iii) improving the provision of Mandatory Provident Fund services by BCT to customers generally (including the facilitation of the provision of Mandatory Provident Fund services to enable the customers of BCT generally to access Mandatory Provident Fund (or other) account details through the internet and / or automated teller machine networks such as JETCO); (iv) compliance with applicable laws and regulations, and court order and / or (v) any other purposes for the exercise or performance of the above mentioned functions. If there is any change in the information provided, BCT should be notified as soon as practicable. Failure to provide the information requested may result in BCT being unable to process the instructions.</p> <p>Members and Participating Employers have a right to request access to and correction of any personal data or to request that personal data about them not be used for direct marketing purposes. Requests can be made in writing to the Data Protection Officer at BCT, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong.</p> <p>由BCT積金之選及 / 或BCT(強積金)行業計劃(統稱為「強積金計劃」)成員及參與僱主所提供或相關之個人資料(有關申請及運作記錄)及 / 或他們的買賣 / 交易細節記錄僅供銀聯信託(強積金計劃之受託人)、銀聯金融有限公司(「銀聯金融」, 強積金計劃之保薦人)及它們正式授權之服務供應商及代理之正式授權之職員使用及處理, 及在銀聯信託或其任何服務供應商認為有需要時, 或會被使用、披露及 / 或轉移(在香港境內或境外)予個別人士, 包括政府機關及監管機構作以下列任何之目的: (一)行使或執行強制性公積金計劃條例(「條例」)下所授予或施加之職能或根據該條例的目的而行使或執行職能; (二)提供強制性公積金的服務包括處理、掌管、管理及分析供款、累算權益及投資組合, 視乎情況而定, 及直銷強制性公積金服務; (三)改善銀聯信託提供予客戶一般之強制性公積金服務(包括協助提供強制性公積金服務以令銀聯信託之客戶可於互聯網及 / 或自動櫃員機網絡例如銀通處理強制性公積金(或其他)戶口資料); (四)遵守適用之法律及規例及法院命令及 / 或(五)任何以行使或執行上述職能作目的之用途。如所提供資料有所變更, 請在可行的情況下儘快通知銀聯信託。未能提供所需資料可能導致銀聯信託不能處理有關指示。</p> <p>成員及參與僱主有權要求查閱或更改任何個人資料或要求個人資料不被用作直銷之用。請以書面聯絡銀聯信託之資料保護主任, 香港皇后大道中183號中遠大廈18樓。</p>

Part V. Declaration and Signature 聲明及簽署
<p>(1) I / We understand and agree to the terms of the Personal Information Collection Statement as set out in this form.  (2) I / We undertake that if there is any change in the information so provided, I / we shall notify BCT as soon as reasonably practicable.  (3) I / We declare that to the best of my / our knowledge and belief, the information given in this form and / or its attachment(s), if any, is correct and complete.</p> <p>(1) 本人 / 吾等明白及同意於此表格之收集個人資料聲明條款。  (2) 本人 / 吾等承諾若所提供之資料有任何更改, 將儘快通知銀聯信託。  (3) 本人 / 吾等聲明, 盡本人 / 吾等所知及所信, 本表格及隨附之文件(如有)所提供的資料均屬正確無誤且無缺漏。</p>

<p>Authorized Signature(s) with Company Stamp (if applicable) /  Signature of Self-employed Person  有效簽署及公司印章(如適用) / 自僱人士簽署</p> <p>Warning : Section 43E of the Mandatory Provident Fund Schemes Ordinance makes it an offence to make a false or misleading statement in a material respect in any document given to an approved trustee in connection with such Ordinance.  注意 : 《強制性公積金計劃條例》第43E條訂明, 如在該條例有關連的方面而給予核准受託人的任何文件中作出虛假或誤導性的陳述, 即屬違法。</p>
<p>Date (D / M / Y) 日期(日 / 月 / 年)</p>

\* Delete as appropriate 請刪去不適用者

Internal Use Only 內部專用			
Date Received: _____	Input By: _____	Verified By: _____	Remarks: _____



*[Applicable to employer clients]*

*Employer client's Letterhead*

Bank Consortium Trust Company Limited  
18/F, Cosco Tower,  
183 Queen's Road Central,  
Hong Kong

*[Date]*

Dear Sir/Madam

**Appointment of Exclusive MPF Intermediary / Servicing Agent**

We, \_\_\_\_\_ *[Name of employer client]*,  
have on \_\_\_\_\_ *[Date]*, appointed \_\_\_\_\_  
*[Name of the Corporate Intermediary]* as our exclusive MPF Intermediary/ servicing agent  
with respect to our MPF scheme arrangement.

We hereby direct and authorise Bank Consortium Trust Company Limited to disclose and  
transfer our account data including details of transactions/dealings to  
\_\_\_\_\_ *[Name of the Corporate Intermediary]* and their  
individual MPF Intermediaries and/or the relevant staff members for the purpose of their  
reviewing the dealing/transaction details of our accounts with a view to providing all  
assistance necessary to ensure that we are able to participate effectively in the operation of the  
scheme in which we participate.

Yours faithfully,

For and on behalf of  
*[Name of the employer client]*

\_\_\_\_\_  
Authorized signatory(s)

Name(s) of the authorized person(s):  
Title(s):

For Internal Use Only	
Broker Code:	Agent Code:

[適用於僱主]

銀聯信託有限公司  
香港皇后大道中 183 號  
中遠大廈 18 樓

敬啟者：

**唯一強積金中介人 / 客戶服務代理人委任書**

本公司， \_\_\_\_\_ [委任公司名稱]  
於 \_\_\_\_\_ [日期] 起委任 \_\_\_\_\_  
[機構中介人名稱] 為處理本公司強積金計劃事宜之唯一強積金中介人 / 服務代理人。

本公司在此指示並授權予銀聯信託有限公司向 \_\_\_\_\_ )  
[機構中介人名稱] 及其個別強積金中介人及 / 或有關僱員披露及轉移本公司的帳戶資料包括本  
公司帳戶內之買賣 / 交易詳情，用作提供本公司參與強積金計劃所須的協助，以確保我們  
能有效參與該強積金計劃的運作。

此致

**委任書代表** \_\_\_\_\_

\_\_\_\_\_  
授權簽署及公司印章

授權簽署人姓名：

職稱：

日期：

For Internal Use Only	
Broker Code:	Agent Code:

Sections 150 and 150A of the Mandatory Provident Fund Schemes (General) Regulation (“the Regulation”)  
 《強制性公積金計劃(一般)規例》(簡稱《規例》)第150及150A條

**Note 注意**

- Please complete FORM: ABD (ER) at page 1 to page 3 and submit it to the new trustee after completion. 請填妥載於第1頁至第3頁的表格: ABD (ER), 並提交該表格予新受託人。
- Please read the “Notes To Transfer Benefits By Employer” carefully before completing this form. 填寫此表格前, 請先細閱「僱主轉移權益須知」。
- Please countersign any alterations made in this form. 如須作出任何刪改, 請於刪改之位置旁簽署。

**Part I. Type of Transfer 轉移類別**

Please indicate your reason of transfer and “✓” as appropriate. 請說明轉移權益的原因, 並於適當方格內填上“✓”號。

Type 1: Transfer to another MPF scheme under the same employer

第1類: 轉移至同一僱主的另一個強積金計劃

Type 2: Transfer to another / same MPF scheme participated by the new employer (Please complete the form provided by the trustee on transfer of accrued benefits upon change of business ownership / intra-group transfer for each employee involved)

第2類: 轉移至新僱主參與的另一 / 同一個強積金計劃(請就每名擬轉移權益的僱員填寫一份由受託人提供有關在業務擁有權變更 / 集團內轉調的情況下轉移累算權益的表格)

**Part II. Details of Existing Employer (for Type 1 transfer) or New Employer (for Type 2 transfer)**

現任僱主資料(適用於第1類轉移)或新僱主資料(適用於第2類轉移)

Name of the Participating Employer <sup>Note 2</sup> 參與僱主名稱 <sup>註2</sup>		Contact Person (Mr / Ms / Mrs*) 聯絡人(先生 / 小姐 / 女士*)	
Mobile Phone No. 手提電話號碼	Business Phone No. 辦公室電話號碼	Fax No. 傳真號碼	
Correspondence Address 通訊地址		Email address 電郵地址	

\* Delete as appropriate 請刪去不適用者

**Part III. Fund Transfer Information 資金轉移資料****A. Details of the scheme FROM which accrued benefits<sup>Note 3</sup> are to be transferred 轉出累算權益<sup>註3</sup>的計劃資料**

Name of Employer <sup>Note 4</sup> in the Original Scheme 原計劃的僱主名稱 <sup>註4</sup>	
Name of Original Trustee 原受託人名稱	
Name of Original Scheme 原計劃名稱	
Employer's Identification No. <sup>Note 5</sup> (Participating Plan No.) 僱主的識別號碼 <sup>註5</sup> (參與計劃編號)	

Contributions to Original Scheme should be paid up to (D / M / Y):

向原計劃供款的最後日期(日 / 月 / 年):

**B. Details of the scheme TO which accrued benefits are to be transferred 轉入累算權益的計劃資料**

Name of New Trustee 新受託人名稱	
Name of New Scheme 新計劃名稱	
Employer's Identification No. <sup>Note 5</sup> (Participating Plan No.) 僱主的識別號碼 <sup>註5</sup> (參與計劃編號)	

Effective Date of Transfer (D / M / Y):

轉移開始生效日期(日 / 月 / 年):

**C. Fund Transfer Details 資金轉移資料**Do you wish to transfer the accrued benefits <sup>Note 3</sup> of all employees participating in the original scheme?您是否擬轉移所有參與原計劃的僱員的累算權益 <sup>註3</sup>? Yes 是 No 否List of employee(s) whose accrued benefits <sup>Note 3</sup> are to be transferred: 擬轉移累算權益 <sup>註3</sup> 的僱員列表:

No. 編號	Name of the employee 僱員名稱	HKID Card / Passport No. <sup>Note 6</sup> of the employee 僱員香港身份證 / 護照號碼 <sup>註6</sup>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

(Please provide details of each employee on separate sheets of paper, if necessary. 如有需要，請另紙提供每名僱員的詳細資料。)

**Part IV. Personal Information Collection Statement 收集個人資料聲明**

The personal data provided by or in respect of Members and Participating Employers of the BCT (MPF) Pro Choice and / or the BCT (MPF) Industry Choice (collectively referred as the "Schemes") (concerning application records and operational records and / or their dealing / transaction details records) will only be accessed and handled by properly authorised staff of Bank Consortium Trust Company Limited ("BCT", the trustee of the Schemes), BCT Financial Limited ("BCTF", the sponsor of the Schemes) and their properly authorised service providers and agents, and may be used, disclosed and / or transferred (whether in or outside Hong Kong) to such persons as BCT or any of its service providers may consider necessary, including governmental authorities and regulators, for any of the following purposes: (i) exercising or performing the functions conferred or imposed by or under or for the purposes of the Mandatory Provident Fund Schemes Ordinance ("Ordinance"); (ii) providing Mandatory Provident Fund services including the processing, administering, managing, and analysing of their, as the case may be, contributions, accrued benefits and portfolios and direct marketing of Mandatory Provident Fund services; (iii) improving the provision of Mandatory Provident Fund services by BCT to customers generally (including the facilitation of the provision of Mandatory Provident Fund services to enable the customers of BCT generally to access Mandatory Provident Fund (or other) account details through the internet and / or automated teller machine networks such as JETCO); (iv) compliance with applicable laws and regulations, and court order and / or (v) any other purposes for the exercise or performance of the above mentioned functions. If there is any change in the information provided, BCT should be notified as soon as practicable. Failure to provide the information requested may result in BCT being unable to process the instructions.

Members and Participating Employers have a right to request access to and correction of any personal data or to request that personal data about them not be used for direct marketing purposes. Requests can be made in writing to the Data Protection Officer at BCT, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong.

由BCT積金之選及 / 或BCT(強積金)行業計劃(統稱為「強積金計劃」)成員及參與僱主所提供或相關之個人資料(有關申請及運作記錄)及 / 或他們的買賣 / 交易細節記錄僅供銀聯信託有限公司(「銀聯信託」, 強積金計劃之受託人)、銀聯金融有限公司(「銀聯金融」, 強積金計劃之保薦人)及它們正式授權之服務供應商及代理之正式授權之職員使用及處理, 及在銀聯信託或其任何服務供應商認為有需要時, 或會被使用、披露及 / 或轉移(在香港境內或境外)予個別人士, 包括政府機關及監管機構作以下列任何之目的:(一)行使或執行強制性公積金計劃條例(「條例」)下所授予或施加之職能或根據該條例的目的而行使或執行職能;(二)提供強制性公積金的服務包括處理、掌管、管理及分析供款、累算權益及投資組合, 視乎情況而定, 及直銷強制性公積金服務;(三)改善銀聯信託提供予客戶一般之強制性公積金服務(包括協助提供強制性公積金服務以令銀聯信託之客戶可於互聯網及 / 或自動櫃員機網絡例如銀通處理強制性公積金(或其他)戶口資料);(四)遵守適用之法律及規例及法院命令及 / 或(五)任何以行使或執行上述職能作目的之用途。如所提供資料有所變更, 請在可行的情況下儘快通知銀聯信託。未能提供所需資料可能導致銀聯信託不能處理有關指示。

成員及參與僱主有權要求查閱或更改任何個人資料或要求個人資料不被用作直銷之用。請以書面聯絡銀聯信託之資料保護主任, 香港皇后大道中183號中遠大廈18樓。

**Part V. Authorisation and Declaration 授權及聲明**

- (1) I / We declare that I / We have read the "Notes to Transfer Benefits by Employer".
- (2) I / We understand and agree that the personal data to be supplied in this form are to be used for the purpose(s) of processing my / our election(s) of transfer as requested in this form.
- (3) I / We understand and agree that the personal data I / We supply may, for the purpose(s) mentioned above or for a purpose directly related to such purpose(s), be transferred to the trustee(s) concerned, the relevant service provider(s), the Mandatory Provident Fund Schemes Authority ("MPFA") and other appropriate parties.
- (4) I / We understand and agree to the terms of the Personal Information Collection Statement as set out in this form.
- (5) I / We declare that, as the participating employer in the original scheme (applicable to Type 1 transfer ONLY), hereby provide notice of my / our intention to cease participating in the original scheme in respect the employee(s) identified in Part III.
- (6) I / We declare that all personal data of the employee(s) and of the participating employer of the original scheme provided in this form were collected for the purpose(s) mentioned in this form.
- (7) I / We declare that the purpose(s) mentioned in this form is / are purpose(s) directly related to the purpose(s) for which the personal data were to be used at the time of collection of the data.
- (8) I / We declare that I / We have obtained consent(s) from the employee(s) and from the participating employer of the original scheme for using his / her / their personal data disclosed in this form for the purpose(s) mentioned in this form.
- (9) I / We undertake that if there is any change in the information so provided, I / we shall notify BCT as soon as reasonably practicable.
- (10) I / We declare that to the best of my / our knowledge and belief, the information given in this form and / or its attachment(s), if any, is correct and complete.

- (1) 本人 / 吾等聲明本人 / 吾等已閱讀《僱主轉移權益須知》的內容。
- (2) 本人 / 吾等明白及同意在本表格提供的個人資料，將被用作處理本人 / 吾等在本表格內要求的轉移選擇。
- (3) 本人 / 吾等明白及同意本人 / 吾等所提供的個人資料可能會為達致上述目的，或直接與上述目的有關的目的而轉交有關受託人、相關服務提供者、強制性公積金計劃管理局(簡稱「積金局」)，及其他相關機構。
- (4) 本人 / 吾等明白及同意於此表格之收集個人資料聲明條款。
- (5) 本人 / 吾等聲明，作為原計劃的參與僱主(只適用於第1類轉移)，特此作出通知本人 / 吾等有意就第III部的僱員終止參與原計劃。
- (6) 本人 / 吾等聲明本表格所提供的原計劃僱員及參與僱主的全部個人資料，乃為達致本表格內所述的目的而收集。
- (7) 本人 / 吾等聲明本表格內所述的目的是直接與在收集該等個人資料時擬將其使用於的目的有關。
- (8) 本人 / 吾等聲明本人 / 我們已獲得原計劃的僱員及參與僱主的同意，同意為達致本表格內的目的而使用他 / 她 / 他們於本表格內披露的個人資料。
- (9) 本人 / 吾等承諾若所提供之資料有任何更改，將儘快通知銀聯信託。
- (10) 本人 / 吾等聲明，盡本人 / 吾等所知及所信，本表格及隨附之文件(如有)所提供的資料均屬正確無訛且無缺漏。



Authorised Signature(s) and Company Stamp of the Participating Employer <sup>Note 7</sup>  
 參與僱主有效簽署及公司印章 <sup>註7</sup>

Date (D / M / Y) 日期(日 / 月 / 年)

**Request For Fund Transfer Form (For Participating Employer) [FORM: ABD (ER)]**  
**資金轉移申請表格 (參與僱主適用) [FORM: ABD (ER)]**

**Explanatory Notes**

- (1) (a) This form should be used when a participating employer wishes to transfer the accrued benefits in respect of its employees to another MPF registered scheme. Upon completion of this form, a participating employer should give this form to the new trustee.
- (b) A new trustee means the trustee of a scheme to which the accrued benefits of a scheme member are to be transferred.
- (2) In case of transfer of accrued benefits of employees to the new scheme under a new employer, this refers to the new employer.
- (3) The accrued benefits are confined to the accrued benefits held in the contribution account(s) in the original scheme in respect of the employees of the existing employer.
- (4) Leave it blank if it is the same as the name of the employer in Part II.
- (5) The employer's identification no. is the no. assigned by the trustee to the employer concerned. Trustees may use different names for this no. (e.g. account no., company code, contract no., employer account no., employer code, employer ID, employer no., MPF client no., participating plan no., plan no., scheme no., scheme ID, sub-scheme no.) If you are in doubt of the no., please contact the relevant trustee.
- (6) If any of the employees do NOT possess a HKID Card, please fill in their passport no. and also indicate that it is a passport no..
- (7) (a) For transfer of accrued benefits of employee(s) to the MPF scheme of a new employer, this Form must be signed by the new employer.
- (b) If the employer is not a natural person, this Form may be signed by the Managing Director, Chief Executive Officer or any person authorised to sign on behalf of the employer.

**填報須知**

- (1) (a) 本表格供擬就其僱員的累算權益轉移至另一個強積金註冊計劃的參與僱主使用。參與僱主填妥本表格後應交回新受託人。
- (b) 新受託人指計劃的受託人，而某成員的累算權益是被轉移至該計劃的。
- (2) 如屬將僱員的累算權益轉移至新僱主參加的新計劃，這指新僱主。
- (3) 所指的累算權益僅限於現任僱主的僱員在原計劃的供款帳戶內的累算權益。
- (4) 如這個名稱與第II部份的僱主名稱相同，則無須填寫此項。
- (5) 僱主識別號碼即受託人為有關僱主編配的號碼。受託人或會使用不同名稱來設定識別號碼(例如帳戶編號、僱主編號、合約編號、強積金客戶編號、參與計劃編號、計劃編號、附屬計劃編號)。如不清楚識別號碼，請聯絡有關受託人。
- (6) 如僱員沒有香港身份證，請填上他們的護照號碼，並註明其為護照號碼。
- (7) (a) 如屬將僱員的累算權益轉移至新僱主的強積金計劃，則這份表格須由新僱主簽署。
- (b) 假如僱主並不是自然人，本表格可由行政總監、行政總裁或任何獲授權人士代表僱主簽署。

<b>Internal Use Only 內部專用</b>			
Date Received:	Input By:	Verified By:	Remarks:
Broker Code:	Agent Code:	Campaign Code:	BD Code:

**NOTES TO TRANSFER BENEFITS BY EMPLOYER**

Please read the following important information before you complete FORM: ABD (ER).

- (1) Definition of terms:
  - (a) “Contribution account” – an account in an MPF scheme which is mainly used to receive MPF contributions (both employer and employee portions) made by an employer for an employee and on behalf of the employee.
  - (b) “Original trustee” (also known as “transferor trustee” in the Mandatory Provident Fund Schemes (General) Regulation (“the Regulation”)) – the trustee of an MPF scheme from which the accrued benefits of the employees are to be transferred.
  - (c) “New trustee” (also known as “transferee trustee” in the Regulation) – the trustee of an MPF scheme to which the accrued benefits of the employees are to be transferred. If you elect to transfer the accrued benefits to another account within the same MPF scheme or to another MPF scheme under the same trustee, the new trustee on FORM: ABD (ER) will be the same as the original trustee.
  - (d) “Original scheme” – the MPF scheme from which the accrued benefits of the employees are to be transferred.
  - (e) “New scheme” – the MPF scheme to which the accrued benefits of the employees are to be transferred. If you elect to transfer the accrued benefits to another account within the same MPF scheme, the new scheme on FORM: ABD (ER) will be the same as the original scheme.
- (2) FORM: ABD (ER) should be used when an employer wishes to transfer the accrued benefits of its employees to another MPF registered scheme or when a new employer wishes to transfer the accrued benefits of the employees of another employer to the new employer’s scheme. The latter case may occur when there is a change of ownership of the business or when the employees are transferred among associated companies. In such case, FORM: ABD (ER) should be completed by the new employer.
- (3) If the employee members are currently investing in an MPF guaranteed fund, a transfer of the accrued benefits out of that guaranteed fund as requested in this Form may result in some or all of the guarantee conditions not being satisfied; thus affecting their entitlements to the guarantee. Please check the offering document of the original scheme or consult the original trustee for details.
- (4) Please ensure that you have participated and enrolled your employees in the new scheme. Otherwise, you have to participate in and enrol your employees in that scheme before you submit FORM: ABD (ER) to the new trustee.
- (5) Please complete FORM: ABD (ER) carefully as the administration procedures taken by the trustees may not be reversible.
- (6) If any information provided on FORM: ABD (ER) (including the signature) is incorrect or incomplete, the trustees may not be able to process the benefit transfer request.
- (7) Information about the new scheme is set out in the offering document of that scheme. This information will assist you in making a decision about whether to make a transfer to that scheme. Copies of that offering document can be obtained from the new trustee upon request.
- (8) If you wish to make enquiries or seek assistance in making your election to transfer, please contact your original trustee or new trustee. For general enquiries regarding fund transfer, you may contact the Mandatory Provident Fund Schemes Authority (“MPFA”) via e-mail: [mpfa@mpfa.org.hk](mailto:mpfa@mpfa.org.hk) or hotline: 2918 0102.

## 僱主轉移權益須知

填寫表格: ABD (ER)前，請先閱讀下列重要資料：

- (1) 用詞定義：
  - (a) 「供款帳戶」－指強積金計劃下主要用以接收僱主為僱員所作出以及代表僱員所作出的強積金供款(包括僱主及僱員部分)的帳戶。
  - (b) 「原受託人」(在《強制性公積金計劃(一般)規例》(簡稱《規例》)中亦稱「轉移受託人」)－指轉出僱員的累算權益的強積金計劃的受託人。
  - (c) 「新受託人」(在《規例》中亦稱「承轉受託人」)－指轉入僱員的累算權益的強積金計劃的受託人。如您選擇將累算權益轉移至同一強積金計劃的另一個帳戶或轉移至同一受託人的另一個強積金計劃，在表格: ABD (ER)所述的新受託人將與原受託人相同。
  - (d) 「原計劃」－指轉出僱員的累算權益的強積金計劃。
  - (e) 「新計劃」－指轉入僱員的累算權益的強積金計劃。如您選擇將累算權益轉移至同一強積金計劃的另一個帳戶，在表格: ABD (ER)所述的新計劃將與原計劃相同。
- (2) 表格: ABD (ER)供擬把僱員的累算權益轉移至另一個強積金註冊計劃的僱主使用，或供擬把另一名僱主的僱員的累算權益轉移至新僱主所參與的計劃的新僱主使用。後者的情況或會在業務擁有權有所變更或僱員在有聯繫公司之間轉調時出現。在該情況下，新僱主應填寫表格: ABD (ER)。
- (3) 如僱員成員現時投資於強積金保證基金，則根據表格: ABD (ER)的要求從該保證基金轉出累算權益可能導致他們不符合部分或所有保證條件，從而影響他們享有保證的資格。有關詳情請查閱原計劃的要約文件或向原受託人查詢。
- (4) 請確保您已參加並安排您的僱員登記參加新計劃。否則您在向新受託人提交表格: ABD (ER)之前，便須參加並安排您的僱員登記參加該計劃。
- (5) 請小心填寫表格: ABD (ER)，因為受託人未必能夠撤銷已採取的行政步驟。
- (6) 若您在表格: ABD (ER)上所提供的任何資料(包括簽署)不正確或不完整，受託人可能無法處理您的權益轉移要求。
- (7) 新計劃的資料載於該計劃的要約文件，此等資料將有助您決定是否把累算權益轉移至該計劃。您可向新受託人索閱該要約文件。
- (8) 如欲就轉移選擇作出查詢或尋求協助，請聯絡您的原受託人或新受託人。您亦可與強制性公積金計劃管理局(簡稱「積金局」)聯絡，查詢有關資金轉移的一般事項。積金局電郵地址：[mpfa@mpfa.org.hk](mailto:mpfa@mpfa.org.hk)或積金局熱線：2918 0102



Date:

To:

Dear Sir/ Madam,

We have decided to terminate our existing MPF plan with your company and would like to provide the following information:

Company Name: \_\_\_\_\_

Plan Name: \_\_\_\_\_

Employer Code: \_\_\_\_\_

Transfer effective date: \_\_\_\_\_

Reason of Termination: Change of service provider

Last Contribution Period: \_\_\_\_\_ To \_\_\_\_\_

Should you have any enquiry, please feel free to contact \_\_\_\_\_ at \_\_\_\_\_.

Yours faithfully,

\_\_\_\_\_  
Authorized Signature(s) and Company Stamp

日期：

敬啟者：

本公司已決定終止與貴公司現有的強積金計劃，詳情如下：

公司名稱： \_\_\_\_\_

計劃名稱： \_\_\_\_\_

計劃編號： \_\_\_\_\_

轉移生效日期： \_\_\_\_\_

終止的原因： 轉換服務提供者

最後供款期： \_\_\_\_\_ 至 \_\_\_\_\_

如有任何疑問，請致電 \_\_\_\_\_ 與 \_\_\_\_\_ 聯繫。

此致

\_\_\_\_\_  
有效簽署及公司印章

Name of Plan 計劃名稱 : BCT (MPF) Pro Choice BCT 積金之選  
Scheme Registration No. 計劃註冊編號 : MT00016

Name of Employer 僱主名稱 : \_\_\_\_\_  
Name of Contact Person 聯絡人姓名 : \_\_\_\_\_  
Telephone No. 電話號碼 : \_\_\_\_\_  
Participating Plan No. 參與計劃編號 : \_\_\_\_\_

Part I — For New Employees (Note 1) 第 I 部分 — 適用於新僱員 (註 1)

No. 編號	Name of Employee (Surname first) 僱員姓名 (姓氏先行)	HKID Card No. or Membership No. 香港身份證號碼 或成員編號	Date of Employment (Note 2) 受僱日期 (註 2) (D 日 / M 月 / Y 年)	Basic Salary (Note 3) 基本入息 (註 3) (HK\$ 港元)	Relevant Income (Note 4) 有關入息 (註 4) (HK\$ 港元)	Relevant Contribution Period (Note 5) 有關供款期 (註 5) (D 日 / M 月 / Y 年)		Employer's Contributions 僱主供款		Employee's Contributions 僱員供款		Total 合計			
						From 由	To 至	(a)	(b)	(c)	(d)	(e) = (a) + (c)	(f) = (b) + (d)	(g)	
								Mandatory Contributions 強制性供款 (HK\$ 港元)	Voluntary Contributions 自願性供款 (HK\$ 港元)	Mandatory Contributions 強制性供款 (HK\$ 港元)	Voluntary Contributions 自願性供款 (HK\$ 港元)	Mandatory Contributions 強制性供款 (HK\$ 港元)	Voluntary Contributions 自願性供款 (HK\$ 港元)	Surcharge for Mandatory Contributions (Note 6) 供款附加費 (註 6) (HK\$ 港元)	
1															
2															
3															
Sub-total 小計 :															
Sub-total 小計 :															
Total 合計 :															

Personal Information Collection Statement 收集個人資料聲明

The personal data provided by or in respect of Members and Participating Employers of the BCT (MPF) Pro Choice and / or the BCT (MPF) Industry Choice (collectively referred as the "Schemes") (concerning application records and operational records and / or their dealing / transaction details records) will only be accessed and handled by properly authorised staff of Bank Consortium Trust Company Limited ("BCT", the trustee of the Schemes), BCT Financial Limited ("BCTF", the sponsor of the Schemes) and their properly authorised service providers and agents, and may be used, disclosed and / or transferred (whether in or outside Hong Kong) to such persons as BCT or any of its service providers may consider necessary, including governmental authorities and regulators, for any of the following purposes: (i) exercising or performing the functions conferred or imposed by or under or for the purposes of the Mandatory Provident Fund Schemes Ordinance ("Ordinance"); (ii) providing Mandatory Provident Fund services including the processing, administering, managing, and analysing of their, as the case may be, contributions, accrued benefits and portfolios and direct marketing of Mandatory Provident Fund services; (iii) improving the provision of Mandatory Provident Fund services by BCT to customers generally (including the facilitation of the provision of Mandatory Provident Fund services to enable the customers of BCT generally to access Mandatory Provident Fund (or other) account details through the internet and / or automated teller machine networks such as JETCO); (iv) compliance with applicable laws and regulations, and court order and / or (v) any other purposes for the exercise or performance of the above mentioned functions. If there is any change in the information provided, BCT should be notified as soon as practicable. Failure to provide the information requested may result in BCT being unable to process the instructions. Members and Participating Employers have a right to request access to and correction of any personal data or to request that personal data about them not be used for direct marketing purposes. Requests can be made in writing to the Data Protection Officer at BCT, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong.

由 BCT 積金之選及 / 或 BCT (強積金) 行業計劃 (統稱為「強積金計劃」) 成員及參與僱主所提供或相關之個人資料 (有關申請及運作記錄) 及 / 或他們的買賣 / 交易細節記錄僅供銀聯信託有限公司 (「銀聯信託」, 強積金計劃之受託人)、銀聯金融有限公司 (「銀聯金融」, 強積金計劃之保薦人) 及它們正式授權之服務供應商及代理之正式授權之職員使用及處理, 及在銀聯信託或其任何服務供應商認為有需要時, 或會被使用、披露及 / 或轉移 (在香港境內或境外) 予個別人士, 包括政府機關及監管機構作以下列任何之目的: (一) 行使或執行強制性公積金計劃條例 (「條例」) 下所授予或施加之職能或根據該條例的目的而行使或執行職能; (二) 提供強制性公積金的服務包括處理、掌管、管理及分析供款、累算權益及投資組合, 視乎情況而定, 及直銷強制性公積金服務; (三) 改善銀聯信託提供予客戶一般之強制性公積金服務 (包括協助提供強制性公積金服務以令銀聯信託之客戶可於互聯網及 / 或自動櫃員機網絡例如銀通處理強制性公積金 (或其他) 戶口資料); (四) 遵守適用之法律及規例及法院命令及 / 或 (五) 任何以行使或執行上述職能作目的之用途。如所提供資料有所變更, 請在可行的情況下儘快通知銀聯信託。未能提供所需資料可能導致銀聯信託不能處理有關指示。成員及參與僱主有權要求查閱或更改任何個人資料或要求個人資料不被用作直銷之用。請以書面聯絡銀聯信託之資料保護主任, 香港皇后大道中 183 號中遠大廈 18 樓。

I / We declare that to the best of my / our knowledge and belief, the information given in this statement and its attachments is correct and complete. I / We confirm that I / we have obtained the consent of the above employee(s) with regard to the information provided herein above to BCT and I / we have verified all the information provided herein is true and accurate in all respects.

本人 / 吾等聲明, 盡本人 / 吾等所知及所信, 本結算書及隨附文件所提供的資料均屬正確無訛且並無缺漏。本人 / 吾等確認本人 / 吾等已獲上述僱員之同意向銀聯信託提供有關上述申報僱員的資料, 並已查核就此通知書內所提供之資料於各方面均為真實及正確。

I hereby agree to indemnify BCT against any actions, proceedings, claims, losses, damages, costs or expenses which may be brought against BCT or suffered or incurred by BCT arising either directly out of or in connection with BCT accepting facsimile instructions or e-mail instructions and acting thereon, whether or not the same are confirmed by me in writing. Notwithstanding the above, BCT has the right to determine which forms or other documents of instructions may or may not be accepted by facsimile or email.

本人同意銀聯信託不論在否得到本人的書面確認下均可接受及處理傳真指示或電郵指示及根據該等指示處理有關事宜, 本人亦同意賠償銀聯信託因接受或處理該等傳真指示或電郵指示而直接或間接導致銀聯信託遭受或承受的任何行動、訴訟、理賠、損失、損害、成本或費用。銀聯信託毋須因處理該等指示而直接或間接導致的任何行動、訴訟、理賠、損失、損害、成本或費用而承擔責任。然而, 銀聯信託有權決定何種表格或其他指示文件能否以傳真方式或電郵方式傳遞。

S.V.

Authorised Signature(s) with Company Stamp (if applicable) 有效簽署及公司印章 (如適用)

Date (D / M / Y) 日期 (日 / 月 / 年)

Remarks 備註

- (1) Employers should state clearly in this Remittance Statement the following information for each new employee:  
僱主必須為每名新僱員在此付款結算書上清楚註明：
  - (a) The Relevant Income for each of the relevant contribution periods included in this statement;  
此結算書所包括的每段有關供款期內的有關入息；
  - (b) The respective employer's and employee's contributions for each of these periods;  
僱主及僱員在每段供款期的各自供款；
  - (c) Employees whose Relevant Income is zero (such as those on no-paid leave) should also be reported in this part, please specify "0" in the column of "Relevant Income"; and  
沒有任何有關入息的僱員(如正支取無薪假期的僱員)仍須在此部分填報，請在「有關入息」項目下註明「0」；以及
  - (d) If there is employee termination, please complete and submit the "Employee Termination Notice".  
如有僱員離職，請填寫及遞交「僱員離職通知書」。
- (2) The Date of Employment in this statement should be the same as the Date of Employment in the "Member Enrolment Form".  
本結算書上所列明之受僱日期必須與「成員參加表格」之受僱日期相同。
- (3) Basic salary is used in the calculation of voluntary contributions only.  
基本入息只適用於計算自願性供款。
- (4) "Relevant Income" has the meaning ascribed to the term by the Mandatory Provident Fund Schemes Ordinance as amended from time to time.  
「有關入息」之定義已載於強制性公積金條例內並不時作出修訂。
- (5) After taking into account the contribution holiday.  
不包括僱員受僱的免供期。(因毋須供款)
- (6) The surcharge shall be calculated according to the "Payment Notice" issued by the Mandatory Provident Fund Schemes Authority.  
供款附加費之計算將根據強制性公積金計劃管理局所發出之「拖欠供款附加費通知書」為準。
- (7) The cheque should be made payable to "Bank Consortium Trust Company Limited - Client A/C - Master Clearing".  
支票抬頭請註明為「銀聯信託有限公司 – 集成計劃」。
- (8) In the absence of the employer's signature, this remittance statement would be regarded as incomplete.  
若付款結算書上欠缺僱主簽署，該付款結算書將被視為尚未填妥。
- (9) Please countersign any alterations made in this form.  
如須作出任何刪改，請於刪改之位置旁簽署。

Name of Plan 計劃名稱 : BCT (MPF) Pro Choice BCT 積金之選

Name of Employer 僱主名稱 : \_\_\_\_\_

Scheme Registration No. 計劃註冊編號 : MT00016

Name of Contact Person 聯絡人姓名 : \_\_\_\_\_

Contributions for the contribution period from (Note A) 供款期由 (註 A)

Telephone No. 電話號碼 : \_\_\_\_\_

Participating Plan No. 參與計劃編號 : \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_  
(D 日 / M 月 / Y 年) 至 (D 日 / M 月 / Y 年)

Part II — For Existing Employees (Note B) 第 II 部分 — 適用於現有僱員 (註 B)

No. 編號	Name of Employee (Surname first) 僱員姓名 (姓氏先行)	HKID Card No. or Membership No. 香港身份證號碼 或成員編號	Basic Salary (Note C) 基本入息 (註 C) (HK\$ 港元)	Relevant Income (Note D) 有關入息 (註 D) (HK\$ 港元)	Employer's Contributions 僱主供款		Employee's Contributions 僱員供款		Total 合計			Termination Details 離職詳情			
					(a) Mandatory Contributions 強制性供款 (HK\$ 港元)	(b) Voluntary Contributions 自願性供款 (HK\$ 港元)	(c) Mandatory Contributions 強制性供款 (HK\$ 港元)	(d) Voluntary Contributions 自願性供款 (HK\$ 港元)	(e) = (a) + (c) Mandatory Contributions 強制性供款 (HK\$ 港元)	(f) = (b) + (d) Voluntary Contributions 自願性供款 (HK\$ 港元)	(g) Surcharge for Mandatory Contributions (Note E) 供款附加費 (註 E) (HK\$ 港元)	Last Date of Employment (D-M-Y) 最後受僱日期 (日-月-年)	Termination Reason (Note 1) 離職原因 (註 1)	Claim of LSP / SP Paid by Employer (Note 2) 申索僱主已付之 長期服務金 / 遣散費金額 (註 2) (HK\$ 港元)	Internal Use Only 內部專用
1												- -			
2												- -			
3												- -			
4												- -			
5												- -			
6												- -			
Sub-total 小計 :															
Sub-total 小計 :															
Total 合計 :															

Personal Information Collection Statement 收集個人資料聲明

The personal data provided by or in respect of Members and Participating Employers of the BCT (MPF) Pro Choice and / or the BCT (MPF) Industry Choice (collectively referred as the "Schemes") (concerning application records and operational records and / or their dealing / transaction details records) will only be accessed and handled by properly authorised staff of Bank Consortium Trust Company Limited ("BCT", the trustee of the Schemes), BCT Financial Limited ("BCTF", the sponsor of the Schemes) and their properly authorised service providers and agents, and may be used, disclosed and / or transferred (whether in or outside Hong Kong) to such persons as BCT or any of its service providers may consider necessary, including governmental authorities and regulators, for any of the following purposes: (i) exercising or performing the functions conferred or imposed by or under or for the purposes of the Mandatory Provident Fund Schemes Ordinance ("Ordinance"); (ii) providing Mandatory Provident Fund services including the processing, administering, managing, and analysing of them, as the case may be, contributions, accrued benefits and portfolios and direct marketing of Mandatory Provident Fund services; (iii) improving the provision of Mandatory Provident Fund services by BCT to customers generally (including the facilitation of the provision of Mandatory Provident Fund services to enable the customers of BCT generally to access Mandatory Provident Fund (or other) account details through the internet and / or automated teller machine networks such as JETCO); (iv) compliance with applicable laws and regulations, and court order and / or (v) any other purposes for the exercise or performance of the above mentioned functions. If there is any change in the information provided, BCT should be notified as soon as practicable. Failure to provide the information requested may result in BCT being unable to process the instructions. Members and Participating Employers have a right to request access to and correction of any personal data or to request that personal data about them not be used for direct marketing purposes. Requests can be made in writing to the Data Protection Officer at BCT, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong.

由 BCT 積金之選及 / 或 BCT (強積金) 行業計劃 (統稱為「強積金計劃») 成員及參與僱主所提供或相關之個人資料 (有關申請及運作記錄) 及 / 或他們的買賣 / 交易細節記錄僅供銀聯信託有限公司 (「銀聯信託», 強積金計劃之受託人)、銀聯金融有限公司 (「銀聯金融», 強積金計劃之保薦人) 及它們正式授權之服務供應商及代理之正式授權之職員使用及處理, 及在銀聯信託或其任何服務供應商認為有需要時, 或被使用、披露及 / 或轉移 (在香港境內或境外) 予個別人士, 包括政府機關及監管機構作以下列任何之目的: (一) 行使或執行強制性公積金計劃條例 (「條例») 下所授予或施加之職能或根據該條例的目的而行使或執行職能; (二) 提供強制性公積金的服務包括處理、掌管、管理及分析供款、累積權益及投資組合, 視乎情況而定, 及直銷強制性公積金服務; (三) 改善銀聯信託提供予客戶一般之強制性公積金服務 (包括協助提供強制性公積金服務以令銀聯信託之客戶可於互聯網及 / 或自動櫃員機網絡如銀通處理強制性公積金 (或其他) 戶口資料); (四) 遵守適用之法律及規例及法院命令及 / 或 (五) 任何以行使或執行上述職能作目的之用途。如所提供資料有所變更, 請在可行的情況下儘快通知銀聯信託。未能提供所需資料可能導致銀聯信託不能處理有關指示。成員及參與僱主有權要求查閱或更改任何個人資料不被用作直銷之用。請以書面聯絡銀聯信託之資料保護主任, 香港皇后大道中 183 號中遠大廈 18 樓。

I / We declare that to the best of my / our knowledge and belief, the information given in this statement and its attachments is correct and complete. I / We confirm that I / we have obtained the consent of the above employee(s) with regard to the information provided herein above to BCT and I / we have verified all the information provided herein is true and accurate in all respects. I / We further confirm that for any claims of LSP / SP reimbursement (if any) from employer's contribution account, the LSP / SP paid by my / our company is calculated and paid to the relevant employee in accordance with the Employment Ordinance. I / We agree and confirm that this form serves as the written agreement to terminate the membership of the member(s) listed under my / our participating plan.

本人 / 吾等聲明, 盡本人 / 吾等所知及所信, 本結算書及隨附文件所提供的資料均屬正確無訛且並無缺漏。本人 / 吾等確認本人 / 吾等已獲上述僱員之同意向銀聯信託提供有關上述申報僱員的資料, 並已查核就此通知書內所提供之資料於各方面均為真實及正確。本人 / 吾等並確認就已付之長期服務金或遣散費而提出從僱主供款戶口發還有關金額 (如有), 均根據僱傭條例而計算及支付予有關僱員。本人 / 吾等同意及確認此表格作為書面同意終止所列僱員於本人 / 吾等計劃的成員資格。

I hereby agree to indemnify BCT against any actions, proceedings, claims, losses, damages, costs or expenses which may be brought against BCT or suffered or incurred by BCT arising either directly out of or in connection with BCT accepting facsimile instructions or e-mail instructions and acting thereon, whether or not the same are confirmed by me in writing. Notwithstanding the above, BCT has the right to determine which forms or other documents of instructions may or may not be accepted by facsimile or email.

本人同意銀聯信託不論在否得到本人的書面確認下均可接受及處理傳真指示或電郵指示及根據該等指示處理有關事宜, 本人亦同意賠償銀聯信託因接受或處理該等傳真指示或電郵指示而直接或間接導致銀聯信託遭受或承受的任何行動、訴訟、理賠、損失、損害、成本或費用。銀聯信託毋須因處理該等指示而直接或間接導致的任何行動、訴訟、理賠、損失、損害、成本或費用而承擔責任。然而, 銀聯信託有權決定何種表格或其他指示文件能否以傳真方式或電郵方式傳遞。

S.V.

Authorised Signature(s) with Company Stamp (if applicable) 有效簽署及公司印章 (如適用)

Date (D / M / Y) 日期 (日 / 月 / 年)

Remarks 備註

- (A) Each Remittance Statement is only for one contribution period.  
每張付款結算書只適用於同一段供款期。
- (B) Employers should state clearly in this Remittance Statement the following information for each existing employee:  
僱主必須為每名現有僱員在此付款結算書上清楚註明：
- (a) The Relevant Income for each of the relevant contribution periods included in this statement;  
此結算書所包括的每段有關供款期內的有關入息；
- (b) The respective employer's and employee's contributions for each of these periods; and  
僱主及僱員在每段供款期的各自供款；以及
- (c) Employees whose Relevant Income is zero (such as those on no-paid leave) should also be reported in this part, please specify "0" in the column of "Relevant Income".  
沒有任何有關入息的僱員(如正支取無薪假期的僱員)仍須在此部分填報，請在「有關入息」項目下註明「0」。
- (C) Basic salary is used in the calculation of voluntary contributions only.  
基本入息只適用於計算自願性供款。
- (D) "Relevant Income" has the meaning ascribed to the term by the Mandatory Provident Fund Schemes Ordinance as amended from time to time.  
「有關入息」之定義已載於強制性公積金條例內並不時作出修訂。
- (E) The surcharge shall be calculated according to the "Payment Notice" issued by the Mandatory Provident Fund Schemes Authority.  
供款附加費之計算將根據強制性公積金計劃管理局所發出之「拖欠供款附加費通知書」為準。
- (1) Termination Reason '01' — Retirement 退休 '04' — Resignation / Contract Completion 辭職 / 合約完結  
離職原因 '02' — Total Incapacity 完全喪失行為能力 '05a' — Dismissal (Forfeiture of ERVC's vested benefit) (Note 3) 解僱(喪失已歸屬之僱主自願性供款權益)(註3)  
'03' — Death 死亡 '05b' — Dismissal (Non-forfeiture of ERVC's vested benefit) 解僱(保留已歸屬之僱主自願性供款權益)  
'07' — Early Retirement 提早退休 '06' — Transfer to Associated Company / Transfer due to Change of Business Ownership (Note 4)  
'14' — Redundancy 裁員 / 遣散 聯繫公司之轉職 / 因業務擁有權變動之轉職(註4)  
'20' — Wrongly Apply 錯誤申請 '08' — Permanent Departure from Hong Kong 永久性地離開香港
- (2) Employer **MUST** complete this part for claiming reimbursement of Long Service Payment / Severance Payment (LSP / SP) amount from employer's contribution account. In addition, please provide supporting documents, e.g. original LSP / SP Receipt duly signed by employee and employer.  
僱主若申請從僱主之供款戶口中發還已付之長期服務金 / 遣散費，**必須**填寫此欄。此外，請提供有關文件，如：僱員及僱主簽妥之長期服務金 / 遣散費收款證明書之正本。
- (3) This termination reason is only applicable to member who has been dismissed by the employer because of fraud, dishonesty or gross misconduct against the employer.  
此離職原因只適用於如因欺詐、不誠實或行為粗鄙失當而遭僱主解僱之僱員。
- (4) For transfer between associated companies or due to change of business ownership, please complete the "**Transfer of Accrued Benefits Upon Intra-group Transfer / Change of Business Ownership**" form and submit the required documents to us.  
如屬於聯繫公司或因業務擁有權變動之轉職，請填妥「**聯繫公司 / 更改業務擁有權之成員累算權益轉移**」及遞交所需之文件。
- (5) In order to expedite the process to reimburse LSP / SP amount from employer's contribution account, please submit the completed "Payment of Accrued Benefits Form (For Scheme Member)" or "Request for Fund Transfer Form (for self-employed person, personal account holder or employee ceasing employment)" of the relevant employee(s) against whom LSP / SP amount(s) is / are claimed; otherwise, the reimbursement will be paid in approximately 120 days from the date the "Employee Termination Notice" is received.  
為加快處理發還長期服務金 / 遣散費中僱主供款之歸屬部份，請遞交有關僱員已填妥之「累算權益申索表格(計劃成員適用)」或「資金轉移表格(適用於自僱人士、個人帳戶持有人或終止受僱的僱員)」，否則，退款將於收到「僱員離職通知書」當日計起約120日內付清。
- (6) Employee should not be terminated if there is residual payment to be made to the employee. Employer should submit "Employee Termination Notice" for the relevant employee(s) when all the residual payment(s) and relevant contribution(s) have been made accordingly.  
若尚欠剩餘付款未繳付予僱員，僱員之記錄不應包括在此表格內。僱主應在清繳所有剩餘款項及有關供款後才遞交有關僱員之「僱員離職通知書」。
- (7) The cheque should be made payable to "Bank Consortium Trust Company Limited - Client A/C - Master Clearing".  
支票抬頭請註明為「銀聯信託有限公司 – 集成計劃」。
- (8) In the absence of the employer's signature, this remittance statement would be regarded as incomplete.  
若付款結算書上欠缺僱主簽署，該付款結算書將被視為尚未填妥。
- (9) Please countersign any alterations made in this form.  
如須作出任何刪改，請於刪改之位置旁簽署。

Internal Use Only 內部專用							
<60 days			With VC / ORSO		MP	MT	LSP / SP
No Cont.	With MC	With MT	Withdraw	Transfer	MA	Other Trustee	O/S Cont.
Date Received:			Doc. Completion Date:				( )
Processed By:		( )	Approved By:			( )	

Note 注意

- Please read the principal brochure (and any addendum thereto) of the BCT (MPF) Pro Choice carefully before completing this form.  
填寫此申請書前，請先細閱BCT積金之選總說明書及任何其附錄的條款。
- Please mark "✓" in the appropriate box. 請於適用的方格內填上"✓"號。
- Please countersign any alterations made in this form. 如須作出任何刪改，請於刪改之位置旁簽署。

Part I. Employer Details (Mandatory Field) 僱主資料(必填部份)	
Name of Plan 計劃名稱 <b>BCT (MPF) Pro Choice BCT 積金之選</b>	Participating Plan No. 參與計劃編號
Name of Company 公司名稱 English 英文 _____ Chinese 中文 _____	Membership No. (Internal Use Only) 成員編號(內部專用)

Part II. Member Details (Mandatory Field) 成員資料(必填部份)				
Name of Member 成員姓名 (Must be identical to the one shown on your Hong Kong ID Card / Passport 須與您的香港身份證 / 護照上之姓名相同)				
<input type="checkbox"/> Mr. 先生 Surname 姓 _____ (English 英文) _____	First Name 名 _____ (English 英文) _____			
<input type="checkbox"/> Ms. 小姐 _____				
<input type="checkbox"/> Mrs. 女士 Chinese Name 中文姓名 _____				
(Please provide a copy 請附上副本)				
<input type="checkbox"/> HKID Card No. 香港身份證號碼 _____	Sex 性別 _____			
<input type="checkbox"/> Passport No.* 護照號碼* _____				
Date of Birth (D / M / Y) 出生日期(日 / 月 / 年) _____	Staff No. / Department Code 職員號碼 / 部門編號 (if any 如有) _____			
Date of Employment (D / M / Y) 受僱日期(日 / 月 / 年) _____	Date of Joining Plan ▲(D / M / Y) 參與計劃日期 ▲(日 / 月 / 年) _____			
Telephone No. 電話號碼	Country Code 國家號碼	Area Code 地區號碼	Phone No. 電話號碼	Ext. 內線
Local Mobile 本地手提				
Business 辦公室				
Residential 住宅				
Other Contact No. 其他聯絡號碼				
E-mail Address 電郵地址 _____				
Residential Address# 住址 # (P.O. Box address will not be accepted. All correspondence will be sent to the following address. 郵政信箱恕不接受。所有通訊將寄往以下地址。)				
Flat / Room 室 _____ Floor 樓 _____ Block 座 _____				
Building / Estate Name 大廈 / 屋苑名稱 _____				
Street / Road 街道 _____				
District / Country 地區 / 國家 _____				

Part III. Member Voluntary Contribution (If Any) 成員自願性供款(如有)	
<input type="checkbox"/> A. With voluntary contribution from employer 僱主為成員作出自願性供款: A fixed percentage of _____ % of the same basis of employer voluntary contribution 與僱主自願性供款基準相同之固定百分比 _____ %	
<input type="checkbox"/> B. No voluntary contribution from employer 僱主沒有為成員作出自願性供款: <input type="checkbox"/> _____ % x Monthly Basic Salary, or 供款率 x 每月基本入息, 或 <input type="checkbox"/> _____ % x Monthly MPF Relevant Income 供款率 x 每月強積金有關入息	
Remarks 備註	
1. Employer will deduct your salary to settle your voluntary contribution. 僱主將於您的薪金中扣除款項作自願性供款。	
2. Under normal circumstances, the accrued benefits derived from the said voluntary contributions can only be withdrawn upon your cessation of employment with your company or at the age of 65. 按正常情況，此等自願性供款所衍生的累算權益，只在您終止受僱於現有公司或年滿65歲後方可提取。	
<input type="checkbox"/> C. "Easy Gold Plan" 「積·金·易」: Please also fill in and submit Application Form - "Easy Gold Plan" [FORM: AP (SVC)-MT]. 請同時填寫及遞交「積·金·易」申請表格 [FORM: AP (SVC)-MT]。	

\* Passport No. should be given only when you do not possess HKID card. 只在沒有持有香港身份證的情況下才填寫護照號碼。

▲ If the Date of Joining Plan is left blank, it will be considered the same as the Date of Employment. 如沒有填寫參與計劃日期，該日期將視作與受僱日期相同。

# Under Section 91(2) of the Mandatory Provident Fund Schemes (General) Regulation, the Trustee is required to maintain a record of each member's residential address. 按強制性公積金計劃(一般)規例第91(2)條，受託人必須記錄每位成員的住址資料。



**Part IV. Indicate Your Investment Instruction (Remark 1) 設定您的投資指示(註1)****Important Note 重要提示**

Please indicate your investment instructions for each of the Mandatory Account, Voluntary Account and Asset Transfer-in Account in the three columns provided below. Every account can have individual investment instruction. If no investment instruction is specified in any column, all future contributions or transfer-in asset to the respective account will be 100% invested into the default constituent fund [currently, the BCT (Pro) E30 Mixed Asset Fund (multi-manager) ("the Fund")]. The benchmark weightings of the investment of the Fund are expected to be, but not restricted to, 30% in equities and 70% in fixed income securities. 請於下列三欄的個別欄位清楚填寫您的「強制性」、「自願性」及「轉入之資產」戶口之投資指示，每個戶口可以有不同的投資指示。如您就個別戶口沒有填上投資指示，該戶口日後的所有供款或轉入資產，將100%投資於預設成份基金[現時之預設成份基金為BCT E30混合資產基金(多元經理)(「本基金」)]。本基金的標準投資比重預計為(但不限於)三成股票及七成定息證券。

Constituent Fund 成份基金		Mandatory Account All mandatory contributions made under current employer, including mandatory portion of transfer balance resulting from change of trustee by existing employer, and minimum MPF benefits  強制性戶口 所有經由「現任僱主」作出之強制性供款，包括因現任僱主轉換受託人而轉移之結餘，及最低強積金利益	Voluntary Account All voluntary contributions made under current employer, including voluntary portion of transfer balance resulting from change of trustee by existing employer, ORSO asset transfer-in and "Easy Gold Plan"  自願性戶口 所有經由「現任僱主」作出之自願性供款，包括因現任僱主轉換受託人而轉移之結餘、職業退休計劃之資產轉入，及「積·金·易」	Asset Transfer-in Account To cater for balances derived from other than the current employer, such as accumulated account balances under previous employer(s) including those accumulated before change of employment, intra-group transfer or transfer upon change of business ownership  轉入之資產戶口 適用於「非現任僱主」所衍生之結餘，如由前僱主累積之結餘，包括於轉職、調職到聯繫公司或更改業務擁有權而調職前所累積的結餘
		Percentage 百分比(%) (Must be an integer 必須為整數)		
<b>Equity Funds 股票基金</b>				
MCHK	BCT (Pro) China & Hong Kong Equity Fund BCT 中國及香港股票基金			
MHKE	BCT (Pro) Hong Kong Equity Fund BCT 香港股票基金			
MASE	BCT (Pro) Asian Equity Fund BCT 亞洲股票基金			
MEUR	BCT (Pro) European Equity Fund BCT 歐洲股票基金			
MGLE	BCT (Pro) Global Equity Fund (Templeton) BCT 環球股票基金(鄧普頓)			
MINE	BCT (Pro) International Equity Fund (Fidelity) BCT 國際股票基金(富達)			
<b>Market Tracking Series 緊貼市場系列</b>				
HSIT	BCT (Pro) Hang Seng Index Tracking Fund BCT 恒指基金			
GCEF	BCT (Pro) Greater China Equity Fund (Remark 2) BCT 大中華股票基金(註2)			
WREF	BCT (Pro) World Equity Fund (Remark 2) BCT 世界股票基金(註2)			
<b>Target Date Funds 目標日期基金</b>				
SE40	BCT (Pro) SaveEasy 2040 Fund BCT 儲蓄易2040基金			
SE35	BCT (Pro) SaveEasy 2035 Fund BCT 儲蓄易2035基金			
SE30	BCT (Pro) SaveEasy 2030 Fund BCT 儲蓄易2030基金			
SE25	BCT (Pro) SaveEasy 2025 Fund BCT 儲蓄易2025基金			
SE20	BCT (Pro) SaveEasy 2020 Fund BCT 儲蓄易2020基金			
<b>Mixed Asset Funds 混合資產基金</b>				
ME90	BCT (Pro) E90 Mixed Asset Fund (Fidelity) BCT E90 混合資產基金(富達)			
BCGF	BCT (Pro) E70 Mixed Asset Fund (multi-manager) BCT E70 混合資產基金(多元經理)			
BCBF	BCT (Pro) E50 Mixed Asset Fund (multi-manager) BCT E50 混合資產基金(多元經理)			
BCSF	BCT (Pro) E30 Mixed Asset Fund (multi-manager) BCT E30 混合資產基金(多元經理)			
<b>Lower Risk Funds 較低風險基金</b>				
MARF	BCT (Pro) Absolute Return Fund BCT 目標回報基金			
MRMB	BCT (Pro) RMB Bond Fund (This constituent fund is denominated in HKD and not in RMB) BCT 人民幣債券基金 (此成份基金以港元而非以人民幣計價)			
MGLB	BCT (Pro) Global Bond Fund BCT 環球債券基金			
HKDB	BCT (Pro) Hong Kong Dollar Bond Fund BCT 港元債券基金			
BCPF	BCT (Pro) MPF Conservative Fund BCT 強積金保守基金			
<b>Total 總和</b>		<b>100%</b>	<b>100%</b>	<b>100%</b>

**Remarks 備註**

- For the case of transfer of the MPF account balance within the same scheme, your latest fund allocation (i.e. units under respective funds) will remain unchanged until a valid fund switching instruction is given to us to change the allocation.  
如於同一計劃內轉移強積金戶口結餘，您戶口內的基金分布(即各基金單位)將維持不變，直至向我們作出基金轉換指示以更改基金分布為止。
- BCT (Pro) Greater China Equity Fund and BCT (Pro) World Equity Fund are portfolio management funds investing in approved Index Tracking Collective Investment Schemes (ITCISs) and that these funds themselves are not index-tracking funds.  
BCT 大中華股票基金及BCT 世界股票基金，乃投資於核准緊貼指數集體投資計劃的投資組合管理基金，而並非單一指數追蹤基金。



**Part V. Personal Information Collection Statement 收集個人資料聲明**

The personal data provided by or in respect of Members and Participating Employers of the BCT (MPF) Pro Choice and / or the BCT (MPF) Industry Choice (collectively referred as the "Schemes") (concerning application records and operational records and / or their dealing / transaction details records) will only be accessed and handled by properly authorised staff of Bank Consortium Trust Company Limited ("BCT", the trustee of the Schemes), BCT Financial Limited ("BCTF", the sponsor of the Schemes) and their properly authorised service providers and agents, and may be used, disclosed and / or transferred (whether in or outside Hong Kong) to such persons as BCT or any of its service providers may consider necessary, including governmental authorities and regulators, for any of the following purposes: (i) exercising or performing the functions conferred or imposed by or under or for the purposes of the Mandatory Provident Fund Schemes Ordinance ("Ordinance"); (ii) providing Mandatory Provident Fund services including the processing, administering, managing, and analysing of their, as the case may be, contributions, accrued benefits and portfolios and direct marketing of Mandatory Provident Fund services; (iii) improving the provision of Mandatory Provident Fund services by BCT to customers generally (including the facilitation of the provision of Mandatory Provident Fund services to enable the customers of BCT generally to access Mandatory Provident Fund (or other) account details through the internet and / or automated teller machine networks such as JETCO); (iv) compliance with applicable laws and regulations, and court order and / or (v) any other purposes for the exercise or performance of the above mentioned functions. If there is any change in the information provided, BCT should be notified as soon as practicable. Failure to provide the information requested may result in BCT being unable to process the instructions.

Members and Participating Employers have a right to request access to and correction of any personal data or to request that personal data about them not be used for direct marketing purposes. Requests can be made in writing to the Data Protection Officer at BCT, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong.

由BCT積金之選及 / 或BCT(強積金)行業計劃(統稱為「強積金計劃」)成員及參與僱主所提供或相關之個人資料(有關申請及運作記錄)及 / 或他們的買賣 / 交易細節記錄僅供銀聯信託有限公司(「銀聯信託」, 強積金計劃之受託人)、銀聯金融有限公司(「銀聯金融」, 強積金計劃之保薦人)及它們正式授權之服務供應商及代理之正式授權之職員使用及處理, 及在銀聯信託或其任何服務供應商認為有需要時, 或會被使用、披露及 / 或轉移(在香港境內或境外)予個別人士, 包括政府機關及監管機構作以下列任何之目的: (一)行使或執行強制性公積金計劃條例(「條例」)下所授予或施加之職能或根據該條例的目的而行使或執行職能; (二)提供強制性公積金的服務包括處理、掌管、管理及分析供款、累算權益及投資組合, 視乎情況而定, 及直銷強制性公積金服務; (三)改善銀聯信託提供予客戶一般之強制性公積金服務(包括協助提供強制性公積金服務以令銀聯信託之客戶可於互聯網及 / 或自動櫃員機網絡例如銀通處理強制性公積金(或其他)戶口資料); (四)遵守適用之法律及規例及法院命令及 / 或(五)任何以行使或執行上述職能作目的之用途。如所提供資料有所變更, 請在可行的情況下儘快通知銀聯信託。未能提供所需資料可能導致銀聯信託不能處理有關指示。

成員及參與僱主有權要求查閱或更改任何個人資料或要求個人資料不被用作直銷之用。請以書面聯絡銀聯信託之資料保護主任, 香港皇后大道中183號中遠大廈18樓。

**Part VI. Authorisation, Declaration and Consent 授權、聲明及同意**

By signing this document:

- I apply for membership of the Participating Plan and agree to be bound by the terms and conditions of the Participating Plan. I acknowledge and agree that the provision of benefits to which I am entitled under the Participating Plan shall entail regular contributions to the Participating Plan by deduction from my salary.
- I undertake that if there is any change in the information so provided, I shall notify BCT as soon as reasonably practicable.
- I authorise any employer, banks, trustees, government institutions, or other organisations, institutions or persons, that have any records or information of myself to disclose such record or information, as in the circumstances necessary, to BCT upon request. This authorisation shall remain valid notwithstanding my death or incapacity. A photocopy of this authorisation shall be as valid as the original.
- I confirm that I have received, read and understood the contents contained in the latest version of the principal brochure (and any addendum thereto) of the BCT (MPF) Pro Choice (the "Plan"). I accept and agree to be bound by the terms of such principal brochure (and addendum thereto, if any), the trust deed constituting the Plan (including any deed of amendment), the rules thereof and any other notification sent to me from time to time pursuant to the terms of the relevant trust deed. I understand that such terms constitute the "terms of the Participating Plan" referred to above.
- I understand and agree to the terms of the Personal Information Collection Statement as set out in this form.
- I declare that to the best of my knowledge and belief, the information given in this form and / or its attachment(s), if any, is correct and complete.
- I expressly consent to the use of my personal data (provided herein or in connection with the service provided hereunder) for the purpose of direct marketing of Mandatory Provident Fund Services (and ancillary MPF products) by BCTF (or its employees or agents); but I understand that BCTF cannot make such use of my personal data without my consent and will cease upon my written or verbal request. I further understand that if I do not wish to consent to my personal data being used for the said direct marketing purpose, I should indicate that no consent is given, by ticking this box.

經簽署本文件:

- 本人現申請成為參與計劃之成員, 並同意遵守有關參與計劃之條款及條件。本人確認並同意須從本人收入內扣除有關參與計劃中列明之定期供款, 本人才得以依照有關參與計劃之規定享有權益。
- 本人承諾假使所提供之資料有任何更改, 本人將於改動後儘快通知銀聯信託。
- 本人授權任何存有本人記錄或資料之僱主、銀行、受託人、政府部門或其他機構 / 個人, 於有需要的情況下並於銀聯信託提出要求後, 向銀聯信託提供有關記錄或資料。此授權即使在本人死亡或失去行為能力的情况下仍具效力。此授權書之影印本將與正本產生同樣之法律效力。
- 本人確認本人已收取、細閱及明白最新版本之BCT積金之選(「該計劃」)總說明書及任何其附錄的條款。本人接受及同意受此總說明書及其附錄的條款、成立該計劃的信託契約(包括其後之修訂契約, 如有)、信託契約內的規則及日後根據有關信託契約之條款向本人不時發出有關之通知所約束。本人明白此條款屬於以上「有關參與計劃之條款」的一部份。
- 本人明白及同意於此表格之收集個人資料聲明條款。
- 本人聲明, 盡本人所知及所信, 本表格及隨附之文件(如有)所提供的資料均屬正確無訛且無缺漏。
- 本人即明確表示同意銀聯金融(及其僱員或代理)使用本人的個人資料(於此文件提供的或就根據此文件而提供的服務所提供的)作直銷強制性公積金服務(及有關強積金的產品)的目的, 但本人明白倘本人不同意銀聯金融不能如此使用本人的個人資料及倘接獲本人之書面或口頭要求, 該使用將停止。本人亦明白如本人不欲將本人的個人資料用作上述直銷用途, 本人應在此方格內加上「✓」號, 以表示不同意。

Signature of Member 成員簽署

Full Name 全名

Date (D / M / Y) 日期(日 / 月 / 年)

**To be Completed by The Employer 由僱主填寫**

Payroll Cycle 出糧周期	<input type="checkbox"/> Yearly 每年(____ month月)	<input type="checkbox"/> Monthly 每月	<input type="checkbox"/> Semi-monthly 每半月	<input type="checkbox"/> Weekly 每星期	<input type="checkbox"/> Others 其他____	Member Category (if any) 成員類別(如有)
Authorised Signature(s) with Company Stamp (if applicable) 有效簽署及公司印章(如適用)						Date (D / M / Y) 日期(日 / 月 / 年)

**Internal Use Only 內部專用**

Date Received:	Input By:	Verified By:	Remarks:
Broker Code:	Agent Code:	Campaign Code:	BD Code:

*[Applicable to individual members]*

Bank Consortium Trust Company Limited  
18/F, Cosco Tower,  
183 Queen's Road Central,  
Hong Kong

*[Date]*

Dear Sir/Madam

**Appointment of Exclusive MPF Intermediary / Servicing Agent**

I, \_\_\_\_\_ *[Name of client]* (holder of Hong Kong Identity Card number \_\_\_\_\_), have on *[Date]*, appointed **Sun Flower Insurance Brokers Limited** *[Name of the Corporate Intermediary]* as my exclusive MPF Intermediary/ servicing agent with respect to my MPF scheme arrangement.

I hereby direct and authorise Bank Consortium Trust Company Limited (“BCT”) to disclose and transfer my personal data and details of transactions/dealings of my account(s) as indicated below to **Sun Flower Insurance Brokers Limited** *[Name of the Corporate Intermediary]* and their individual MPF Intermediaries for the purpose of their reviewing the dealing/transaction details of my said account(s) and giving advice thereon in connection with the scheme(s) of which I am a member.

Please initial in the appropriate boxes  below to indicate the specific scheme(s) and account(s) that you authorise BCT to disclose the details of which to the Corporate Intermediary as mentioned above.

<b>Scheme</b>	<b>Account</b>		
<input type="checkbox"/> Bank Consortium MPF Plan	<input type="checkbox"/> Regular Employee	<input type="checkbox"/> Preserved Member	<input type="checkbox"/> Self-employed Person
<input type="checkbox"/> Bank Consortium Industry Plan	<input type="checkbox"/> Regular Employee	<input type="checkbox"/> Preserved Member	<input type="checkbox"/> Self-employed Person

Yours faithfully,

\_\_\_\_\_  
<Signature of the client>

**For Internal Use Only**

**Broker Code:**

**Agent Code:**

[適用於僱員成員]

銀聯信託有限公司  
香港皇后大道中 183 號  
中遠大廈 18 樓

[日期]

敬啟者：

### 唯一強積金中介人 / 服務代理人委任書

本人， \_\_\_\_\_ [委任人姓名] (香港身份證號碼 \_\_\_\_\_) 於[日期]起委任 **新華保險顧問有限公司** [機構中介人名稱] 為處理本人強積金計劃事宜之唯一強積金中介人 / 服務代理人。

本人在此指示並授權予銀聯信託有限公司向 **新華保險顧問有限公司** [機構中介人名稱] 及其個別強積金中介人披露及轉移本人的個人資料及有關本人帳戶內之買賣 / 交易詳情，以用作檢視本人的帳戶內之買賣 / 交易情況及就此給予意見。

請於下列空格  勾選閣下授權銀聯信託有限公司披露予上述機構中介人的強積金計劃及戶口：

計劃:	帳戶:		
<input type="checkbox"/> 銀聯信託強積金計劃	<input type="checkbox"/> 一般僱員	<input type="checkbox"/> 保留帳戶	<input type="checkbox"/> 自僱人仕
<input type="checkbox"/> 銀聯信託行業計劃	<input type="checkbox"/> 一般僱員	<input type="checkbox"/> 保留帳戶	<input type="checkbox"/> 自僱人仕

此致

\_\_\_\_\_  
<委任人簽署>

For Internal Use Only

Broker Code:

Agent Code:



**E-alert Service on MPF Contribution**

A free e-alert service is launched to assist you in making timely MPF contributions. You may now choose to receive a reminder from us via SMS / email three business days prior to the statutory contribution deadline (i.e. the 10<sup>th</sup> day of each month) so as to avoid surcharge on late contributions.

To enjoy this new service, simply complete and return the reply slip below! For enquires, please call our Employer Hotline at 2298 9388.

**強積金供款電子提示服務**

為助您準時供款，我們特別推出免費電子提示服務，在法定供款日前三個工作天，透過短訊或電郵提醒您作強積金供款，讓您免因逾期供款而被徵收附加費。

您只需填妥並交回以下回條，即可享用此項方便的新服務！若有任何查詢，歡迎致電僱主熱線 2298 9388 與我們聯絡。

-----  
**E-alert Service on MPF Contribution –  
 Enrolment/ Cancellation/ Information Update Reply Slip  
 強積金供款電子提示服務 – 服務申請/取消/資料更新回條**

**E-alert Service Enrolment 服務申請:**

Please complete, sign and return this reply slip to Bank Consortium Trust Company Limited (18/F, Cosco Tower, 183 Queen’s Road Central, Hong Kong) to enrol for this FREE value-added service.

請將已填妥並簽署之回條寄回銀聯信託有限公司（香港皇后大道中 183 號中遠大廈 18 樓），以便我們為您登記此項免費增值服務。

<b>Name of Plan 計劃名稱:</b>	<input type="checkbox"/> BCT (MPF) Pro Choice      BCT 積金之選 <input type="checkbox"/> BCT (MPF) Industry Choice      BCT (強積金) 行業計劃
<b>Participating Plan No. 參與計劃編號:</b>	
<b>Name of Company 公司名稱:</b>	
<b>Contact Person 聯絡人:</b>	

Please  to select the required e-alert service(s) and provide the related contact information for the purpose of providing such service(s). (You may select more than one option)

請以  選擇所需之電子提示服務並提供此項服務所需的聯絡資料。(可選擇多於一項)

<input type="checkbox"/> <b>SMS Alert (Chinese only)</b> 中文短訊提示	<b>Mobile Phone No. 手提電話號碼</b> (Hong Kong mobile phone users and 5, 6 or 9 word at the beginning of the mobile phone number only) (只限香港地區之手提電話用戶並只適用於 5、6 或 9 字開頭的手提電話號碼)
	852 –
<input type="checkbox"/> <b>Email Alert (Bilingual)</b> 中英文電郵提示	<b>Email Address 電郵地址</b>

## E-alert Service – Change of Contact Details 更改聯絡資料:

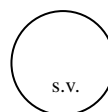
Please  to select an item and fill in the field(s) that require(s) amendment as appropriate.  
請以  選擇及填寫需要更改的項目。

<input type="checkbox"/> <b>Mobile Phone Number</b> 手提電話號碼	<b>Updated Mobile Phone No. 最新手提電話號碼</b> (Hong Kong mobile phone users and 5, 6 or 9 word at the beginning of the mobile phone number only) (只限香港地區之手提電話用戶並只適用於 5、6 或 9 字開頭的手提電話號碼)
	852 –
<input type="checkbox"/> <b>Email Address</b> 電郵地址	<b>Updated Email Address 最新電郵地址</b>

## E-alert Service Cancellation 服務取消:

Please  to confirm the cancellation of E-alert service(s).  
請以  確認取消電子提示服務。

<input type="checkbox"/> I hereby confirm to cancel the following e-alert service(s). 本人確認取消以下之電子提示服務。	
<input type="checkbox"/>	<input type="checkbox"/> <b>SMS Alert (Chinese only) 中文短訊提示</b>
	<input type="checkbox"/> <b>Email Alert (Bilingual) 中英文電郵提示</b>
	<input type="checkbox"/> <b>All of the above 以上兩項皆是</b>



\_\_\_\_\_  
 Authorised Signature(s) with Company Stamp (if applicable)\*

有效簽署及公司印章（如適用）\*

\*本表格必須由貴公司的授權簽署人簽署，並與本公司的有效記錄相符。

\*This form must be signed by an authorized representative of the company. The signature must be the same as that in our record.

Date :

日期 :

Plan Sponsor 計劃保薦人: BCT Financial Limited 銀聯金融有限公司  
 Trustee & Administrator 受託人及行政管理人: Bank Consortium Trust Co. Ltd. 銀聯信託有限公司

Internal Use Only 內部專用		
Date Received:	Input By:	Verified By:

To 致: Sun Flower Insurance Brokers Limited (“SFIB”) 新華保險顧問有限公司(「新華顧問」)

## MPF Client Declaration Form 強積金客戶聲明書

Note 注意:

1. This declaration form is applicable for conducting regulated activities under the Guidelines on Conduct Requirements for Registered Intermediaries issued by the MPFA (“MPFA Guidelines”). 本聲明書適用於從事積金局《註冊中介人操守要求指引》(「積金局指引」)所規定之受規管活動。
2. Customer to complete in BLOCK LETTERS and tick ✓ the appropriate boxes. 請客戶用正楷填寫，並於適當的方格內加上「✓」號。
3. Where regulated activities are conducted, this Declaration Form must also be completed and returned to SFIB. 如進行受規管活動，則必須填寫本聲明書並交回給新華顧問。

A. Client information 客戶資料		
1. Name of customer (surname first, where applicable) 客戶姓名(姓氏在前(如適用))	2. Chinese name 中文姓名	3. Salutation 稱謂 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms 女士 <input type="checkbox"/> Employer 僱主
4. HKID no. /Passport no. 身份證號碼/護照號碼 (If applicable 如適用)	5. Employer ID/Scheme ID 僱主編號/計劃編號 (If applicable 如適用)	6. Level of Education 教育程度 <input type="checkbox"/> Primary or below 小學或以下學歷 <input type="checkbox"/> Above primary 小學以上學歷

B. Clients with special needs 需要特別照顧的客戶								
<p><b>B.1</b>            According to MPFA Guidelines, a client with special need (who is person who is not, or may not be, able to fully understand the type of information to be provided/discussed or make a key decision) may include a client who is illiterate, with low level (primary level or below) of education, visually or otherwise impaired in a manner that affects his/her ability to make the relevant key decision independently.            根據積金局指引，需要特別照顧的客戶(即不能完全明白或也許不能完全明白所提供及討論的及不能作出重要決定的人士)可包括，有語文困難、低學歷(小學程度或以下)、有視力或其他肢體受損的客戶，而該等情況影響其獨立地作出強積金相關的重要決定的能力。</p> <p><input type="checkbox"/> Not applicable. I am not a client with special needs.            不適用。本人並不是需要特別照顧的客戶。</p> <p><input type="checkbox"/> As a customer with special needs, I prefer the following option to witness the relevant sales process and constituent fund selection process (referred as the “Sales Process”):            作為需要特別照顧的客戶，本人於下列兩項中選擇其一以見證是次銷售及選擇成分基金過程(下稱「銷售過程」):</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p><input type="checkbox"/> to be accompanied by a companion to witness the Sales Process.              本人攜同同伴見證銷售過程。</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black; padding: 2px;">Full name of witness 見證人姓名</td> <td style="width: 25%; border-bottom: 1px solid black; padding: 2px;">HKID/Passport no. of witness 見證人身份證/護照號碼</td> <td style="width: 25%; border-bottom: 1px solid black; padding: 2px;">Signature of witness 見證人簽署</td> <td style="width: 25%; border-bottom: 1px solid black; padding: 2px;">Date 日期</td> </tr> </table> <p><input type="checkbox"/> to have an additional member of staff to witness the Sales Process.              本人要求提供多一名員工見證銷售過程。</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black; padding: 2px;">Full name of staff 員工姓名</td> <td style="width: 25%; border-bottom: 1px solid black; padding: 2px;">Staff number 員工號碼</td> <td style="width: 25%; border-bottom: 1px solid black; padding: 2px;">Signature of staff 員工簽署</td> <td style="width: 25%; border-bottom: 1px solid black; padding: 2px;">Date 日期</td> </tr> </table> <p><input type="checkbox"/> I do not want any one else to accompany me or witness the sale process and, therefore, do not choose either of the above option.              本人不要任何其他人士陪同或見證銷售過程，故不選擇上述任何一項。</p> </div>	Full name of witness 見證人姓名	HKID/Passport no. of witness 見證人身份證/護照號碼	Signature of witness 見證人簽署	Date 日期	Full name of staff 員工姓名	Staff number 員工號碼	Signature of staff 員工簽署	Date 日期
Full name of witness 見證人姓名	HKID/Passport no. of witness 見證人身份證/護照號碼	Signature of witness 見證人簽署	Date 日期					
Full name of staff 員工姓名	Staff number 員工號碼	Signature of staff 員工簽署	Date 日期					
<p><b>B.2</b>            A registered intermediary should provide extra care of, and support for, clients (including representatives of employers) with special needs during the sales and marketing process relating to the making of a key decision. A key decision for this purpose refers to one of the following decisions:            (a) choosing a particular constituent fund;            (b) making a transfer that would involve a transfer out of a guaranteed fund;            (c) making an early withdrawal of accrued benefits from the MPF System; or            (d) making how much voluntary contributions into a particular registered scheme or a particular constituent fund.            註冊中介人如遇到需要特別照顧的客戶(包括僱主代表)，在進行與作出重要決定有關的銷售或推銷程序時，需給予額外的照顧及支援。重要決定是指以下任何一項決定：            (a) 選擇某一特定的成分基金；            (b) 因轉移而涉及從現有強積金賬戶轉出保證基金；            (c) 從強積金制度提早提出累算權益；或            (d) 向某一特定的註冊計劃或某一特定的成分基金作出多少自願性供款。</p> <p><input type="checkbox"/> Not applicable, activities do not involve any key decision as described above.            不適用，活動不涉及上述的重要決定。</p>								

**C. Transferring out of guaranteed funds 從現有強積金賬戶轉出保證基金**

- I have been warned against and I understand the risk that transfer-out from the guaranteed fund may result in the loss of the guarantee (either a loss which I may incur or, where I am a representative of an employer, the loss which employees of the employer may incur as the result of the transfer). I have also been advised to either check the offering document or consult the relevant trustee for details for the terms of the guarantee and take into account the said risk before transferring out of that fund.  
本人已獲警告且本人理解從現有強積金賬戶轉出保證基金涉及風險，可能會導致損失保證（有關轉出可導致是本人自己遭受損失，或如本人是僱主代表，則是該僱主旗下僱員遭受損失）。本人亦已獲得建議，於從該基金中轉出保證基金之前，要查閱發售文件或諮詢有關受託人以瞭解保證條款之詳情並且考慮到上述風險。

**D. Suitability Assessment 適合性評估**

According to The MPFA Guidelines, suitability assessment is required if the sales and marketing process involves one or more of the following circumstances:

- (a) extending an invitation or inducement to a specific client that involves the choice of a particular constituent fund;  
(b) giving regulated advice to a specific client that involves the choice of a particular constituent fund;  
(c) giving detailed advice to the client in relation to a decision on early withdrawal of accrued benefits from the MPF System; or  
(d) giving detailed advice to the client in relation to a decision as to the amount of any voluntary contributions to be paid into the MPF System.

根據積金局指引，如銷售或推銷程序涉及下列各項之其中一項或多於一項，需進行適合性評估：

- (a) 發出邀請或誘使特定客戶作出關乎某一特定成分基金的選擇；  
(b) 向指定客戶提供作出關乎某一特定成分基金的選擇的受規管建議；  
(c) 向客戶提供有關從強積金制度提早提取累算權益的決定之詳盡建議；或  
(d) 向客戶提供有關向強積金制度注入多少自願性供款的決定之詳盡建議。

- Not Applicable. None of the above circumstances is involved or the customer does not agree to provide the information required for suitability assessment.

不適用，不涉及任何上述情況或客戶不同意提供進行適合性評估所需的資料。

**(Proceed to Section E and sign where appropriate. 下往E部並於適當位置簽署。)**

- I understand the result of Suitability Assessment Questionnaire is for my reference only. The information provided should not be relied upon when making any investment choices for MPF account(s). The final decision of any investment choices is mine.

本人明白適合性風險評估問卷之結果只供本人參考用途。本人不應該依靠該等資訊作出強積金賬戶之投資選擇。而所有投資選擇的最終決定均由本人作出。

**(Attach a completed Suitability Assessment Questionnaire. 連同已完成的風險適合性評估問卷一併遞交。)**

**E. Personal Information Collection Statement 收集個人資料聲明**

I/We hereby authorize Sun Flower Insurance Brokers Limited (SFIB) to collect, store, analyze, administer and utilize all the data and information in regard and related to my/our insurance policies/MPF schemes.

本人/本公司現特授權“新華保險顧問有限公司”(新華保險)收集、儲存、分析、管理和使用所有關於本人/本公司保險/強積金計劃及相關的資料和信息。

SFIB must handle my/our data and information with strict confidence guided under HKSAR's legislation in respect of privacy. SFIB can only use my/our data and information for their internal purpose and such usage must be restricted to their related departments and/or divisions.

“新華保險”必須以極為謹慎的態度和方法去儲存和處理本人/本公司的資料和信息，並要遵守香港特別行政區一切有關私隱的法例和指引。“新華保險”只能把有關本人/本公司的資料和信息作內部用途，並只能供其相關的部門使用。

SFIB must set up specific guidelines and security measures, including but not limited to firewall-type software, in order to safeguard my/our privacy and to prevent any possible leakage of my/our data and information to any other “unrelated third parties” including individuals and/or companies.

“新華保險”必須設立和制定相關的指引和安全措施(包括但不限於像電腦防火牆之類的軟件)，以確保本人/本公司的私隱、資料和信息不會外泄給任何“不相關的第三者”(包括個人或/及公司)。

Whenever necessary, SFIB must help me/us to access to my/our own data and information collected and stored in SFIB. We reserve the right to ask SFIB to amend, correct or delete my/our data and information from their data bank whenever we want and for whatever reasons.

無論任何時間，“新華保險”均須協助本人/本公司查閱由“新華保險”收集和儲存有關本人/本公司的資料和信息。本人/本公司有權要求“新華保險”條改、更正或刪除該等資料和信息而毋須作出任何解釋。

This authorization will be effective immediately upon my/our signature and will continue until we will terminate it by written notification.

此授權書由正式簽署之日起開始生效，並會繼續維持有效，直至本人/本公司以書面正式通知取消為止。

**F. Signature 簽署**

By signing this form, I confirm that the information, answers and/or declaration given in this form and its attachment are correct and complete and I understand and agree to the terms of the Personal Information Collection Statement set out under F above.

簽署本確認書即表明本人確認本確認書及其附件所提供之資料，回答及/或聲明正確且完整，本人理解並同意載於上文F部之收集個人資料聲明的條款。

I have received the Information Leaflet and accept the contents there when giving the above mentioned instruction(s) or submitting the relevant application(s).

本人已接獲資料單張並於作出上述指示或提交相關申請表時已接受其中所載之內容。

I have received a copy of the latest version of the offering document, and was advised to read carefully and understand the information contained therein prior to making the transfer and any other key MPF decision.

本人已收到發售文件之最新版本，且獲得建議，於作出轉移及任何其他重要強積金決定之前應仔細閱讀並理解其中所載之資料。

I have been advised that I will, as soon as practical, receive a copy of all signed application forms and that, generally speaking, the forms will be passed on to the relevant trustee for processing within 3 working days].

本人亦得知本人會，在可行的情況下，盡快收到所有已簽署的申請表之副本，已被通知有關申請表一般來說將於三個工作天內提交給有關受託人處理。

**The registered intermediary has explained the details on the Information Sheet and the Guideline on Transfer under ECA (a copy of which has also been provided to me) and I fully understand the explanation.**

註冊中介人已向本人解釋資料單張及僱員自選安排下之轉移指引（已向本人提供其副本）之詳情，且本人完全理解其解釋。

**X** \_\_\_\_\_

Signature of customer

客戶簽署

\_\_\_\_\_

Date

日期

**X** \_\_\_\_\_

Signature of sales staff

銷售員工簽署

\_\_\_\_\_

Date

日期