



Bank Consortium Trust Co. Ltd. 銀聯信託有限公司
Payment of Accrued Benefits Form^{Note 1} (For Scheme Member)
累算權益申索表格^{註1} (計劃成員適用)

FORM: ABD (MEM)

Please mark "✓" in the appropriate box. 請於適用的方格內填上 "✓" 號。

NOTE 注意：

- Please read the explanatory notes carefully before completing this form. 填寫此表格前，請先細閱填報須知。
- If there are **Special Voluntary Contributions** under the account(s) to be withdrawn, please complete and return the "Request for Transfer / Withdrawal Form (For Special Voluntary Contribution)" ("the Form") to give us instruction on the handling of your special voluntary contributions. If we do not receive the Form upon withdrawal of your accrued benefits, your special voluntary contributions will be transferred to / retained in the preserved account under the existing scheme.
 若您欲提取帳戶內的**特別自願性供款**，請填寫並交回「轉移 / 提取表格(特別自願性供款適用)」以指示您特別自願性供款的處理方式。若本公司於提取您帳戶內的累算權益時尚未收到該表格，您的特別自願性供款將被轉移 / 保留於現有計劃的保留帳戶內。
- Definition of terms is provided at Note 2. 用詞定義載於註2。

PART I. DETAILS OF SCHEME MEMBER / CLAIMANT 計劃成員 / 申索人資料

Name of the Scheme Member 計劃成員姓名	English (Mr / Ms / Mrs*)	HKID Card / Passport* No. ^{Note 3} 香港身份證 / 護照*號碼 ^{註3}	
	中文(先生 / 小姐 / 女士*)		
Name of the Claimant (if different from scheme member stated above) ^{Note 11} 申索人姓名(如與上述計劃成員不同者) ^{註11}		HKID Card / Passport* No. ^{Note 3} of the Claimant 申索人香港身份證 / 護照*號碼 ^{註3}	
Business Phone No. 辦公室電話號碼	Residential Phone No. 住宅電話號碼	Mobile Phone / Pager* No. 手提電話 / 傳呼機*號碼	Fax No. 傳真號碼
Correspondence Address (all correspondence will be sent to the following address) 通訊地址(所有通訊將寄往以下地址)			E-mail Address 電郵地址

I / We* attach a photocopy of my / our* HKID Card / Passport*^{Note 4} for verification of the HKID Card / Passport*^{Note 4} No. so that I / we* do not need to present my / our* HKID Card / Passport*^{Note 4} in person for verification.
 本人 / 吾等* 現附上香港身份證 / 護照*^{註4} 的副本以供核實本人 / 吾等* 的香港身份證 / 護照*^{註4} 號碼，本人 / 吾等* 因此無須為受託人的核對工作親身出示香港身份證 / 護照*^{註4}。

PART II. DETAILS OF CLAIM 申索資料

Name of the scheme and Participating Plan No. against which payment to be claimed ^{Note 5} 要求支付權益的計劃名稱及參與計劃編號 ^{註5}		
Name of the Scheme 計劃名稱	<input type="checkbox"/> Bank Consortium MPF Plan 銀聯信託強積金計劃	<input type="checkbox"/> Bank Consortium Industry Plan 銀聯信託行業計劃
Participating Plan No. 參與計劃編號	(1) (2)	(1) (2)
Membership No. (if applicable) 成員編號(如適用)	(1) (2)	(1) (2)

- (i) Are there any voluntary contributions?
 帳戶內有沒有自願性供款?
 Yes 有 No (Please go to PART III) 沒有(請跳至第III部份)
- (ii) I elect to have the accrued benefits derived from voluntary contributions to be:
 本人選擇把由自願性供款衍生的累算權益作出以下的安排：
 retained in the existing account of the current scheme
 保留在現有計劃的帳戶內
 transferred with my Special Voluntary Contributions (if any) to a Special Voluntary Contribution Account in a preserved account with the same scheme (Applicable to claiming accrued benefits on the grounds of retirement or early retirement)
 連同特別自願性供款(如有)轉移至現有計劃之保留帳戶特別自願性供款戶口內(適用以退休或提早退休為申索累算權益理由)
 handled in the same way as those derived from mandatory contributions and withdrawn in accordance with the governing rules of the scheme
 以處理強制性供款衍生的累算權益的同樣方式處理及根據計劃的管限規則提取權益

Note: If no option is selected in item (ii), please note that the arrangement for the accrued benefits derived from voluntary contributions (except Special Voluntary Contributions), if any, will be the same as that of mandatory contributions and withdrawn in accordance with the governing rules of the scheme.

備註：如成員未有在第(ii)項作出任何選擇，其自願性供款(特別自願性供款除外)所衍生的累算權益(如有)，將與強制性供款所衍生的累算權益的安排相同及根據計劃的管限規則提取權益。

* Delete as appropriate 請刪去不適用者

PART III. GROUNDS FOR CLAIMING ACCRUED BENEFITS (PLEASE "✓" ONE REASON ONLY) 申索累算權益的理由 (請只揀選一個理由並在方格內填上 "✓" 號)	
Reason of Claim 申索原因	Documents Enclosed ^{Note 6} 隨附文件 ^{註6} (Please mark "✓" in the appropriate box 請於適用的方格內填上 "✓" 號)
<input type="checkbox"/> Retirement 退休	For member who reaches the retirement age of 65 only: 只適用於已達 65 歲退休年齡之計劃成員： <input type="checkbox"/> A copy of HKID Card / Passport ^{*Note 4} 香港身份證 / 護照 ^{*註4} 副本 If you do not wish to present the HKID Card / Passport in person for verification 如不擬親身出示香港身份證 / 護照供受託人核對號碼
<input type="checkbox"/> Early Retirement 提早退休	For member who reaches the age of 60 and has permanently ceased all employments / self-employment only: 只適用於已達 60 歲之計劃成員，並自此永久終止一切受僱 / 自僱： <input type="checkbox"/> A copy of HKID Card / Passport ^{*Note 4} 香港身份證 / 護照 ^{*註4} 副本 If you do not wish to present the HKID Card / Passport in person for verification 如不擬親身出示香港身份證 / 護照供受託人核對號碼 <input type="checkbox"/> The original Form MPF(S) – W(SD1) ^{Note 7} 表格 MPF(S) – W(SD1) 正本 ^{註7}
<input type="checkbox"/> Total Incapacity 完全喪失行為能力	<input type="checkbox"/> A copy of HKID Card / Passport ^{*Note 4} (if the claim is made by the scheme member), or a copy of each of the scheme member's and the committee / guardian's HKID Cards / Passports ^{*Note 4} (if the claim is made by the committee / guardian on behalf of the scheme member) 香港身份證 / 護照 ^{*註4} 副本 (如申索由計劃成員提出)，或計劃成員及產業受託監管人 / 監護人各自的香港身份證 / 護照副本 ^{*註4} (如申索由產業受託監管人 / 監護人代計劃成員提出) If you do not wish to present the HKID Card / Passport in person for verification 如不擬親身出示香港身份證 / 護照供受託人核對號碼 <input type="checkbox"/> A copy of Form MPF(S) – W(M) ^{Note 8} 表格 MPF(S) – W(M) 副本 ^{註8} <input type="checkbox"/> A copy of the letter from the employer (if employed as an employee immediately before total incapacity) or the last employer (if employment as an employee has been terminated before total incapacitation) certifying that the contract of employment for that particular kind of work has been or will be terminated ^{Note 9} 現任僱主 (如僱員在緊接完全喪失行為能力之前是受僱的) 或最後僱主 (如僱員在完全喪失行為能力之前已終止受僱) 所發信件之副本，證明有關該特定種類工作的僱傭合約已予或將予終止 ^{註9} <input type="checkbox"/> The original Form MPF(S) – W(SD4) (if the claim is made by the scheme member), or original Form MPF(S) – W(SD5)* (if the claim is made by a committee / guardian on behalf of the scheme member) ^{Notes 7 & 10} 表格 MPF(S) – W(SD4) 正本 (如申索由計劃成員提出) 或表格 MPF(S) – W(SD5) 正本* (如申索由產業受託監管人 / 監護人代計劃成員提出) ^{註7及10} <input type="checkbox"/> A copy of the evidence of the status of the committee / guardian, i.e. the Court Order or the Guardianship Order issued by the Guardianship Board pursuant to the Mental Health Ordinance (Cap. 136) (if the claim is made by a committee / guardian on behalf of the scheme member) 證明產業受託監管人 / 監護人身份的文件副本；身份證明指根據《精神健康條例》(第 136 章) 發出的法院命令或監護委員會根據該條例發出的監護令 (如申索由產業受託監管人 / 監護人代計劃成員提出)
<input type="checkbox"/> Death 死亡	<input type="checkbox"/> A copy of HKID Card / Passport ^{*Note 4} of the claimant 申索人的香港身份證 / 護照 ^{*註4} 副本 If you do not wish to present the HKID Card / Passport in person for verification 如不擬親身出示香港身份證 / 護照供受託人核對號碼 <input type="checkbox"/> A copy of Death Certificate 死亡證明書副本 <input type="checkbox"/> A copy of the Letter of Probate / Letter of Administration granted by the Probate Registry / a letter requesting withdrawal of the accrued benefits issued by the Official Administrator if the claim is made by the Official Administrator* 遺產承辦處發出的遺囑認證書 / 遺產管理書副本；如申索是由遺產管理官提出，請隨附由遺產管理官所發出要求提取累算權益的信件*
<input type="checkbox"/> Permanent Departure from Hong Kong 永久性地離開香港	<input type="checkbox"/> A copy of HKID Card / Passport ^{*Note 4} 香港身份證 / 護照 ^{*註4} 副本 If you do not wish to present the HKID Card / Passport in person for verification 如不擬親身出示香港身份證 / 護照供受託人核對號碼 <input type="checkbox"/> The original Form MPF(S) – W(SD2) ^{Note 7} 表格 MPF(S) – W(SD2) 正本 ^{註7} <input type="checkbox"/> A copy of the Immigration Visa / Foreign Passport / Home Visit Permit / Entry Permit for Hong Kong and Macau Residents ^{Note 12 / Others*, etc.} _____ (Please specify type of other documents) giving the member the permission to reside permanently or for an indefinite period in a place outside Hong Kong 准予成員在香港以外某地方永久或無限期地居住的移民簽證 / 外國護照 / 回鄉證 / 港澳居民來往內地通行證 ^{註12} / 其他證明文件等* 的副本 _____ (請註明證件類別) <input type="checkbox"/> A copy of the Letter of Release issued by the Inland Revenue Department (if applicable) 稅務局發出的同意釋款書副本 (如適用) <input type="checkbox"/> Information on overseas settlement 海外定居資料 (i) Country where you are permitted to reside permanently or for an indefinite period 獲准永久或無限期居住的國家： _____ (ii) Overseas contact details 海外聯絡方法： Address 地址：_____ Telephone No. 電話號碼：_____ Fax No. 傳真號碼：_____ E-mail Address 電郵地址：_____ (iii) Reason(s) for permanently departing from Hong Kong (e.g. emigration, marriage, family reunion, long-term overseas employment, retirement or others. For others, please specify) 永久離開香港原因 (例如移民、結婚、家庭團聚、長期海外受聘、退休或其他。若原因屬其他，請註明) _____
<input type="checkbox"/> Small Balance Account 小額結餘帳戶	<input type="checkbox"/> A copy of HKID Card / Passport ^{*Note 4} 香港身份證 / 護照 ^{*註4} 副本 If you do not wish to present the HKID Card / Passport in person for verification 如不擬親身出示香港身份證 / 護照供受託人核對號碼 <input type="checkbox"/> The original Form MPF(S) – W(SD3) ^{Note 7} 表格 MPF(S) – W(SD3) 正本 ^{註7}

* Delete as appropriate 請刪去不適用者

PART IV. METHOD OF PAYMENT 付款方式 By cheque

支票

 By depositing directly into my bank account / By depositing directly into the bank account of the scheme member* (if the claim is lodged by a committee / guardian on behalf of the scheme member)

直接存入本人銀行帳戶 / 直接存入計劃成員的銀行帳戶*(如申索由產業受託監管人 / 監護人代計劃成員提出)

(Fees may be charged for the transaction 此項手續或會涉及收費)

Name of Bank 銀行名稱 _____

Account No. 帳戶號碼 _____

Name of Account Holder 帳戶持有人名稱 _____

PART V. PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

The personal data collected from you will only be accessed and handled by properly authorised staff of Bank Consortium Trust Company Limited ("BCT") and its properly authorised service providers and will be used for processing the instructions of this form; administering and managing the contributions and accrued benefits under the Participating Plan; compliance with applicable laws and regulations; marketing our products or services to you; any other purpose relating to the above; and the carrying out of matching procedures with any other personal data for the purpose of running a pension and trust business. If required by law or relevant regulations, BCT may provide such personal data to governmental bodies, regulators or other third parties. If there is any change in the information so 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. To access or correct your personal data held by BCT or to request BCT not to use such personal data for direct marketing purposes, please write to the Data Protection Officer at BCT, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong.

從您收集之個人資料，僅供銀聯信託有限公司(「銀聯信託」)正式授權之職員及服務供應商使用及處理，並且會被用作處理此表格之指示；處理和管理參與計劃下之供款及累算權益；遵守法律及規例；向您推銷本公司之產品或服務；與上述有關之任何其他用途；及為經營退休計劃及信託業務而與其他個人資料進行核對程序。如因法律或相關規例規定，銀聯信託可向政府機關、監管機構或其他第三者提供有關個人資料。如所提供之資料有任何更改，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。要查閱或更改銀聯信託所持有您的個人資料或要求銀聯信託不再使用其個人資料作直銷之用，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. DECLARATION AND SIGNATURE 聲明及簽署

(1) I / We understand and agree to the terms of the Personal Information Collection Statement as set out in this form. I / We agree that the information and data given in this form, together with the document(s) enclosed (if any), can be used by the approved trustee concerned and the Mandatory Provident Fund Schemes Authority in activities relating to the processing of the claim and may be disclosed to other parties for such purposes.

(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 its attachments is correct and complete.

(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。本人 / 吾等同意本申索表格所填報的個人資料及隨附之文件(如有)可供有關的核准受託人及強制性公積金計劃管理局作處理申索的用途，並可為此用途向其他人士披露。

(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訛且無缺漏。



Signature of the Scheme Member / Claimant(s)*

計劃成員 / 申索人 * 簽署

Date (D / M / Y)

日期(日 / 月 / 年)

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在要項上作出虛假或誤導性的陳述，即屬違法。

BCT USE ONLY 銀聯信託專用

Date Received:

Processed By:

() Approved By:

() Remarks:

* Delete as appropriate 請刪去不適用者

Payment of Accrued Benefits Form (For Scheme Member) [FORM: ABD (MEM)]

Explanatory Notes

1. This form should be used when a scheme member wishes to claim for payment of accrued benefits.
2. Definition of terms:
 - I. “Preserved account” - an account in which accrued benefits in respect of (a) any former employment of a scheme member, (b) any former self-employment of a scheme member, or (c) a person (other than a person to whom paragraph (a) applies) who has joined the Plan in accordance with the Rules other than as an employee member or a self-employed member.
 - II. “Former self-employed person” - a person who has just ceased self-employment.
3. Claimants / scheme members should give their Passport numbers ONLY when they do NOT possess HKID Cards.
4. For claimant / scheme member who does NOT possess a HKID Card, a copy of the Passport (only for pages with personal particulars and Passport number) should be given to the trustee concerned for verification of the Passport number if the claimant or scheme member does not wish to present the Passport in person for verification.
5. If a scheme member has more than one account in a registered scheme, the claimant / scheme member should fill in one form for payment of accrued benefits in respect of all accounts within one registered scheme. If a scheme member has accounts in more than one registered scheme other than the Bank Consortium MPF Plan and the Bank Consortium Industry Plan, the claimant / scheme member should fill in one form for each registered scheme (if applicable).
6. In processing a claim of payment, the approved trustee of the scheme may request the claimant to produce the original copies of the documents for checking purpose, if necessary.
7. A claimant who is required to make a statutory declaration for a claim shall complete the relevant statutory declaration form and make a statutory declaration. The signed statutory declaration form shall be attached to the “Payment of Accrued Benefits Form (For Scheme Member)”. The statutory declaration must be a valid statutory declaration in the place where the declaration is made (e.g. in Hong Kong, the statutory declaration should be made before and signed by a Commissioner for Oaths at a Public Enquiry Service Centre of the Home Affairs Department / a Notary Public / a Justice of Peace). A statutory declaration made in a place other than Hong Kong is also acceptable provided that it is made before and signed by a Notary Public or a person authorised under the law of that place to administer an oath or take a statutory declaration.
8. Except for a claimant who also claims long service payment on grounds of permanent unfitness for his / her present job under the Employment Ordinance (Cap.57), a claimant shall ask his / her medical practitioner to fill in Form MPF(S)-W(M) and attach it to “Payment of Accrued Benefits Form (For Scheme Member)”. A medical practitioner who signs Form MPF(S)-W(M) must be *either*
 - I. a registered medical practitioner who is registered under the Medical Registration Ordinance (Cap. 161), i.e.,
 - a. a person who is duly registered as a medical practitioner with the Medical Council of Hong Kong; or
 - b. a person who is deemed to be registered as a medical practitioner under the Medical Registration Ordinance (i.e. persons who are exempted from registration); *or*
 - II. a registered Chinese medicine practitioner, within the meaning assigned to it by section 2 of the Chinese Medicine Ordinance (Cap. 549).For a claimant who also claims long service payment on grounds of permanent unfitness for his / her present job, he / she may use the form “Certificate of an employee’s permanent unfitness for a particular type of work” under the Employment Ordinance used for the purpose to substitute for the Form MPF(S)-W(M) for the purpose of claiming payment of MPF accrued benefits on grounds of total incapacity.
9. For a self-employed person or a former self-employed person who claims payment on grounds of total incapacity, there is no need to produce an employer letter.
10. For a former employee whose last employment has been terminated before total incapacity and who is unable to obtain a letter from the last employer certifying that the contract of employment for that particular kind of work has been terminated or has been unemployed for more than seven years, he / she / the claimant must provide the trustee with a statutory declaration, i.e. Form MPF(S)-W(SD4) (if the claim is made by the scheme member) / Form MPF(S)-W(SD5) (if the claim is made by a committee / guardian on behalf of the scheme member), stating that the contract of employment for that particular kind of work as specified in the medical certificate has been terminated.
11. For claims of payment on grounds of death, only personal representatives within the meaning of the Mandatory Provident Fund Schemes Ordinance may act on behalf of the deceased scheme member to claim for payment of the member’s accrued benefits. This includes a personal representative within the meaning of the Probate and Administration Ordinance (Cap.10) and the Official Administrator who gets in and administers an estate of a deceased scheme member in a summary manner without a grant or other legal formality under section 15 of that Ordinance. If there is more than one personal representative and the personal representatives have not authorised one of the representatives to act on behalf of other representatives to lodge the claim, all the personal representatives should submit this form jointly. Please use additional blank sheet to provide details of the claimants under Part I. Under such circumstances, this form needs to be signed by all of the personal representatives. For claims of payment on grounds of total incapacity, either the member or a committee of estate / guardian appointed under the Mental Health Ordinance (Cap. 136) to act on behalf of the member may lodge the claim for payment of accrued benefits.
12. The “Entry Permit for Hong Kong and Macau Residents (港澳居民來往內地通行證)” is issued at the China Travel Service (Hong Kong) Limited on behalf of the Public Security Bureau of Guangdong, PRC.

累算權益申索表格(計劃成員適用)[表格: ABD (MEM)]

填報須知

1. 本表格供計劃成員申索累算權益使用。
2. 用詞定義：
 - I. 「保留帳戶」 - 指就計劃保留成員帳戶而帳戶內的累算權益由(a)任何以往受僱工作所衍生的；(b)任何以往自僱工作所衍生的；或(c)根據(a)以外之條款而又不屬於僱員成員或自僱成員所衍生的。
 - II. 「前任自僱人士」 - 指剛終止自僱的人士。
3. 申索人 / 計劃成員只應在沒有香港身份證的情況下才填報護照號碼。
4. 如申索人 / 計劃成員沒有香港身份證，而又不擬親身出示護照以供核對，則須提供護照副本(只載有個人資料及護照號碼之頁)供受託人核對護照號碼。
5. 如果計劃成員在同一個註冊計劃內擁有超過一個帳戶，申索人 / 計劃成員在提出支付累算權益的申索時，只須就該等同屬一個註冊計劃的所有帳戶填報一份表格；但若計劃成員不止在一個註冊計劃開立帳戶(銀聯信託強積金計劃及銀聯信託行業計劃除外)，申索人 / 計劃成員則須就每個註冊計劃填報一份表格(如適用)。
6. 處理付款申索時，計劃的核准受託人可在必要時向申索人索取文件正本以核對資料。
7. 須就某項申索作出法定聲明的申索人，須填報有關聲明表格及作出法定聲明。申索人須把簽妥的聲明表格夾附於「累算權益申索表格(計劃成員適用)」。該法定聲明必須是一份屬該聲明宣誓所在地有效的法定聲明(例如在香港，法定聲明須在民政事務總署諮詢服務中心監誓員 / 公證人 / 太平紳士面前作出，並由他們簽實)。在香港以外地方所作的法定聲明，只要是在公證人或獲該地法律授權監誓或監理法定聲明的人士面前作出，並由他們簽實，亦可予接受。
8. 申索人須請其診症醫生填寫第MPF(S)-W(M)號表格並夾附於「累算權益申索表格(計劃成員適用)」。簽署第MPF(S)-W(M)號表格的醫生須是
 - I. 根據《醫生註冊條例》(第161章)註冊的註冊醫生，即：
 - a. 在香港醫務委員會正式註冊為醫生的人；或
 - b. 獲視作為根據《醫生註冊條例》註冊成為醫生的人(即獲豁免無須註冊的人)；或
 - II. 《中醫藥條例》(第549章)第2條所界定的註冊中醫。申索人如按《僱傭條例》(第57章)的規定，以永久不適合擔任其現時工作為理由同時申索長期服務金，則可按《僱傭條例》填寫「僱員永久不適合擔任特定種類工作證明書」，以替代第MPF(S)-W(M)號表格。該表格是供因完全喪失行為能力而提出支付強積金累算權益申索的人士填報的。
9. 基於完全喪失行為能力的理由而提出累算權益申索的自僱人士或前任自僱人士無須提出僱主證明書。
10. 如前任僱員在他完全喪失行為能力之前最後從事的工作已終結，令他未能取得最後僱主發出的信件，證明關於該特定種類工作的僱傭合約已終止或他已失業超過七年，則他 / 申索人必須向受託人提供法定聲明(第MPF(S)-W(SD4)號表格(如申索由計劃成員提出) / 第MPF(S)-W(SD5)號表格(如申索由產業受託監管人 / 監護人代計劃成員提出)，述明醫生證明書上所指明關於該特定種類工作的僱傭合約已終止。
11. 基於死亡理由而要求支付累算權益的申索，只可由《強制性公積金計劃條例》所界定的遺產代理人代表已故計劃成員提出。這些人包括由《遺囑認證及遺產管理條例》(第10章)所界定的遺產代理人及按該條例第15條，在無須任何授予書或其他法律手續的情況下，將已故計劃成員的遺產收集及以簡易方式管理的遺產管理官。假如遺產代理人超過一名，而該些遺產代理人並未授權其中一人作為申索代表，則申索表格須由所有遺產代理人聯名提交。請就第I部另紙詳載各申索人的資料。在這情況下，本表格須由所有遺產代理人聯署。基於完全喪失行為能力的理由而要求支付累算權益的申索，可由計劃成員或根據《精神健康條例》(第136章)獲委任代表該計劃成員行事的產業受託監管人 / 監護人提出。
12. 「港澳居民來往內地通行證」由香港中國旅行社有限公司代表中國廣東省公安廳發出。