



Bank Consortium Trust Co. Ltd. 銀聯信託有限公司
Member Enrolment Form
成員參加表格

FORM: AP (REE)-MT

Please read the principal brochure (and any addendum thereto) of the Bank Consortium MPF Plan carefully before completing this form.

填寫此申請書前，請先細閱銀聯信託強積金計劃總說明書及任何其附錄的條款。

ALL fields in Part I & II must be filled in. 第I及II部份內所有項目必須填寫。

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

PART I. EMPLOYER DETAILS 僱主資料		
Name of Plan 計劃名稱	Bank Consortium MPF Plan 銀聯信託強積金計劃	Participating Plan No. 參與計劃編號
Name of Company 公司名稱	English	Membership No. (BCT Use Only) 成員編號 (銀聯信託專用)
	中文	
PART II. MEMBER DETAILS 成員資料		
Name of Member ▼ 成員姓名 ▼	English (Mr / Ms / Mrs*)	
	中文 (先生 / 小姐 / 女士*)	
HKID Card / Passport* No. (Please provide a copy) 香港身份證 / 護照*號碼 (請附上副本)	Sex 性別	Date of Birth 出生日期 — — — D日 — M月 — Y年
Date of Employment 受僱日期 — — — D日 — M月 — Y年	Date of Joining Plan ▲ 參與計劃日期 ▲ — — — D日 — M月 — Y年	
Residential Phone No. 住宅電話號碼	Business Phone No. 辦公室電話號碼	
Mobile Phone No. 手提電話號碼	Staff No. / Department Code (if any) 職員號碼 / 部門編號 (如有)	
Residential Address 住址		
E-mail Address 電郵地址		

* Delete as appropriate 請刪去不適用者

▼ 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。

▲ 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。



PART IV. ASSET TRANSFER-IN (IF ANY) 資產轉入 (如有)

Is there any accrued benefits to be transferred to this account?

是否有累算權益轉移到此帳戶?

 Yes [Please complete and return the "Request for Fund Transfer Form (For Scheme Member)"] No
沒有

有 [請填寫及交回「資金轉移表格(計劃成員適用)」]

PART V. MEMBER VOLUNTARY CONTRIBUTION (IF ANY) 成員自願性供款 (如有) 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 _____ %

 B. No voluntary contribution from employer 僱主沒有為成員作出自願性供款: _____ % x Monthly Basic Salary, or 供款率 x 每月基本入息, 或 _____ % x Monthly MPF Relevant Income 供款率 x 每月強積金有關入息

Note 注意: 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 Under normal circumstances, the accrued benefits derived from the said voluntary contributions can only be withdrawn upon your cessation of employment with your company or at the age of 65.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。

 C. Special voluntary contribution 特別自願性供款:

Please also fill in and submit Application Form - Special Voluntary Contribution Savings Plan [FORM: AP (SVC)-MT]. 請同時填寫及遞交特別自願性供款儲蓄計劃申請表格 [FORM: AP (SVC)-MT]。

PART VI. 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任何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 VII. DECLARATION AND SIGNATURE 聲明及簽署

(1) 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.

(2) I undertake that if there is any change in the information so provided, I shall notify BCT as soon as reasonably practicable.

(3) 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.

(4) 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 Bank Consortium MPF Plan (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.

(5) I understand and agree to the terms of the Personal Information Collection Statement as set out in this form.

(6) 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.

(1) 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。

(2) 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。

(3) 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。

(4) 本人確認本人已收取、細閱及明白最新版本之銀聯信託強積金計劃(「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。

(5) 本人明白及同意於此表格之收集個人資料聲明條款。

(6) 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。

Signature of Member

成員簽署

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。

TO BE COMPLETED BY THE EMPLOYER 由僱主填寫

Payroll Cycle

出糧周期

 Yearly (____ month)

每年(____月)

 Monthly

每月

 Semi-monthly

每半月

 Weekly

每星期

 Others

其他 _____

Member Category (if any)

成員類別(如有)

Authorised Signature(s) with Company Stamp

有效簽署及公司印章

Date (D / M / Y)

日期(日/月/年)

BCT USE ONLY 銀聯信託專用

Date Received:

Input By:

Verified By:

Remarks: