



Employee Termination Notice

僱員離職通知書

BCT Log No.: _____ - _____

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		<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				
Name of Company 公司名稱		English 中文						
PART II. EMPLOYEE TERMINATION 離職僱員								
No. 編號	HKID Card / Passport No. 香港身份證 / 護照號碼	Name of Employee 僱員姓名	Last Date of Employment (D-M-Y) 最後受僱日期 (日-月-年)	Termination Reason 註1	Claim for reimbursement of LSP / SP Paid by Employer. 註2 申索發還僱主已付之 長期服務金 / 遣散費金額 (HK\$ 港元)	Please "✓" below if original LSP / SP supporting documents are attached 如同時附上簽收 長期服務金 / 遣散費證明 之正本， 請加上 "✓" 號	Please "✓" below if [FORM: ABD (MEM)] or [FORM: RFT (MEM)] is attached 如同時 附上 [表格： ABD (MEM)] 或 [表格： RFT (MEM)] 註3， 請加上 "✓" 號	BCT Use Only 銀聯信託專用
1			- -					
2			- -					
3			- -					
4			- -					
5			- -					
6			- -					
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10			- -					
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14			- -					
15			- -					

Notes 備註:

- Termination Reason 離職原因

'01' — Retirement 退休	'04' — Resignation / Contract Completion 辭職 / 合約完結
'02' — Total Incapacity 完全喪失行為能力	'05a' — Dismissal (Forfeiture of ERVC's vested benefit) 註4 解僱 (喪失已歸屬之僱主自願性供款權益)
'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 註5 聯繫公司之轉職 / 因業務擁有權變動之轉職
'14' — Redundancy 裁員 / 遣散	'08' — Permanent Departure from Hong Kong 永久性地離開香港
'20' — Enrolment Error 錯誤申請	
- The 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 the employee and the 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。
- 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)" [FORM: ABD (MEM)] or "Request for Fund Transfer Form (For Scheme Member)" [FORM: RFT (MEM)] 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 (計劃成員適用)」，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。
- This termination reason is only applicable to a 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。
- 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。
- The employee should not be terminated if there is residual payment to be made to the employee. The employer should submit the "Employee Termination Notice" for the relevant employee(s) only 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」。

PART III. 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 IV. 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.
- (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.
- (4) 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 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 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.
- (5) 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.

- (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訛且無缺漏。
- (4) 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。
- (5) 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。

S.V.

Authorised Signature(s) with Company Stamp

有效簽署及公司印章

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

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