

Note 注意

1. Please mark "✓" in the appropriate box. 請於適用的方格內填上“✓”號。
2. 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。
3. Please send the completed form to "Pension Services, Bank Consortium Trust Company Limited, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong". 請將填妥表格寄往「香港皇后大道中 183 號中遠大廈 18 樓，銀聯信託有限公司，退休金服務」收。

Part I. Employer details 僱主資料	
Name of Plan 計劃名稱	Participating Plan No. 參與計劃編號
Name of Company 公司名稱	English
	中文

Please either complete Part II or Part III. 請選擇填寫第 II 或第 III 部份。

Part II. New / Updated# Authorised Signature Specimen 新 / 更新#授權人簽署式樣	
Signing Arrangement 簽署形式	
<input type="checkbox"/> Any one authorised signatory signing singly 任何一位獲授權簽署人簽署	<input type="checkbox"/> Any two authorised signatories signing jointly 任何兩位獲授權簽署人簽署
Effective Date 生效日期 : _____ / _____ / _____	(D 日 / M 月 / Y 年)
(1) Name 姓名 : _____	Specimen Signature : _____ 簽署式樣
Title 職銜 : _____	
<input type="checkbox"/> HKID Card No. 香港身份證號碼 : _____	
<input type="checkbox"/> Passport No. 護照號碼 : _____ (Must provide a copy 必須附上副本)	
(2) Name 姓名 : _____	Specimen Signature : _____ 簽署式樣
Title 職銜 : _____	
<input type="checkbox"/> HKID Card No. 香港身份證號碼 : _____	
<input type="checkbox"/> Passport No. 護照號碼 : _____ (Must provide a copy 必須附上副本)	
(3) Name 姓名 : _____	Specimen Signature : _____ 簽署式樣
Title 職銜 : _____	
<input type="checkbox"/> HKID Card No. 香港身份證號碼 : _____	
<input type="checkbox"/> Passport No. 護照號碼 : _____ (Must provide a copy 必須附上副本)	
(4) Name 姓名 : _____	Specimen Signature : _____ 簽署式樣
Title 職銜 : _____	
<input type="checkbox"/> HKID Card No. 香港身份證號碼 : _____	
<input type="checkbox"/> Passport No. 護照號碼 : _____ (Must provide a copy 必須附上副本)	
Remark 備註	
# This update authorised signature specimen <u>will supersede</u> all previous version. 此更新授權人簽署式樣將取替原有之授權簽名式樣。	

Part III. Addition / Removal of Authorised Signatory(ies) 增加 / 刪除授權人	
Effective Date 生效日期 : _____ / _____ / _____	(D 日 / M 月 / Y 年)
The following person(s) is / are added to the latest authorised signatory list. 下列人士被獲准包括在最近期之授權簽名表內。	
A. Addition 增加	
(1) Name 姓名 : _____	Specimen Signature : _____ 簽署式樣
Title 職銜 : _____	
<input type="checkbox"/> HKID Card No. 香港身份證號碼 : _____	
<input type="checkbox"/> Passport No. 護照號碼 : _____ (Must provide a copy 必須附上副本)	
(2) Name 姓名 : _____	Specimen Signature : _____ 簽署式樣
Title 職銜 : _____	
<input type="checkbox"/> HKID Card No. 香港身份證號碼 : _____	
<input type="checkbox"/> Passport No. 護照號碼 : _____ (Must provide a copy 必須附上副本)	

Part III. Addition / Removal of Authorised Signatory(ies) 增加 / 刪除授權人 (Continued 續)

The following person(s) is / are removed from the latest authorised signatory list. 下列人士被刪除於最近期之授權簽名表內。

B. Removal 刪除

- | | | | |
|---------------|-------|---------------|-------|
| (1) Name 姓名 : | _____ | (2) Name 姓名 : | _____ |
| Title 職銜 : | _____ | Title 職銜 : | _____ |
| (3) Name 姓名 : | _____ | (4) Name 姓名 : | _____ |
| Title 職銜 : | _____ | Title 職銜 : | _____ |

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 Plan / Participating Plan (concerning application records and operational records and / or their dealing / transaction details records) will only be accessed and handled by properly authorised staff of BCTC (the trustee of the Plan / Participating Plan), BCT Financial Limited ("BCTF", the sponsor of the Plan) 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 BCTC 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 Occupational Retirement Schemes Ordinance and Mandatory Provident Fund Schemes (Exemption) Regulation; (ii) providing 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 provident fund services; (iii) improving the provision of provident fund services by BCTC to customers generally (including the facilitation of the provision of services to enable the customers of BCTC generally to access the provident fund (or other) account details through the internet or other means); (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, BCTC should be notified as soon as practicable. Failure to provide the information requested may result in BCTC being unable to process the instructions.

由本計劃 / 參與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(本計劃 / 參與計劃之受託人)、銀聯金融有限公司(「銀聯金融」,本計劃之保薦人)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)行使或執行職業退休計劃條例及強制性公積金計劃(豁免)規例下所授予或施加之職能或根據條例及規例的目的而行使或執行職能;(二)提供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,及直銷公積金服務;(三)改善銀聯信託提供予客戶一般之公積金服務(包括協助提供服務以令銀聯信託之客戶可於互聯網或其他途徑處理公積金(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。

Members and Participating Employers have a right, without any charge, 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 BCTC, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong.

成員及參與僱主,在不設任何收費下,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. Declaration and Signature 聲明及簽署

- (1) I / We confirm that I / we have obtained the consent of the above person(s) with regard to the information provided herein above to BCTC.
本人 / 吾等確認本人 / 吾等已獲上述人士之同意向銀聯信託提供有關上述人士的資料。
- (2) I / We confirm that the updated particulars of the authorised signatory(ies) provided under Part II of this form will supersede that of the authorised signatory lists previously provided to BCTC.
本人 / 吾等並確認在此表格第 II 部份內所提供的授權簽署者之更新資料將取代以往提供予銀聯信託之授權簽名表之有關資料。
- (3) I / We further undertake to indemnify BCTC and keep BCTC, as trustee, indemnified against all claims, demands, actions, proceedings, losses, damages, liabilities, cost and expenses of whatever nature which may be brought against BCTC arising out of or in connection with BCTC's reliance on the information herein provided.
本人 / 吾等並承諾,倘若銀聯信託作為受託人,因上述申報之資料而招致任何形式的損失、損害及支出,或因此而涉及任何申索、要求、法律程序以及需要負上任何責任,我們均會即時賠償銀聯信託的一切有關開支及損失。
- (4) I / We authorise the person(s) as referred to in Part II or Part IIIA above to sign on behalf of the Company any document(s) and / or give instructions in relation to the operation of the Participating Plan. I / We also agree that such documents signed by the above person(s) will have binding effect on the Company.
本人 / 吾等現授權上述於第 II 部份或第 III 部份 A 項所提及之人士代表本公司向銀聯信託有限公司簽署任何文件及 / 或為參與計劃之行政運作作出指示。本人 / 吾等並同意對上述人士代表所簽署之有關文件負責。
- (5) 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.
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。

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)

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 all partners. 倘為合伙經營公司,本表格必須由所有合伙人士簽署。

Internal Use Only 內部專用

Date Received:

Input By:

Verified By:

Remarks: