



BCT (MPF) Pro Choice BCT 積金之選
The Government of the HKSAR
Pay Centre Setup Form (Bureau / Department)
(Applicable for MPF Scheme or CSPF Scheme)
香港特區政府 — 設立付款中心表格(局 / 部門)
(適用於強積金計劃或公務員公積金計劃)

FORM: PCSF-HKSAR

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 return the completed form to the Administrator — Bank Consortium Trust Company Limited — 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong. 請把填妥的表格寄交行政管理人 — 銀聯信託有限公司 — 香港皇后大道中 183 號中遠大廈 18 樓。

Part I. Department Information 部門資料	
Bureau / Department Name 局 / 部門名稱	
Section Name (if applicable) 組別名稱(如適用)	Department Code / Pay Centre ID 部門編碼 / 付款中心編號

Part II. Pay Centre Information 付款中心資料		
Effective Date 生效日期 : _____ / _____ / _____ (D日 / M月 / Y年)		
<input type="checkbox"/> Pay Centre Type I — Paid by Treasury Payroll System 付款中心類別 I — 經由庫務處的薪俸紀錄系統支薪		
Name of Contact Person 聯絡人姓名 (Mr / Ms / Mrs*) (先生 / 女士 / 太太*)		Position of Contact Person 聯絡人職銜
Telephone No. 聯絡電話	Fax No. 傳真號碼	E-mail Address 電郵地址
Correspondence Address 通訊地址		
Flat / Room 室 _____	Floor 樓 _____	Block 座 _____
Building / Estate Name 大廈 / 屋苑名稱 _____		
Street / Road 街道 _____		District 地區 _____
<input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界 <input type="checkbox"/> Overseas 海外 (Please specify 請說明) _____		
<input type="checkbox"/> Pay Centre Type II — Not Paid by Treasury Payroll System 付款中心類別 II — 不經由庫務處的薪俸紀錄系統支薪		
<input type="checkbox"/> Contact Information same as above 聯絡資料同上或		
Name of Contact Person 聯絡人姓名 (Mr / Ms / Mrs*) (先生 / 女士 / 太太*)		Position of Contact Person 聯絡人職銜
Telephone No. 聯絡電話	Fax No. 傳真號碼	E-mail Address 電郵地址
Correspondence Address 通訊地址		
Flat / Room 室 _____	Floor 樓 _____	Block 座 _____
Building / Estate Name 大廈 / 屋苑名稱 _____		
Street / Road 街道 _____		District 地區 _____
<input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界 <input type="checkbox"/> Overseas 海外 (Please specify 請說明) _____		

* Delete as appropriate 請刪去不適用者

Part III. Administration Preference (Applicable to Pay Centre Type II only) 行政指示 (只適用於付款中心類別 II)

Payroll Frequency 發放薪金形式

- Monthly (Month-end as payroll period end date) 每月 (月底為糧期的最後一天) Other, please specify 其他, 請註明 _____

Payment Method 付款方法:

- 1) By Cash Deposit; Cheque Deposit; or Transfer via Designated Banks;
 2) Transfer by using PPS or
 3) Send cheque directly to Bank Consortium Trust Company Limited ("BCTC")
 1) 經特定銀行存入現金、存入支票或轉帳;
 2) 經繳費靈轉帳或
 3) 直接遞交支票至銀聯信託有限公司 (「銀聯信託」)
- By Direct Debit Authorisation service
 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」)

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 BCTC website
 由僱主經銀聯信託網頁遞交
- 1) C-Online#
 供款易#
- 2) MPF Calculator Upload / Contribution Data Submission
 上載強積金供款計算表 / 遞交供款資料
- Prepared by BCTC via Autobill#
 由銀聯信託製備之自動帳單#
- Others, please specify:
 其他, 請指示: _____
- Remark : The Employer agrees to authorise BCTC to accept without any further verification, and agrees to be responsible for, all information and instructions that BCTC receives via the BCTC 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。

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

E-alert Service on MPF Contribution 強積金供款電子提示服務:

Please provide the required contact information to receive the MPF contribution reminder via SMS and / or e-mail prior the statutory contribution due date (i.e. the 10th day of each month). 請提供所需資料以在法定供款日 (即每月的第 10 日) 前透過短訊及 / 或電郵收取強積金供款提示。

<input type="checkbox"/> SMS Alert (Chinese only) 中文短訊提示	Mobile Phone No. 手提電話號碼
	8 5 2 -
<input type="checkbox"/> E-mail Alert (Bilingual) 中英文電郵提示	E-mail Address 電郵地址

Part IV. Authorised Signature Specimen 授權人簽署式樣

Signing Arrangement 簽署形式

- Any **one** authorised signatory signing singly
 任何 **一位** 獲授權簽署人簽署
- 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 : _____

(2) Name 姓名 : _____ Specimen Signature 簽署式樣 : _____
 Title 職銜 : _____

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 ("BCTC", 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 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 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 (and ancillary MPF products); (iii) improving the provision of Mandatory Provident Fund services by BCTC to customers generally (including the facilitation of the provision of Mandatory Provident Fund services to enable the customers of BCTC 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, 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(及有關強積金的產品);(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。

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 VI. Authorisation, Declaration, and Certification 授權, 聲明, 及核證

- (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 Participating Employer 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 Participating Employer.
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參與僱主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參與僱主所簽署之有關文件負責。
- (5) I / We certify that the above authorised signatories whose names / identities and authority to act have been confirmed independently and that the relevant specimen signatures are indeed their specimen signatures.
本人 / 吾等核證上述授權人的姓名 / 身份及行事權限經已被獨立確認, 而相關簽署式樣確實為其等人簽署式樣。
- (6) 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 Bureau / Department Stamp (if applicable)
有效簽署及局 / 部門之印章(如適用)

Date (D / M / Y) 日期(日 / 月 / 年)

Name 姓名 : (1) _____ (2) _____

Title 職銜 : (1) _____ (2) _____

Internal Use Only 內部專用

Scheme No.:

Date Received:

Input By:

Verified By:

Remarks:

Broker Code: **BC**

Agent Code:

Campaign Code:

BD Code:

Flexi 2 Approval: