



BCT (MPF) Pro Choice / BCT (MPF) Industry Choice
BCT 積金之選 / BCT(強積金)行業計劃
Application Form – Employer (and CRS Self-Certification)
僱主申請書 (及共同匯報標準的自我證明)

FORM: AP (ER)

Note 注意

1. Please read the Key Scheme Information Document (containing MPF Scheme Brochure) for BCT (MPF) Pro Choice / BCT (MPF) Industry Choice (as appropriate) carefully before completing this form. 填寫此申請書前，請先細閱BCT 積金之選 / BCT(強積金)行業計劃的主要計劃資料文件(內含強積金計劃說明書)(如適用)。
2. Please mark “✓” in the appropriate box. 請於適用的方格內填上「✓」號。
3. 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。
4. 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	<input type="checkbox"/> BCT (MPF) Pro Choice BCT 積金之選	Participating Plan No. (Internal Use Only) 參與計劃編號(內部專用)
	<input type="checkbox"/> BCT (MPF) Industry Choice BCT(強積金)行業計劃	
Name of Company 公司名稱	English	Group Participating Plan No. (Internal Use Only) 集團參與計劃編號(內部專用)
	中文	
Business Registration No. (Please provide a copy of BR Certificate, where applicable) 商業登記證編號(如適用，請附上商業登記證副本)		
Registered Address 註冊地址 (“In-care-of” address and P.O. Box address will not be accepted. All correspondence will be sent to the following address. 「轉交」地址及郵政信箱恕不接受。所有通訊將寄往以下地址。)		
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 Overseas (Country and City) 海外(國家及城市) ▽ <input type="checkbox"/> China 中國 _____ (City 城市) <input type="checkbox"/> Others 其他 (Please specify 請說明) _____ (Country 國家) _____ (City 城市)		
▽ For overseas address 適用於海外地址		
Correspondence Address 通訊地址 (If different from the above. 如與以上不同。)		
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 Overseas (Country and City) 海外(國家及城市) ▽ <input type="checkbox"/> China 中國 _____ (City 城市) <input type="checkbox"/> Others 其他 (Please specify 請說明) _____ (Country 國家) _____ (City 城市)		
▽ For overseas address 適用於海外地址		



Part I. Employer Details 僱主資料 (Continued 續)

Contact Details 聯絡資料	Contact Person (Mr / Ms / Mrs*) 聯絡人(先生 / 女士 / 太太*)				
	Telephone No. 電話號碼	Country Code 國家號碼	Area Code 地區號碼	Phone No. 電話號碼	Ext. 內線
	Business 辦公室				
	Other Contact No. 其他聯絡號碼				
	E-mail Address 電郵地址				
Fax No. 傳真號碼			Company Website (if any) 公司網址(如有)		

Participating Plan Commencement Date _____ / _____ / _____
參與計劃開始日期 _____ 日 / M月 / Y年

Jurisdiction of Incorporation or Organization
實體成立為法團或設立所在的稅務管轄區

Industry Classification 行業分類	<input type="checkbox"/> 001 Catering 飲食業	<input type="checkbox"/> 002 Building & Construction 建造業
	<input type="checkbox"/> 003 Manufacturing / Factories / Engineering 製造業 / 工廠 / 工程	<input type="checkbox"/> 004 Finance / Insurance / Business Services 金融 / 保險 / 商用服務業
	<input type="checkbox"/> 005 Real Estate / Property Management / Cleaning 地產業 / 物業管理 / 清潔	<input type="checkbox"/> 006 Entertainment / Retail / Personal Services / Media 娛樂 / 零售 / 個人服務業 / 傳媒
	<input type="checkbox"/> 007 Information Technology 資訊科技	<input type="checkbox"/> 008 Wholesale / Import & Export Trades 批發 / 出入口貿易
	<input type="checkbox"/> 009 Social Services / Education / Charities / Government Agencies 社會服務 / 教育 / 慈善 / 政府部門	<input type="checkbox"/> 010 Transportation & Logistics Services 運輸及物流服務
	<input type="checkbox"/> 998 Others 其他	

Is the company a regulated entity?
公司是否受監管機構監管?

No 否

Yes 是 (Please specify 請說明):

SFC 證監會

HKEx 香港交易所

HKMA 金管局

Others 其他 _____

Directors / Principals 董事 / 主事人

Please list the details of two directors / principals. Should you need to list more, please continue on a separate sheet and attach for submission.
請列明兩位董事 / 主事人之詳情。如須列出其他董事 / 主事人，請於另紙作出補充並一併遞交。

1	Name 姓名	
	HKID Card / Passport* No. (Must provide a copy) 香港身份證 / 護照 * 號碼 (必須附上副本)	
2	Name 姓名	
	HKID Card / Passport* No. (Must provide a copy) 香港身份證 / 護照 * 號碼 (必須附上副本)	

* Delete as appropriate 請刪去不適用者

Part II. MPF Asset Transfer-in (If Any) 強積金計劃轉入資產(如有)

Is there any MPF / ORSO asset transfer-in? 是否有強積金 / 職業退休計劃之資產轉入?

Yes 有

No 沒有

For MPF asset transfer-in, please complete the "Request for Fund Transfer Form (For Participating Employer)" and "Letter of Confirmation" (If applicable).

強積金資產轉入，請填寫「資金轉移申請表格(參與僱主適用)」及「確認書」(如適用)。

For ORSO asset transfer-in, please complete the "ORSO Asset Transfer Form".

職業退休計劃資產轉入，請填寫「職業退休計劃資產轉入表格」。

Part III. Details of Voluntary Contribution (If Any) 自願性供款資料(如有)

(Basis of voluntary contribution of employer and employee must be the same 僱主及僱員之自願性供款基準必須相同)

Retirement Age 退休年齡

Early Retirement Age# No Yes (Attaining the age+ of _____)
提早退休年齡# 沒有 有 (年滿 _____ 歲*)

Normal Retirement Age##
正常退休年齡##

+ Please fill in the age below the "Normal Retirement Age" 請填寫少於「正常退休年齡」之年齡

(Please fill in the age of 65 or below. If you have not specified the age, the statutory retirement age which is age 65 will be applied.)
請填寫65歲或以下之年齡。如您沒有訂明年齡，「正常退休年齡」將預設為法定之65歲。)

And other conditions, if any 及其他條件，如有 _____

Employer continues to make contributions in respect of members who are still in employment after they have reached the Normal Retirement Age. 在成員於到達正常退休年齡後的僱用期內，僱主仍會繼續為其成員供款。

No Yes
否 是

Part III. Details of Voluntary Contribution (If Any) 自願性供款資料(如有) (Continued 續)
(Basis of voluntary contribution of employer and employee must be the same 僱主及僱員之自願性供款基準必須相同)

Member Category and Vesting Scale of Contribution Rates 成員類別及供款比率歸屬表

Member Category 成員類別	Description 描述	Employer Contribution Rate % 僱主供款率 %	Voluntary Contribution Commencement Date [▲] 自願性供款開始日期 [▲]	Vesting Scale Option 歸屬比例選擇 (Please refer to the table) (請參考附表)
A				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
B				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
C				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

[▲] (i) Date employed 受僱日期 (ii) Date joined the Plan 參與計劃日期 (iii) Date after completion of three months' probation 完成三個月試用期
(iv) Others (Please specify) 其他(請註明)

Basis of Voluntary Contribution 自願性供款基準

- % x Basic Salary 供款率 x 基本入息
- (% x Basic Salary) minus Employer's Mandatory Contribution (供款率 x 基本入息) 減去僱主強制性供款
- % x (Basic Salary in excess of maximum level of Relevant Income**) 供款率 x (基本入息超過最高有關入息**)
- % x Relevant Income** 供款率 x 有關入息**
- (% x Relevant Income**) minus Employer's Mandatory Contribution (供款率 x 有關入息**) 減去僱主強制性供款
- % x (Relevant Income** in excess of the maximum level of Relevant Income**) 供款率 x (有關入息超過最高有關入息**)

** "Relevant Income" has the meaning ascribed to the term by the Mandatory Provident Fund Schemes Ordinance as amended from time to time.
「有關入息」之定義已載於強制性公積金條例內並不時作出修訂。

Vesting Scale for Leaving Service[△] 離職歸屬表[△]

Completed Year Based On 完整年期基準	<input type="checkbox"/> Completed Years of Membership in the Participating Plan 參與計劃會籍整年期	<input type="checkbox"/> Completed Years of Service with the Employer 為僱主服務整年期											
Vesting Scale Option 歸屬比例選擇 (Please select an option where appropriate or specify at option 4) (請揀選適用的選擇或在「選擇4」註明)	Option 選擇	Completed Year 完整年期											
		0	1	2	3	4	5	6	7	8	9	10+	
	1	%	0	10	20	30	40	50	60	70	80	90	100
	2	%	0	0	0	30	40	50	60	70	80	90	100
	3	%	0	0	0	0	0	50	60	70	80	90	100
4	%												

[▼] Employer confirmed that there is no reduction of any MPF accrued rights and vested benefits as a result of the transfer of benefits to the BCT (MPF) Pro Choice / BCT (MPF) Industry Choice. 僱主確認強積金的累算權利和歸屬權益並不會因利益轉移至BCT積金之選 / BCT(強積金)行業計劃而有所減少。

[#] If an employee has reached the specified early retirement age and has fulfilled other conditions if specified by his employer, he shall be fully vested with the value of the balance of his employer's voluntary contribution (including the benefits transferred from ORSO scheme, if any). If the early retirement age is not specified and the employee is under the normal retirement age (if specified) or age 65 (if the normal retirement age is not specified), the percentage of the value of the balance attributable, for the purpose of vesting, to the employer's voluntary contributions (including the benefits transferred from ORSO scheme, if any) shall be calculated according to the above vesting scale. 若僱員已達到以上訂明之提早退休年齡並且已履行僱主訂明的其他條件(如有), 僱主自願性供款部份(包括從職業退休計劃轉入的權益, 如有)將全數100%歸屬予該僱員所有。若僱主沒有訂明提早退休年齡及僱員未滿正常退休年齡(如訂明)或未滿65歲(如沒有訂明正常退休年齡), 僱主自願性供款部份(包括從職業退休計劃轉入的權益, 如有)的歸屬百分比, 就歸屬的目的而言, 將依據上述之歸屬表計算。

^{##} If an employee has reached the normal retirement age (if specified) or age 65 (if the normal retirement age is not specified) (irrespective of whether the employee has ceased employment with the employer), the value of the balance of his employer's voluntary contributions (including the benefits transferred from ORSO scheme, if any) shall be fully vested in him. For the avoidance of doubt, if this field is not filled in and the employee is older than age 65, the employee shall also be fully vested with the value of the balance of his employer's voluntary contributions (including the benefits transferred from ORSO scheme, if any). 當僱員已達到正常退休年齡(如訂明)或年滿65歲(如沒有訂明正常退休年齡)(不論僱員是否已終止受僱), 僱主自願性供款部份(包括從職業退休計劃轉入的權益, 如有)將全數100%歸屬予該僱員所有。為免疑問, 若無填寫此欄及僱員年齡大於65歲, 僱主自願性供款部份(包括從職業退休計劃轉入的權益, 如有)亦會全數100%歸屬予該僱員。

[△] (i) When an employee ceases the employment with his employer, the employee will be entitled to receive the value of his balance attributable to the member's voluntary contribution and, except for the circumstances set out under item (ii) below, a percentage of the value of the balance attributable to the employer's voluntary contributions (including the benefits transferred from MPF scheme and / or ORSO scheme, if any) according to the above vesting scale. If the vesting scale of the ORSO scheme is deviated from the above, please specify in the ORSO Asset Transfer Form (ORSO / TV). 當僱員離職時, 僱員將可獲僱員自願性供款部份及(下文第ii項所列情況除外)根據以上歸屬表所得出僱主自願性供款部份(包括從強積金計劃及 / 或職業退休計劃轉入的權益, 如有)的歸屬百分比。如職業退休計劃之歸屬百分比與以上不同, 請在職業退休計劃資產轉入表格(ORSO / TV)列明。

(ii) Each member shall become fully vested with the value of the balance of his employer's voluntary contribution (including the benefits transferred from MPF scheme and / or ORSO scheme, if any) on the first of the following: 如首先符合下列任何一個情況, 僱員應可全數獲得其僱主之自願性供款部份(包括從強積金計劃及 / 或職業退休計劃轉入的權益, 如有):

- (a) Attaining Normal Retirement Age (if specified above) or age 65 (if the normal retirement age is not specified) 達到正常退休年齡(如上所訂明)或年滿65歲(如沒有訂明正常退休年齡)
- (b) Attaining Early Retirement Age (if specified above) and fulfilling other conditions if specified by the relevant employer in relation thereto 達到提早退休年齡(如上所訂明), 僱員並且已履行僱主訂明的其他條件(如有)
- (c) Termination of employment due to total incapacity 因完全喪失行為能力而終止僱用
- (d) Termination of employment due to terminal illness 因罹患末期疾病而終止僱用
- (e) Death 死亡

(iii) If a member is dismissed from the employment, the percentage of the value of the balance attributable to the employer's voluntary contributions (including the benefits transferred from MPF scheme and / or ORSO scheme, if any) will be subject to the Employer's discretion being either zero percent (where supporting document is required, if necessary) or following the applicable percentages specified in the above vesting scale. 如成員被僱主解僱, 僱主自願性供款部份(包括從強積金計劃及 / 或職業退休計劃轉入的權益, 如有)的歸屬百分比將由僱主決定為零(如需要請提供有關證明文件)或按照上述歸屬表適用的歸屬百分比計算。

Part IV. Administration Preference 行政指示

1(a). Payroll Details 糧期資料: (Applicable to Regular Employee 適用於一般僱員)

Does the Payroll Cycle mentioned below apply to all members or not? Yes No (Please specify on the "Member Enrolment Form")
 以下出糧周期是否適用於所有成員? 是 否 (請於「成員參加表格」上註明)

Payroll Cycle 出糧周期	Payroll Period End Date 糧期的最後一天	
<input type="checkbox"/> Monthly 每月	<input type="checkbox"/> Month-end 每月最後一天	<input type="checkbox"/> Others : Please specify 其他 : 請註明 _____
<input type="checkbox"/> Semi-monthly 每半月	<input type="checkbox"/> 15 th of the month and month-end 每月 15 日及最後一天	<input type="checkbox"/> Others : Please specify 其他 : 請註明 _____
<input type="checkbox"/> Weekly 每星期	Day of the week 星期 _____	
<input type="checkbox"/> Others 其他	Please specify 請註明 _____	

1(b). For Casual Employee, please complete "Supplementary Information for Casual Employee 'Contribution Day' Arrangement" [FORM: CD-I(ER)]
倘為臨時僱員，請填妥「臨時僱員「供款日」安排指示」[表格：CD-I(ER)]

2. 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」)
(Not applicable for Employer who selected to submit the contribution data via C-Online and with semi-monthly payroll cycle.)
(不適用於透過供款易遞交以每半月為出糧周期供款資料的僱主。)

3. 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
- 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。
- Prepared by BCTC via Autobil[#]
由銀聯信託製備之自動帳單[#]
- Others, please specify:
其他，請指示:

[#] 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

4. 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 V. Authorised Signatories 授權人簽署

Any [one / two*] of the following Signatories (and Signatories appearing at the bottom of Part VIII) is / are authorised (if there is no instruction given of the number of Authorised Signatories [i.e. one / two], it represents any of the Signatories listed below or any of the Signatories listed at the bottom of Part VIII) to enter into or issue any documents or give instructions related to the scheme administration on behalf of the Employer (**but not including employer voluntary contribution set-up and changes to Authorised Signatories**). If the following list of Specimen Signature is not filled in, then any [one / two*] of the Signatories appearing at the bottom of Part VIII shall, on its own, be deemed to be authorised for the same purposes and matters as referred above.

下列任何 [一位 / 兩位*] 簽署人(及列在 Part VIII 底部的簽署人)獲授權代表僱主(若未有指示授權簽署人人數[即一位或兩位], 則代表下列任何一位簽署人或列在 Part VIII 底部的任何一位簽署人)處理、簽署任何文件及發出任何有關該參與計劃行政之指示(但不包括設立僱主自願性供款及更改授權人簽署)。若下列簽名式樣表沒有填寫, 則 Part VIII 底部的任何 [一位 / 兩位*] 簽署人將被視為獲授權處理以上之目的及事項。

Name 姓名	HKID Card / Passport No. 香港身份證 / 護照號碼 (Must provide a copy 必須附上副本)	Title 職銜	Specimen Signature 簽名式樣
(1)			
(2)			
(3)			
(4)			

If you need to update the signature specimen of your authorised signatories and their authorities in the future, please complete an "Authorised Signature Specimen Form" [FORM: AS (ER)] to BCTC.

如日後需更新上述獲授權人士的資料, 請填妥並交回「授權簽署式樣表格」[FORM: AS (ER)] 至銀聯信託以作記錄更新。

* Delete as appropriate 請刪去不適用者

Part VI. Tax Residency Self-Certification (Mandatory) 稅務居民身份自我證明(必須填寫)**Important Notes 重要提示:**

- This Part VI, together with the other parts, sections and items of this form which is relevant to the purposes served by the "Self-Certification" (as defined below), including (a) the relevant "Employer Details" set out in Part I (including: name, business registration number., jurisdiction of incorporation or organization, registered address, correspondence address etc.) and (b) the relevant parts, sections and items of Part VIII below (including the relevant acknowledgment, undertaking and certification, and the signature section (and the warning underneath)), constitute the self-certification provided by you to Bank Consortium Trust Company Limited ("BCTC") for the purpose of Automatic Exchange of Financial Account Information ("AEOI") in compliance with tax law and regulations (including but not limited to the Inland Revenue Ordinance (Cap.112) and regulations based on the Organisation for Economic Co-operation and Development (OECD) Common Reporting Standard (CRS) for automatic exchange of information) ("Self-Certification"). The data collected may be transmitted by BCTC to the Inland Revenue Department for transfer to the tax authority of another country / jurisdiction.

此 Part VI, 與本表格內跟「自我證明」(定義如下)的目的有關之其他部分、章節及項目, 包括(a)本表格內 Part I 之「僱主資料」(包括名稱、商業登記證號碼、實體成立為法團或設立所在的稅務管轄區、註冊地址、通訊地址等)及(b)以下 Part VIII 裏的部分、章節及項目(包括有關的確認、承諾及證明, 及簽署的部分(和在其下的警告))將構成您向銀聯信託有限公司(「銀聯信託」)提供的自我證明, 作為自動交換財務帳戶資料(「AEOI」)用途以遵守稅務法律及規例(包括但不限於《稅務條例》(第 112 章)和根據自動交換資料有關的經濟合作與發展組織(OECD)《共同匯報標準》(CRS)的規則)(「自我證明」)。銀聯信託可把收集所得的資料交給稅務局, 稅務局會將資料交到另一國家 / 司法管轄區的稅務當局。

- This Self-Certification will remain valid unless there is any change in circumstances relating to the status of tax residency(ies) of the Entity. You must notify BCTC within 30 days if there is any change in circumstances that makes any of the information provided in the Self-Certification incorrect or incomplete and provide an updated Self-Certification.
除非實體的稅務居民身份有任何改變, 否則此自我證明將被視為有效。如情況有所改變, 以致本自我證明所載的資料不正確或不完整, 您必須在改變後的 30 天內通知銀聯信託有關的改變並提供最新的自我證明。
- BCTC **MUST** obtain the complete and valid tax residency Self-Certification for the setting up of employer record. To avoid any delay in the setting up of employer record and contribution settlement (if any), please read and complete all the appropriate parts below.
銀聯信託在開立僱主帳戶前, **必須**取得完整及有效的稅務居民身份自我證明。為避免僱主帳戶開立及供款處理(如有)有任何延誤, 請細閱並完成以下所有適用部分。
- All relevant identification / verification documentation for AEOI / CRS purposes will be provided to BCTC upon request. Failure to provide us with the information and other personal data as requested may result in your application / instruction not being able to be processed.
銀聯信託有權要求您提供就 AEOI / CRS 的目的所有相關的身份證明 / 驗證文件。如未能提供所需資料及其他個人資料, 可能導致您的申請 / 指示不獲處理。

Part VI. Tax Residency Self-Certification (Mandatory) 稅務居民身份自我證明(必須填寫) (Continued 續)

- As a financial institution, BCTC is not allowed to give tax or legal advice. If you have any questions regarding your tax residency, please consult your tax adviser or visit the OECD and Inland Revenue Department's AEOI website at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/> and http://www.ird.gov.hk/eng/tax/dta_aeoi.htm respectively, or simply scan the QR code, for more CRS and related information.
作為財務機構，銀聯信託不獲允許提供稅務或法律意見。若您對您的稅務居民身份存有任何疑問，請諮詢專業稅務顧問或瀏覽OECD (<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/>) 及稅務局 (http://www.ird.gov.hk/chi/tax/dta_aeoi.htm) 有關AEOI的網頁，或掃描此二維碼，以獲取更多CRS及相關資料。



OECD



IRD (稅務局)

The Entity mentioned in this section refers to a corporation, partnership, a body of persons or a trust (excluding sole proprietors). If you are a sole proprietor, please complete Part VI (1), (2) and (5) only (as applicable).

此部分所指之「實體」為法團、合夥、任何其他團體或信託(獨資經營者除外)。如您是獨資經營者，只需填寫(適用的)Part VI (1)、(2)及(5)部份。

(1) Entity / Sole Proprietor Tax Residence is 實體 / 獨資經營者之稅務居住地為

- Hong Kong ONLY with no tax residence in any other jurisdictions or countries (the respective Taxpayer Identification Number (TIN) is as noted in Remark below).

只有香港，及沒有處於任何其他司法管轄區或國家的稅務居住地(其稅務編號如以下註所述)。

[If the box above does not apply, please proceed to Part VI (2) which MUST be filled in for tax residence of either (a) Hong Kong and also some other jurisdictions or countries or (b) not Hong Kong, but instead some other jurisdictions or countries.

如果上面的方格不適用，請填寫Part VI (2)。該部份為稅務居住地是(甲)香港及其他司法管轄區或國家或(乙)不是香港而是其他司法管轄區或國家的稅務居民必須填寫的部份。]

(2) Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")

居留司法管轄區及稅務編號或具有等同功能的識辨編號(以下簡稱「稅務編號」)

Please list all countries / jurisdictions (including Hong Kong (where applicable)) where the Entity is a resident for tax purposes and Taxpayer Identification Number or its Functional Equivalent (TIN) for each country / jurisdiction. If the space provided is insufficient, please provide it in the below format on additional sheet(s). Please refer to OECD website at: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency> or simply scan the QR code for tax residency related information.

請在以下列明實體作為稅務居民的所有國家 / 司法管轄區(包括香港(如適用))及相關的稅務編號或具有等同功能的識辨編號(稅務編號)。如下列位置不敷應用，請按以下格式另加新頁。請參考經合組織網站的稅務居民：<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency> 或掃描此二維碼的稅務居民相關資料。



(OECD-TR)

Country / Jurisdiction of Tax Residency 稅務居民所在國家 / 司法管轄區	TIN (Remark 1) 稅務編號(備註1)	If no TIN is available, please indicate Reason A, B or C below (Remark 2) 若未能提供稅務編號，請於下方填上理由A、B或C(備註2)	Please explain why you are unable to obtain a TIN if you have selected Reason B. 若您選擇理由B，請在下方解釋無法取得稅務編號的原因。
1			
2			
3			

Remarks 備註

1. If the account holder is a tax resident of Hong Kong, the TIN is
- Entity: First 8 digits of the Hong Kong Business Registration Number
 - Sole proprietor: HKID Card No.
- 如帳戶持有人是香港稅務居民，稅務編號是
- 實體：香港商業登記號碼前八位數字
 - 獨資經營者：香港身份證號碼

2. If a TIN is unavailable, please provide the appropriate reason A, B or C:
若未能提供稅務編號，請提供合適的理由A、B或C：

Reason A - The country / jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.
理由A - 帳戶持有人所屬的稅務居民的國家 / 司法管轄區沒有向其居民發出稅務編號。

Reason B - The account holder is unable to obtain a TIN. (Please explain why you are unable to obtain TIN in the above table if you have selected this reason.)
理由B - 帳戶持有人無法獲得稅務編號。(若您選擇這理由，請在上表解釋您無法獲得稅務編號的原因。)

Reason C - No TIN is required. (Note: Only select this reason if the authorities of the relevant jurisdiction of residence do not require the TIN to be disclosed.)
理由C - 無需稅務編號。(註：只有在相關司法管轄區的主管機關不需要披露該司法管轄區發出的稅務編號方可選擇這理由。)

Part VI. Tax Residency Self-Certification (Mandatory) 稅務居民身份自我證明(必須填寫) (Continued 續)

If Employer is a **sole-proprietorship**, please skip Part VI (3) & (4) and complete Part VI (5).
如僱主屬**獨資經營者**，請略過Part VI (3)及(4)部分並填寫Part VI (5)部分。

(3) Entity Type (Not applicable to sole-proprietorship) 實體類別 (不適用於獨資經營者)

Please put a "✓" in the appropriate box and fill in the information. 請在適當的方格上填上「✓」及填寫所需資料。

Financial Institution 財務機構 (You can skip item 4 您可略過第4部分)	<input type="checkbox"/> Custodial Institution, Depository Institution or Specified Insurance Company 託管機構、存款機構或指明保險公司 <input type="checkbox"/> Investment Entity, except an investment entity that is managed by another financial institution (e.g. with discretion to manage the entity's assets) and located in a non-participating jurisdiction 投資實體，但不包括由另一財務機構管理(例如：擁有酌情權管理投資實體的資產)並位於非參與稅務管轄區的投資實體
Active Non-Financial Entity ("NFE") 主動非財務實體 (You can skip item 4 您可略過第4部分)	<input type="checkbox"/> NFE the stock of which is regularly traded on _____, which is an established securities market 該非財務實體的股票經常在 _____ (一個具規模證券市場)進行買賣 <input type="checkbox"/> Related entity of _____, the stock of which is regularly traded on _____, which is an established securities market 為 _____ 的有關連實體，該有關連實體的股票經常在 _____ (一個具規模證券市場)進行買賣 <input type="checkbox"/> NFE is a governmental entity, an international organization, a central bank, or an entity wholly owned by one or more of the foregoing entities 政府實體、國際組織、中央銀行或由前述的實體全權擁有的其他實體 <input type="checkbox"/> Active NFE other than the above (Please specify _____) 除上述以外的主動非財務實體(請說明 _____)
Passive NFE 被動非財務實體 (Please complete item 4 請填寫第4部分)	<input type="checkbox"/> Investment entity that is managed by another financial institution and located in a non-participating jurisdiction 位於非參與稅務管轄區並由另一財務機構管理的投資實體 <input type="checkbox"/> NFE that is not an active NFE 不屬主動非財務實體的非財務實體

(4) Controlling Persons (Complete this part if the entity account holder is a passive NFE) 控權人(如實體帳戶持有人是被動非財務實體，填寫此部)

Indicate the name of all controlling person(s) of the entity account holder in the table below. If no natural person exercises control over an entity which is a legal person, the controlling person will be the individual holding the position of senior managing official. Complete **Self-Certification – Controlling Person** for each controlling person. 請填寫實體之所有控權人之姓名在列表內。就法人實體，如沒有自然人行使控制權，控權人將會是該法人實體的高級管理人員。每名控權人須分別填寫一份**自我證明 – 控權人**。

(1)	(5)
(2)	(6)
(3)	(7)
(4)	(8)

(5) Sole-proprietor Information (For Sole Proprietorship Only) 獨資經營者之資料(只適用於獨資經營者)

Name
姓名: _____
Surname 姓 (English 英文) _____ First Name 名 (English 英文) _____ Chinese Name 中文名 _____

HKID Card No.
香港身份證號碼: _____ Date of Birth (D / M / Y)
出生日期(日 / 月 / 年): _____

Passport No. (NOT applicable to Hong Kong permanent resident)
護照號碼(不適用於香港永久性居民): _____

Current Residential Address 現時住址: ("In-care-of" address and P.O. Box address will not be accepted. All correspondence will be sent to the following address.
「轉交」地址及郵政信箱恕不接受，所有通訊將寄往以下地址。)

Flat / Room 室 _____ Floor 樓 _____ Block 座 _____

Building / Estate Name 大廈 / 屋邨名稱 _____

Street / Road 街道 _____ District 地區 _____

Hong Kong 香港 Kowloon 九龍 New Territories 新界 Overseas 海外[▽]

City 城市[▽] _____ Country 國家[▽] _____

[▽] For overseas address 適用於海外地址

WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a Self-Certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. HK\$10,000).

警告：根據《稅務條例》第80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第3級(即HK\$10,000)罰款。

Part VII. 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 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 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(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或其他途徑處理強制性公積金(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 VIII. Authorisation, Declaration and Consent 授權、聲明及同意

By signing this document:

經簽署本文件:

(1) I / We confirm that I / we have received, read and understood the contents contained in the latest version of the MPF Scheme Brochure (and any addendum thereto) for BCT (MPF) Pro Choice / BCT (MPF) Industry Choice (as appropriate). I / We accept and agree to be bound by the terms of such MPF Scheme Brochure (and addendum thereto, if any), the trust deed constituting the BCT (MPF) Pro Choice / BCT (MPF) Industry Choice (as appropriate) (including any deed of amendment), the rules thereof and any other notification sent to us from time to time pursuant to the terms of the relevant trust deed.

本人 / 吾等確認已收取、細閱及明白最新版本之BCT積金之選 / BCT(強積金)行業計劃(如屬適用)強積金計劃說明書及其附錄(如有)。本人 / 吾等接受及同意受此強積金計劃說明書及其附錄(如有)之條款、成立BCT積金之選 / BCT(強積金)行業計劃(如屬適用)之信託契約(包括其後之修訂契約)、信託契約內之規則及日後根據有關信託契約之條款向本人 / 吾等不時發出有關之通知所約束。

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

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) I / We agree to comply with the obligations imposed on us as an employer under the Mandatory Provident Fund Schemes Ordinance (Cap. 485) and its related regulations.

本人 / 吾等同意遵守《強制性公積金計劃條例》(第485章)及其有關規例中作為僱主之責任之規定。

(4) I / We further agree to comply with the obligations imposed on us as an employer under the Occupational Retirement Schemes Ordinance (Cap. 426) and Mandatory Provident Fund Schemes Ordinance (Cap. 485) and their related regulations, if applicable. I / We understand that the Participating Plan does not enable any person, without any consent of the Participating Plan's member concerned and any approval of the Mandatory Provident Fund Schemes Authority, to alter to the member's detriment either his accrued rights or his vested benefits under the Participating Plan. I / We further undertake that whenever this circumstance occurs, I / we shall notify BCTC as soon as reasonably practicable for Mandatory Provident Fund Schemes Authority's approval.

本人 / 吾等並同意遵守《職業退休計劃條例》(第426章)及《強制性公積金計劃條例》(第485章)及其有關規例中作為僱主之責任之規定, 如適用。本人 / 吾等明白該參與計劃的條款不會令任何人能夠未經該參與計劃的有關成員同意及任何在未經強制性公積金計劃管理局的批准下、以對該成員不利的方式更改該成員在該參與計劃下的累算權益或既有利益。如有上述情況, 本人 / 吾等並承諾會儘快通知銀聯信託, 以便向強制性公積金計劃管理局申請批核。

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

本人 / 吾等明白及同意闡明於此表格之收集個人資料聲明條款。

(6) I / We declare that to the best of my / our knowledge and belief, the information given and statements made in this form and / or its attachment(s), if any, are true, 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)所提供的資料和聲明均屬真實、正確無訛且無缺漏。

(7) I / We understand that I / we will be required to provide evidence required by applicable laws and regulations relating to anti-money laundering checks. If BCTC / BCTF does not receive satisfactory evidence, further documentation may be requested, and shall not be processed until such documentation is received.

本人 / 吾等明白如本人 / 吾等須就現行打擊清洗黑錢的有關法例及規則的要求而提供資料。倘若銀聯信託 / 銀聯金融未能收到滿意之證明, 則可要求提供進一步資料, 而有關交易謹在接獲有關資料後方可進行。

(8) I / We certify that I am / We are authorized to sign for the account holder of all the account(s) to which this form relates and / or currently held with BCTC (if any).

本人 / 吾等證明, 就與本表格所有相關的帳戶及 / 或現於銀聯信託持有的帳戶(如有), 本人 / 吾等獲本帳戶持有人所授權代其簽署。

Part VIII. Authorisation, Declaration and Consent 授權、聲明及同意 (Continued 續)

(9) I / We acknowledge and agree that (a) the information contained in the parts of this form constituting the Self-Certification is collected and may be kept by BCTC for the purpose of AEOI, and (b) such information and information regarding the account holder and any reportable account(s) may be reported by BCTC to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another country / countries and / or jurisdiction(s) in which the account holder may be resident for tax purposes pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112), and (c) I / We agree to the obligation that the account holder must comply with requests made by BCTC to comply with the CRS (AEOI) requirements under the Inland Revenue Ordinance and / or applicable law and regulation, and such obligation forms the basis of the account to be opened.

本人 / 吾等確認及同意，銀聯信託可根據《稅務條例》(第 112 章)有關交換財務帳戶資料的法律條文，(a) 收集本表格構成自我證明的部份所載資料並可備存作 AEOI 用途及 (b) 把該等資料和關於帳戶持有人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報。從而把資料轉交到帳戶持有人的居留司法管轄區的稅務當局及 (c) 本人 / 吾等同意帳戶持有人必須遵守銀聯信託的要求以便遵守《稅務條例》及 / 或適用法律及規例的 CRS (AEOI) 規定，並為日後開立帳戶之基礎。

(10) I / We undertake to advise BCTC of any change in circumstances which affects the tax residency status of the entity identified in the parts of this form constituting the Self-Certification or causes the information contained herein to become incorrect or incomplete, and to provide BCTC with a suitably updated Self-Certification within 30 days of such change in circumstances.

本人 / 吾等承諾，如情況有所改變，以致影響本表格構成自我證明表格構成所述的實體的稅務居民身份，或引致本自我證明所載的資料不正確或不完整，本人 / 吾等會通知銀聯信託有限公司，並會在情況發生改變後 30 日內，向銀聯信託提交一份已適當更新的自我證明表格。

(11) I / We expressly consent to the use of my / our personal data (name, telephone no., fax no., e-mail address, address and account records) for the purpose of direct marketing of Mandatory Provident Fund Services (and ancillary MPF products) by BCTC and BCTF (or their employees or agents); but I / we understand that BCTC and BCTF cannot make such use of my / our personal data without my / our consent and will cease upon my / our written or verbal request. I / We further understand that if I / we do not wish to consent to my / our personal data being used for the said direct marketing purpose, I / we should indicate that no consent is given, by ticking this box.

本人 / 吾等即明確表示同意銀聯信託及銀聯金融 (及其僱員或代理) 使用本人 / 吾等的個人資料 (姓名、電話號碼、傳真號碼、電郵地址、地址及戶口記錄) 作直銷強制性公積金服務 (及有關強積金的產品) 的目的，但本人 / 吾等明白倘本人 / 吾等不同意銀聯信託及銀聯金融不能如此使用本人 / 吾等的個人資料及倘接獲本人 / 吾等之書面或口頭要求，該使用將停止。本人 / 吾等亦明白如本人 / 吾等不欲將本人 / 吾等的個人資料用作上述直銷用途，本人 / 吾等應在未段的方格內加上“✓”號，以表示不同意。

Signature(s) and Company Stamp (if applicable) 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) _____

HKID Card No. / Passport No.

香港身份證號碼 / 護照號碼

(Must provide a copy 必須附上副本) : (1) _____ (2) _____

Only applicable to all non-board director signatories 只適用於非董事會董事簽署人

Nationality 國籍 : (1) _____ (2) _____

Residential Address 住址 : (1) _____ (2) _____

WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a Self-Certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. HK\$10,000).

警告：根據《稅務條例》第 80(2E) 條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第 3 級 (即 HK\$10,000) 罰款。

Remarks 備註

- For corporation, this form needs to be signed by the director(s) or such other person(s) acceptable to BCTC and / or BCTF. In the latter case, documentary evidence (e.g. board resolution or similar written authorization) will be required. 倘為法人公司，本表格必須由董事或銀聯信託及 / 或銀聯金融所接受的其他人仕簽署。如屬後者，則須提供證明文件 (例如，董事會決議或同類書面授權)。
- 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 the partner(s). 倘為合夥經營公司，本表格必須由合夥人士簽署。

Internal Use Only 內部專用

Classification Code 項目編號:

Date Received: _____ Input By: _____ Verified By: _____ Remarks: _____

Broker Code: _____ Agent Code: _____ Campaign Code: _____ BD Code: _____

Flexi 2 Approval: _____

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BCT (MPF) Pro Choice / BCT (MPF) Industry Choice
BCT 積金之選 / BCT(強積金)行業計劃
Participation Agreement – Employer 僱主參加協議

FORM: AP (ER)

THIS PARTICIPATION AGREEMENT is made on the ____ day of _____, 20 ____.

BETWEEN:

(1) **BANK CONSORTIUM TRUST COMPANY LIMITED** whose registered office is at 18th Floor Cosco Tower, 183 Queen's Road Central, Hong Kong (the "Trustee"); and

(2) _____ whose registered office is at _____ (the "Employer").

RECITALS:

- (A) The Trustee is the Trustee of the following plan: (Please mark "✓" in the appropriate box)
- the BCT (MPF) Pro Choice (the "Plan") which was established by a deed dated 31 January 2000 made by the Trustee (as amended from time to time, the "Deed").
 - the BCT (MPF) Industry Choice (the "Plan") which was established by a deed dated 12 April 2000 made by the Trustee (as amended from time to time, the "Deed").
- (B) The Employer wishes to join the Plan in order to establish a retirement benefits scheme (the "Participating Plan") for the benefit of its employees.
- (C) The Participating Plan shall be governed by the Deed and this Participation Agreement.
- (D) The Trustee shall notify the Employer of the Plan Commencement Date.

PROVISIONS:

1. Unless otherwise stated, words and expressions used in this Participation Agreement shall have the meanings given to them in the Deed.
2. The Employer hereby establishes a Participating Plan, to be governed by the terms of the Deed and this Participation Agreement. The Employer acknowledges that (i) any Application Form completed by the Employer and Member Enrolment Forms completed by the employees of the Employer in respect of the application for participation in the Plan shall form part of this Participation Agreement and the details provided therein shall apply for the purposes of the Participating Plan and (ii) subject to the relevant applicable law and in respect of Voluntary Contributions, it shall not be the duty of the Trustee to oversee or ensure that any contributions or other monies payable under the Deed, the Rules, the Participation Agreement or any other applicable directions, are in fact paid, that any applicable definition of earnings or income (howsoever expressed) is properly applied or that the calculation of contributions is correct.
3. The Employer hereby covenants with the Trustee to comply with and be bound by the provisions of the Deed and this Participation Agreement and all applicable laws and regulations.
4. The Employer warrants that the information from time to time to be provided by the Employer in the Application Form and any other information to be provided by the Employer in relation to each Employee Member will be correct in all respects.
5. Subject to the provisions of the Deed and this Participation Agreement, the Employer undertakes and agrees to hold the Trustee indemnified against any and all proceedings, costs, charges, liabilities and expenses occasioned by any and all actions, claims, demands or proceedings in connection with the Plan or the Participating Plan either:
 - (a) arising out of the breach by the Employer of the warranty referred to in paragraph 4; or
 - (b) as a result of any failure or omission on the part of the Employer to duly and punctually perform or observe any obligations pursuant to the Deed and this Participation Agreement or otherwise so far as they relate to the Employer and Employee Members of the Participating Plan (whether they relate to the Employer and such Employee Members alone or together with another Employer and the Employee Members of other Participating Plans).
6. The Employer undertakes and agrees to pay all fees and expenses which are payable by it under the terms of the Deed and this Participation Agreement.
7. The Employer further undertakes and agrees to make Voluntary Contributions in respect of its Employee Members in accordance with the provisions of the Deed and the information specified in the Application Form. Unless otherwise stated in the Application Form, the Trustee and the Employer agree that the vesting, withdrawal and any other matters relating to the Voluntary Contributions made by the Employer shall be governed by the provisions of the Deed.
8. This Participation Agreement shall be governed by the laws of Hong Kong.

IN WITNESS whereof this Participation Agreement has been entered into the day and year first above written.

SIGNED for and on behalf of the **Trustee** by _____)

in the presence of : - _____)

For and on behalf of the Employer by _____)

(Name & Title))

(Name & Title))

(Signature of Witness))

(Name of Witness))

[Authorised Signature(s) with company stamp (if applicable)]

If there is any inconsistency between the English version and the Chinese version, the English version shall prevail.

Plan Sponsor 計劃保薦人：BCT Financial Limited 銀聯金融有限公司
 Trustee & Administrator 受託人及行政管理人：Bank Consortium Trust Company Limited 銀聯信託有限公司

本參加協議於二零____年____月____日由以下雙方共同訂立：

(1) 銀聯信託有限公司，其註冊辦事處地址為香港皇后大道中183號中遠大廈18樓(「受託人」)；以及

(2) _____，其註冊辦事處地址為

_____ (「僱主」)。

敘文：

(A) 受託人為以下計劃之受託人：(請於適用的方格內填上“✓”號)

BCT 積金之選(「有關計劃」)之受託人，有關計劃依據於二零零零年一月三十一日訂立之契約(經不時修訂，「有關契約」)成立。

BCT(強積金)行業計劃(「有關計劃」)之受託人，有關計劃依據於二零零零年四月十二日訂立之契約(經不時修訂，「有關契約」)成立。

(B) 僱主希望參加有關計劃，用以成立為保障僱員利益之退休保障計劃(「參與計劃」)。

(C) 參與計劃將受有關契約及此參加協議規限。

(D) 受託人應將計劃生效日期通知僱主。

條文：

1. 本參加協議內之文字及語彙(另有規定的除外)，應採用有關契約列明之涵意。
2. 僱主現成立一個參與計劃，並由有關契約及本參加協議條文規限。僱主確認：(i) 就申請參與有關計劃而由僱主填寫的任何申請書及由僱主的僱員填寫之成員參加表格，將成為本參加協議之一部份，而這些文件所提供之資料應適用於有關參與計劃；以及(ii) 在相關適用法律規限下，對於自願性供款，受託人沒有責任監督或確保根據有關契約、規則、參加協議或任何其他適用指引繳付的各種供款或其他款項已實際繳交，也沒有責任監督或確保任何適用的入息或收入(不論採用何種字眼表達)之定義已被妥善地採用，也沒有責任監督或確保供款的計算正確。
3. 僱主現向受託人契諾，其將遵從有關契約及本參加協議之條文以及所有適用之法律及規例，並受該等條文、法律及規例所約束。
4. 僱主保證，僱主不時在申請表格上提供的資料以及僱主將就每名僱員成員提供的其他資料，在一切方面都會是正確的。
5. 在有關契約及本參加協議之條款的規限下，僱主承諾並同意就受託人有關下述原因引致而與有關計劃或參與計劃有關的任何及一切法律行動、索償、要求或程序所造成之訴訟、費用、收費、責任及開支，向受託人作出彌償：
 - (a) 僱主違反第4段所述之保證；或
 - (b) 因僱主未能妥當及準時地履行或遵守依照有關契約及本參加協議之任何責任，或僱主未能妥當及準時地履行或遵守凡與參與計劃之僱主及僱員成員相關的責任(不論該等責任是否只與僱主及該等僱員成員有關，或是否同時與其他參與計劃下之另一僱主及僱員成員有關)所造成之失誤或遺漏。
6. 僱主承諾並同意支付就有關契約及本參加協議需繳付之所有費用及開支。
7. 僱主進一步承諾並同意按照有關契約之條款及申請書指明的資料就有關其僱員成員作出自願性供款。除申請書另有規定外，受託人及僱主同意，有關僱主自願性供款之歸屬、提取以及其他事項，應受有關契約之條款約束。
8. 本參加協議應受香港法律約束。

本參加協議已在本文文件首頁所列的日期簽訂，以資證明。

代表受託人簽署 _____)

在下列見證人的面前簽署：- _____)

由以下人士代表僱主 _____)

(姓名及職銜) _____)

(姓名及職銜) _____)

在下列見證人的面前簽署：- _____)

(見證人簽署) _____)

(見證人姓名) _____)

(獲授權簽署及公司印章(如適用))

如中、英文兩個版本有任何不相符之處，應以英文版本為準。