


Form Guide for Application Form – Employer and Participation Agreement – Employer

如何填寫「僱主申請書及僱主參加協議」



BCT
銀聯集團

BCT (MPF) Pro Choice / BCT (MPF) Industry Choice
BCT 積金之選 / BCT(強積金)行業計劃
Application Form – Employer 僱主申請書

FORM: AP (ER)

Note 注意

- Please read the principal brochure (and any addendum thereto) of the BCT (MPF) Pro Choice / BCT (MPF) Industry Choice (and any addendum thereto) 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)行業計劃總說明書及任何其附錄的條款(如適用)。
- Please mark "✓" in the appropriate box. 請於適用的方格內填上「✓」號。
- 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。
- 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號中環大廈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 <input type="checkbox"/> BCT (MPF) Industry Choice BCT(強積金)行業計劃	Participating Plan No. (Internal Use Only) 參與計劃編號(內部專用)
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		
Correspondence Address 通訊地址 (If different from Registered Address 如與註冊地址不同)		
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 Area Code Phone No. Ext. 國家號碼 地區號碼 電話號碼 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		
Country of Domicile of the Employer (if outside H.K.) 僱主之本籍國家(如在香港以外)		
Industry Classification 行業分類	<input type="checkbox"/> 001 Catering 飲食業 <input type="checkbox"/> 003 Manufacturing / Factories / Engineering 製造業 / 工廠 / 工程 <input type="checkbox"/> 005 Real Estate / Property Management / Cleaning 地產業 / 物業管理 / 清潔 <input type="checkbox"/> 007 Information Technology 資訊科技 <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"/> 998 Others 其他	
	<input type="checkbox"/> 002 Construction & Construction 建造業 <input type="checkbox"/> 004 Finance / Insurance / Business Services 金融 / 保險 / 商業服務 <input type="checkbox"/> 006 Entertainment / Retail / Personal Services 娛樂 / 零售 / 個人服務業 / 傳媒 <input type="checkbox"/> 008 Wholesale / Import & Export Trades 批發 / 出入口貿易 <input type="checkbox"/> 010 Transportation & Logistics Services 運輸及物流服務	
Is the company a regulated entity? 公司是否受監管機構監管? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 (Please specify 請說明): <input type="checkbox"/> SFC 證監會 <input type="checkbox"/> HKEx 香港交易所 <input type="checkbox"/> HKMA 金管局 <input type="checkbox"/> 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

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 Company Limited 銀聯信託有限公司

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Ver.17-032019

Please select your Participating Plan. For the BCT (MPF) Industry Choice, please also submit the "Industry Classification Form".

Please fill in your company name and Business Registration No. (The information should be the same as that stated in the BR Certificate).

Please fill in the registered address and correspondence address.

Please fill in the company contact details.

Newly set up company
This Commencement Date should be earlier than or same as the date of employment of the 1st employee participating in the Plan.

If the Company is transferred from another MPF Plan to our Plan
This Commencement Date should follow the end date of the previous plan.

Please select the Industry Classification.

Please fill in the name & HKID Card / Passport No. of the Directors / Principals and attach a copy of their personal identification documents.

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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 [#] <input type="checkbox"/> No <input type="checkbox"/> 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 ^{##}
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^{*} 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 否 ☐ Yes 是

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

☐ Completed Years of Membership in the Participating Plan 參與計劃會籍整年期

☐ Completed Years of Service with the Employer 僱主服務整年期

Vesting Scale Option 歸屬比例選擇	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	%											

(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)

[▼] 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積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)：

- 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)
- 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)
- Termination of employment due to total incapacity 因完全喪失行為能力而終止僱用
- Termination of employment due to terminal illness 因罹患末期疾病而終止僱用
- 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。

If there is asset transfer-in, please specify and fill in information in the relevant Form and provide a list of employees. If the transfer of assets includes voluntary contributions, please also submit the “Letter of Confirmation”.

If the employer makes voluntary contribution, please complete this Part. (e.g. Contribution Rate %, Vesting Scale Option, etc.)

Please select the Basis of Voluntary Contribution.

Please select the “Completed Year Based On” for calculating the vesting % of the Employer Voluntary Contribution.

Please select or fill in the Vesting Scale %.

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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 _____	

Please select the Payroll Cycle (Applicable to Regular Employee). For Casual Employee, please complete "Supplementary Information for Casual Employee 'Contribution Day' Arrangement".

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) 經繳費豐轉帳或
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」)

Employer can choose from different payment methods and remittance statement arrangement. Please refer to the "MPF Contribution Authorized Channels" leaflet for details.

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 Autobill[#]
由銀聯信託製備之自動帳單[#]
☐ Others, please specify:
其他，請指示: _____

If you opt for E-alert Service, please specify and provide the relevant contact information.

[#] 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結束日

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

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Part V. Authorised Signatories 授權人簽署

Any [one / two*] of the following Signatories (and Signatories appearing at the bottom of Part VII) 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 VII) 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 VII 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 VII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 VII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 VII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. 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 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.

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.

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。

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。

Signatories authorised by the Employer 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**) to BCTC, must provide specimen signature in this Part and attach a copy of his / her personal identification document to BCTC to verify his / her authorised signature in the future.

If no signature specimen is provided, the signatories who have signed in Part VII of this Form shall be deemed to be authorised to enter into or issued any documents or give instructions related to the scheme administration on behalf of the Employer to BCTC.

For any addition / deletion of authorised signatory, please fill in the Form AS (ER).

Form Guide for Application Form – Employer and Participation Agreement – Employer

如何填寫「僱主申請書及僱主參加協議」

FORM: AP (ER)

Part VII. Authorisation, Declaration and Consent 授權、聲明及同意

By signing this document:

- I / We confirm that I / we have received, read and understood the contents contained in the latest version of the principal brochure (and any addendum thereto) of the BCT (MPF) Pro Choice / BCT (MPF) Industry Choice (as appropriate). I / We accept and agree to be bound by the terms of such principal 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.
- I / We undertake that if there is any change in the information so provided, I / we shall notify BCTC as soon as reasonably practicable.
- 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.
- 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.
- I / We understand and agree to the terms of the Personal Information Collection Statement as set out in this form.
- 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.
- 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.
- I / We expressly consent to the use of my / our personal data (name, telephone no., fax no., e-mail address, address and e-mail address) for the purpose of direct marketing of Mandatory Provident Fund Services (and ancillary MPF products) by BCTC and BCTF (and their respective agents); but I / we understand that BCTC and BCTF cannot make such use of my / our personal data without 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: ☐

經簽署本文件：

- 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)總說明書及其附錄(如有)。本人 / 吾等接受及同意受此總說明書及其附錄(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。
- 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。
- 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。
- 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積權益或既有利益。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。
- 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。
- 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。
- 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，而有關交易將在接獲有關資料後方可進行。
- 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、地址及戶口號碼)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 / 吾等可在末段的方格內加上“X”號，以表示不同意。☐

If you do not consent to having your personal data being used for direct marketing of MPF services (and ancillary MPF products), please mark “X” in the box.

Please fill in the completion date of this Form.

Please fill in the name and title of signatories.

If the signatories are non-board director, please provide his/her nationality and address.

For the signatories, please sign in this Part with company stamp (if applicable). For the definition of signatories (Corporation, Sole Proprietorship and Partnership), please refer to the relevant “Remarks”.

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) _____

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士簽署。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: ☐


18/F Cosco Tower, 183 Queen's Road Central, Hong Kong
香港皇后大道中183號中遠大廈18樓

Member Hotline 成員熱線 : 2298 9333
Employer Hotline 僱主熱線 : 2298 9388
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Fax 傳真 : 2992 0507
Website 網址 : www.bcthk.com
Ver.17-032019

Form Guide for Application Form – Employer and Participation Agreement – Employer

如何填寫「僱主申請書及僱主參加協議」

**BCT**
銀聯集團

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)

There are two language versions of the “Participation Agreement – Employer” (i.e. English and Chinese). Please complete and sign one of the version.

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”).

Please do not fill in here. This is for BCTC's use only.

Please fill in the company name and address of registered office (must be the same as the information stated in Business Registration Certificate).

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 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 so 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)]

Please do not sign here. This is for BCTC's use only.

Please fill in the name and title of the authorised signatory / signatories of the Employer.

This is to be signed by the authorised signatory / signatories, who is / are the same as that provided in Part V (if any) and Part VII.

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

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