

Note 注意

- 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. 參與計劃編號
	<input type="checkbox"/> BCT (MPF) Industry Choice BCT(強積金)行業計劃	
Name of Company (if applicable) 公司名稱(如適用)	English 英文	
	Chinese 中文	
Correspondence Address 通訊地址		
Contact Details 聯絡資料	Contact Person (Mr / Ms / Mrs*) 聯絡人(先生 / 女士 / 太太*)	
	Mobile Phone No. 手提電話號碼	Business Phone No. 辦公室電話號碼

Part II. Participating Plan Termination 終止參與計劃	
<p>1. I / We would like to terminate the Participating Plan with effect from 本人 / 吾等欲終止參與計劃，生效日期為 _____ D日 / M月 / Y年</p> <p>Remarks 備註</p> <p>1. Please make contributions to the date before the termination effective date. 請供款至終止參與計劃生效日期的前一天。</p> <p>2. The last date of employment for all the active employees under the Participating Plan will be the date before the termination effective date. If your company is going to claim for reimbursement of Long Service Payment / Severance Payment ("LSP / SP") paid by employer, please provide supporting documents, e.g. original LSP / SP Receipt duly signed by the employee and the employer, and return together with this form. 所有參與計劃下現有僱員之最後受僱日期將為終止參與計劃生效日期的前一天。僱主若申請從僱主之供款戶口中發還已付之長期服務金 / 遣散費，請提供有關文件，如：僱員及僱主簽妥之長期服務金 / 遣散費收款證明書之正本，並連同此表格一同遞交。</p>	
<p>2. Reason of Participating Plan Termination 終止參與計劃之原因</p>	
Please Select One of the Following Termination Reasons 請選擇以下其中一個終止參與計劃的原因	Form Required 所須表格
<input type="checkbox"/> Ceased business 已終止業務	Request for Fund Transfer Form (for self-employed person, personal account holder or employee ceasing employment) - completed by each employee 資金轉移表格(適用於自僱人士、個人帳戶持有人或終止受僱的僱員) - 由各僱員填寫
<input type="checkbox"/> Already joined another MPF Plan 已參加其他強積金計劃 (Please specify name of new trustee 請註明新受託人名稱 _____) Remark : Please provide the list of employees to be transferred to the selected MPF plan. 備註 : 請提供將被轉移至新選擇強積金計劃的僱員名單。	Request for Fund Transfer Form (For Participating Employer) - completed by employer 資金轉移申請表格(參與僱主適用) - 由僱主填寫
<input type="checkbox"/> No eligible employee 沒有任何合資格僱員	NIL / 無
<input type="checkbox"/> Other reason 其他原因 (Please specify 請註明 _____)	

* Delete as appropriate 請刪去不適用者

Part III. 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.

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。

Part IV. Authorisation and Declaration 授權及聲明

- (1) I / We understand and agree to the terms of the Personal Information Collection Statement as set out in this form.
- (2) I / We undertake that if there is any change in the information so provided, I / we shall notify BCTC as soon as reasonably practicable.
- (3) I / We declare that to the best of my / our knowledge and belief, the information given in this form and / or its attachment(s), if any, is correct and complete.

- (1) 本人 / 吾等明白及同意於此表格之收集個人資料聲明條款。
- (2) 本人 / 吾等承諾若所提供之資料有任何更改, 將儘快通知銀聯信託。
- (3) 本人 / 吾等聲明, 盡本人 / 吾等所知及所信, 本表格及隨附之文件(如有)所提供的資料均屬正確無訛且無缺漏。



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)

Internal Use Only 內部專用

Date Received:

Input By:

Verified By:

Remarks: