

Name of Dian

BCT (MPF) Pro Choice / BCT (MPF) Industry Choice BCT 積金之選 / BCT(強積金)行業計劃

Cessation of Self-employment /

□ BCT (MPF) Pro Choice BCT 積金之選

Participating Plan Termination Request Form (For Self-employed Person)

FORM: TERM (SEP)

Participating Plan No. 參與計劃編號

終止自僱/終止參與計劃申請書(自僱人士適用)

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。

Self-employed Person Details 自僱人士資料

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。

計劃名稱			
		□ BCT (MPF) Industry Choice BCT (強積金) 行業計劃	
Name of Self-employed Person 自僱人士姓名		English (Mr / Ms / Mrs [*]) 英文(先生 / 女士 / 太太 [*])	HKID Card No. 香港身份證號碼
		Chinese (Mr / Ms / Mrs*) 中文(先生 / 女士 / 太太*)	Passport No. (<i>ONLY</i> for member without HKID Card) 護照號碼(本欄 <u>僅供</u> 沒有香港身份證的成員填寫)
Contact Details 聯絡資料		Mobile Phone No. 手提電話號碼	Telephone No. (Day Time) 電話號碼(日間)
Part II. Effe	ective Date	生効日期	
	JOHNO BUILO	Note 注意 The effective date should be the	first day of a contribution period
Effective Date	D日 / M月	生效日期須為供款期之第一天。 生效日期須為供款期之第一天。 Please make contributions to the 請供款至生效日期的前一天。	
made, or the dat	e of joining the	tive date, the effective date will be the date immediately a plan if contribution has never been received by us.) 日期」將預設為緊隨您最後作出供款之供款期終結日之下一日	
(知念汉书註明王	.XU# *XI	口剂」所以成系。他心取及1F山 次永之次永知於治口之 1, 口	,以(知念证不作山伏秋/心即多央市町口粉)
Part III. Cea	ased to be a	Self-employed Person / Participating Plan Te	ermination 終止自僱人士身份 / 終止參與計劃
□ Ceased to be Self-employe 終止自僱人士	ed Person	Consortium Trust Company Limited ("BCTO 如您將來恢復自僱,可填寫及向銀聯信託在(自僱人士適用)」使帳戶重新運作。 (2) If we do not receive your instruction to true "Request for Fund Transfer Form or employee ceasing employment)"#/	yment Form (For Self-employed Person)" to Bank
		Form for Payment of MPF Accrued Bei from Hong Kong / Total Incapacity / Tei after the receipt of this notice, you will be the same account. 若本公司於接獲此申請書後三個月內沒有以人或終止受僱的僱員)」# /「基於已達到65歲	nefits (Benefits) on Grounds of Permanent Departure rminal Illness / Small Balance / Death", within 3 months deemed to have elected to retain your accrued benefits in 如 你还是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
		Form (for self-employed person, personal account holder the MPF Plan. 若您選擇轉移累算權益至另一強積金計劃,請填僱員)」,並交予您欲轉移至強積金計劃的新受託人。	Plan, please submit your completed " Request for Fund Transfer or employee ceasing employment)" to THE NEW TRUSTEE of 镇妥「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
☐ Participating Termination 終止參與計畫		 I hereby give you an instruction to terminate my residual balance in the said account. 因該帳戶並無剩餘款項,本人謹此指示終止本人作為 	membership with your Participating Plan as there is no 此計劃成員。
			future, please complete and return the "Application Form –
I		24心小小生机从口作八工才以中时多兴个可则,明识:	匆以太四 口唯八工中明日」

^{*} Delete as appropriate 請刪去不適用者

FORM: TERM (SEP)

Part IV. Personal Information Collection Statement 收集個人資料聲明

The personal data provided by or in respect of Members and Participating Employers of the 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 or 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(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。

Members and Participating Employers have a right, without any charge, to request access to and correction of any personal data or to request that personal data about them not be used for direct marketing purposes. Requests can be made in writing to the Data Protection Officer at BCTC, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong.

成員及參與僱主,在不設任何收費下,有權要求查閱或更改任何個人資料或要求個人資料不被用作直銷之用。請以書面聯絡銀聯信託之資料保護主任,香港皇后大道中 183 號中遠大廈 18 樓。

Part V. Authorisation and Declaration 授權及聲明

- (1) I understand and agree to the terms of the Personal Information Collection Statement as set out in this form. 本人明白及同意於此表格之收集個人資料聲明條款。
- (2) I undertake that if there is any change in the information so provided, I shall notify BCTC as soon as reasonably practicable. 本人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 declare that to the best of my knowledge and belief, the information given in this form and / or its attachment(s), if any, is correct and complete. 本人聲明,盡本人所知及所信,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。

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S.V.	/

Signature of Applicant 申請人簽署

Date (D / M / Y) 日期(日 / 月 / 年)

Internal Use Only 內部專用

Date Received: Input By: Verified By: Remarks:

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