



BCT Strategic MPF Scheme

BCT 強積金策略計劃

APPLICATION & CHANGE FORM OF DIRECT DEBIT INSTRUCTION (FOR EMPLOYER / SELF-EMPLOYED PERSON ONLY)

直接付款指示申請及更改表格 (只適用於僱主或自僱人士)

Please Note 請注意:

- ◆ This Form is used by employers / self-employed persons for the purpose on apply or change of direct debit instructions for regular contributions. 本表格適用於僱主或自僱人士申請或更改其定期供款之直接付款指示。
- ◆ Once all the information is received, we will arrange for the autopay service on your behalf via a Hong Kong Dollar savings or checking account you currently maintain with a specified banking institution in Hong Kong. Please consult your banking officer for applicable service fee, if any, charged by your bank. 當收妥閣下提供的資料後，便會透過閣下的指定銀行所開設之港元儲蓄或支票戶口辦理有關手續。請聯絡閣下的銀行主任以便了解在此服務上會否收取任何費用。
- ◆ For Self-Employed Person, with our autopay service, your contribution amount will be debited from your specified bank account on the contribution due date. If the direct debit day is a public holiday, Saturday, gale warning day or black rainstorm warning day, it will be the following business day. If the direct debit day falls on a Saturday which is also the last date of the month, it will be the preceding business day. 有關自僱人士自動轉帳生效後，供款會在到期日自動從閣下指定之銀行戶口直接轉帳支付。如直接付款日為公眾假期、星期六、烈風警告日或黑色暴雨警告日，則順延至隨後的工作天。如直接付款日為每月最後一天並為星期六，則提早一個工作天。
- ◆ It may take four to six weeks for processing your application. You are, therefore, requested to continue making your contributions by other means of payment until you receive the confirmation letter from your bank stating the effective date of the autopay service. 申請該項服務約需時四至六星期。故此，閣下在仍未收到付款銀行的自動轉帳服務確認通知書及有關生效日期之前，務必繼續以其他方式繳付供款。
- ◆ In case of the change of bank account, to avoid the direct debit dishonour situation, please do not cancel your old bank account until direct debit from the new bank account takes effect. 當更改銀行帳戶時，為避免付款被拒的情況發生，請於新銀行帳戶之直接付款生效後，才取消舊銀行帳戶。
- ◆ The personal data to be supplied in this Form are to be used for the purpose(s) of processing your instruction(s) as requested in this Form. 在本表格提供的個人資料，將被用作處理閣下在本表格內所要求的指示。
- ◆ Use blue or black ball pen and complete this Form in BLOCK LETTERS. 請以藍色或黑色原子筆及正楷填寫此表格。
- ◆ "*" means delete whichever is inappropriate. Please insert "N.A." if not applicable. 「*」請刪去不適用者。請在不適用處填上「不適用」。
- ◆ All amendments should be signed. Please do not use correction fluid. 如有任何刪改，必須在旁加簽。請避免使用塗改液。
- ◆ Should you have any questions when completing this Form, please contact your BCT Relationship Manager. For the Self-employed Person, please contact BCTCall Member Hotline on (852) 2842-7878. 如閣下於填寫表格時有任何疑問，請聯絡貴公司的BCT客戶經理。自僱人士請致電 BCT 積金熱線 (852) 2842-7878 查詢。

Section 1 - Employer / Self-employed Person Information 第 1 部份 - 僱主 / 自僱人士資料

Name of Employer / Self-employed Person 僱主 / 自僱人士名稱 (請以英文填寫)		
Contact Person (English Name) 聯絡人(英文姓名) Surname 姓	<input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 小姐 First Name 名	Contact Phone Number 聯絡電話號碼
Business Registration Number 商業登記號碼	Company Code / Member Account Number 僱主 / 自僱人士編號	

Section 2 - Apply / Change Options 第 2 部份 - 申請 / 更改之選擇

(Please ✓ the appropriate box 請在適當方格內填上 ✓ 號)

- Apply Direct Debit (Autopay) Service 申請直接付款(自動轉帳)服務
- Change Direct Debit Instruction 更改直接付款指示

Please submit this Form with the Direct Debit Authorization Form. 請將本表格跟直接付款授權書一併交回。

- Stop Direct Debit Instruction 停止直接付款指示

Please continue making your contributions by other means of payment. 務必繼續以其他方式繳付供款。

Section 3 - Authorization and Declarations 第 3 部份 - 授權及聲明

Personal Information Collection Statement 收集個人資料聲明

I/We agree that 本人 / 吾等同意

The personal data provided by or in respect of Members and Participating Employers of the BCT Strategic MPF Scheme (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 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 強積金策略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。

Please note that by signing this Agreement, you expressly agree to the use of your personal data for direct marketing purposes as mentioned herein. The Sponsor will cease using the personal data upon your written or verbal request. 一經簽署本文件, 閣下即明確表示同意保薦人為直接市場推廣目的而使用閣下的個人資料。倘接獲閣下之書面或口頭要求, 保薦人將會停止使用閣下的個人資料。

If you do not wish your information to be made available for the dispatch of information on MPF products or services to you from the Sponsor, please the box. 如閣下不欲將資料提供給保薦人, 以用作向閣下發放強積金產品或服務資料, 請在方格內加上 號。

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。

I/We declare that 本人 / 吾等聲明

- All information in this Form is accurate. 本表格所載資料均屬正確無訛。
- I/We understand that the Trustee may not be able to process this application if I/we fail to provide any information requested in this Form. 本人 / 吾等明白倘若本人 / 吾等未能提供本表格所需的資料, 受託人將可能無法處理有關申請。
- I/We have read and agree to comply with the governing rules of the Plan. 本人 / 吾等已瞭解並同意遵守本計劃之計劃條款。
- I/We undertake to notify the Trustee as soon as possible of any changes to the information contained in this Form. 本人 / 吾等承諾如本表格內所載之資料有任何更改, 將盡早通知受託人。
- I/We understand that I/we will be required to provide evidence required by applicable laws and regulations relating to anti-money laundering checks to provide my/our identity and source of funds. If BCT / the Trustee does not receive satisfactory evidence, further documentation may be requested, and the relevant transaction shall not be processed until such documentation is received. 本人 / 吾等明白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, 以證明本人 / 吾等的身份及資金的來源。倘若 BCT 或受託人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。

Authorized Signature(s) with company stamp, if any /
Signature of Self-Employed Person
授權簽署及公司蓋章 (如有) / 自僱人士簽署
(Must be identical to the Trustee's record 必須與受託人的記錄相符)

Please return by mail to:
Pension Services (INV)
Bank Consortium Trust Company Limited
18/F Cosco Tower, 183 Queen's Road Central, Hong Kong

Date 日期

請將表格寄回:
銀聯信託有限公司
退休金服務 (INV)
香港皇后大道中 183 號中遠大廈 18 樓

BCT use only 銀聯信託專用:	Document Received Date:	Inputted By:	Checked By:	Remarks:
		Date Inputted:	Date Checked:	



BCT Strategic MPF Scheme BCT 強積金策略計劃
DIRECT DEBIT AUTHORIZATION FORM 註1 直接付款授權書 Note 1

Name of party to be credited (The Beneficiary) 收款人(受益人)名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. to be credited 收款帳戶號碼								
Bank Consortium Trust Company Limited as Trustee of BCT Strategic MPF Scheme	0 0 6	3 9 1	6	1	0	8	6	5	9	2	

I/We hereby authorize my/our below named Bank of effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below. 本人/吾等茲授權下文所列本人/吾等的銀行按照其不時從受益人接獲的指示,自本人/吾等的帳戶轉帳至上述受益人的帳戶,惟任何一次轉帳的款額均不得超出下文所列限額。

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. 本人/吾等同意本人/吾等的銀行毋須確定是否已向本人/吾等發出有關任何該等轉帳的通知。

I/We accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any transfer(s). 本人/吾等就本人/吾等帳戶內的款項因任何轉帳所引致的任何透支(或現有透支增加)而承擔全部責任。

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which even the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice. 本人/吾等同意,倘本人/吾等的帳戶的資金不足以應付本授權書所授權進行的任何轉帳,本人/吾等的銀行有權酌情不進行有關轉帳,在該情況下,銀行可收取一般費用及可隨時以一個星期的書面通知取消此項授權。

This authorization shall have effect until further notice. 此項授權將繼續生效直至另行通知為止。

I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given at least seven working days prior to the date on which such cancellation/variation is to take effect. 本人/吾等同意,本人/吾等向本人/吾等的銀行所發出任何有關取消或更改此項授權的通知,均須於有關取消/更改生效日期前最少七個工作天發出。

My/Our Bank Name and Branch 本人/吾等的銀行及分行之名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 帳戶號碼								
My/Our Name as recorded on Statement/Passbook ⁵ 結單/存摺所載本人/吾等的名稱 ⁵	Business Registration / HKID Card / Passport No. 商業登記證 / 香港身份證 / 護照號碼										
Signature(s) of Account Holder with company stamp (if any) 帳戶持有人簽署及公司蓋章(如有) (Must be identical to the Bank's record 必須與銀行的記錄相符)	Limit for each Transaction ^{Note 2, 3 & 4} 每次限額 ^{註 2, 3 & 4} HK\$ 港元										
Date 日期	Debtor's Reference (For Company Use Only) 債務人參考編號(只供本公司填寫)										
For Bank Use Only 只供銀行填寫	Signature Verified 核對簽署										

Notes 附註:

- It may take four to six weeks to process your instruction. The first contribution will not be debited from your bank account until you receive the confirmation letter from the trustee stating the effective date of the direct debit service. 處理有關指示約需時四至六星期。首次供款將由受託人發出的直接付款授權服務確認通知書上註明的生效日期後,從閣下的銀行帳戶中扣除。
- If the amounts of your payments are likely to vary each time, set the limit for each payment at the maximum amount you would expect to pay at any one time. If limit for each transaction is not specified, this will be deemed as "unlimited". 閣下每次付款額如可能有所不同,請將每次付款的限額設定為閣下預計任何一次會支付的最高款額。若閣下沒有設定付款的最高款額,供款額將被當作"沒有限制"。
- The debtor's bank may set an internal limit when the "Limit for each Transaction" is not specified. 如「每次限額」未有填上時,債務銀行可酌情就轉帳金額設下限額。
- The debtor's bank reserves the right to reject the payment exceeding the maximum limit specified by the debtor's bank unless prior arrangements have been made. 如轉帳金額超過債務銀行所設定之限額時,債務銀行會保留權利不予轉帳,預先安排除外。
- Third party contributions and Joint Name Account contributions are not acceptable. 不接受第三者供款及聯名帳戶供款。