

Scheme Number 計劃編號	Name of Employer / Company 公司/僱主名稱
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Particulars of Change – Please put a tick (✓) in the appropriate box 更改詳情 – 請於適當方格填上「✓」號

Employer's Particulars 僱主資料 (For New Information Only 只需填寫更新內容)

Name of Employer / Company 公司/僱主名稱 (English 英文)		(Chinese 中文)	Industry Type 行業類別
Business Registration Number 商業登記證號碼 (Please provide photocopy 請附上影印本)		Office Address 公司地址 (Please provide a copy of the proof of address 請提供地址證明)	
Contact Person 聯絡人	Telephone No. 電話號碼	Fax No. 傳真號碼	Email Address 電郵信箱

Scheme Particulars 計劃資料 (For New Information Only 只需填寫更新內容)

Contribution Payment Method 支付供款方法: By Cheque 支票 Direct Deposit 直接存款 Autopay 自動轉賬

Voluntary Contribution 自願性供款:

Addition 新增 Cessation 停止 Change of basis, formula or terms 更改供款的基礎、公式或條款

Class 級別	Contribution Portion 供款部份	Basis 基礎	Formula 公式
_____	<input type="checkbox"/> Employer 僱主 <input type="checkbox"/> Employee 僱員	Exceeds maximum level of relevant income 超過最高有關入息水平	In excess of the maximum level of contribution of 5% of relevant income 超過有關入息百分之五的供款上限的金額
_____	<input type="checkbox"/> Employer 僱主 <input type="checkbox"/> Employee 僱員	Relevant income 有關入息	_____ % of relevant income 有關入息的百分比
_____	<input type="checkbox"/> Employer 僱主 <input type="checkbox"/> Employee 僱員	Regular amount per month 每月定額	HK\$ 港幣 _____

Vesting Schedule 歸屬比例表:

Complete Year of Service 服務年期	Vesting Percentage 歸屬百分比		
	<input type="checkbox"/> Class 級別 _____	<input type="checkbox"/> Class 級別 _____	<input type="checkbox"/> Class 級別 _____ (Please specify 請列明)
1	0%	10%	
2	0%	20%	
3	30%	30%	
4	40%	40%	
5	50%	50%	
6	60%	60%	
7	70%	70%	
8	80%	80%	
9	90%	90%	
10 or above 或以上	100%	100%	

"Year of Service" means 『服務年期』指:

Class 級別

- _____ Employment with the Employer in completed years; or 以一整年計算, 受僱於僱主的年期; 或
 _____ Employment with the Employer in completed years from the Scheme Effective Date; or
 由計劃生效日期起計以一整年計算, 受僱於僱主的年期; 或
 _____ Others (Please Specify) 其他 (請列明):

Change of Authorized Signature 更改授權簽署:

(This signature will be used to verify your future correspondences with us. 此簽署式樣將用於核對您日後提交給本公司的文件。)

Full Name 全名:

Position 職銜:

X

Other Changes (limited for employer's particulars) 其他資料更改 (只限僱主資料)

Note 備註: Any changes relating to Mandatory Contribution or Voluntary Contribution that will be detrimental to a member's vested benefits or accrued rights under a registered scheme would require approval from the Mandatory Provident Fund Schemes Authority before the change can take effect. 任何與強制性供款或自願性供款有關之修改, 若會損害成員在註冊計劃下的既有利益或累算權益, 則該項修改須在獲得強制性公積金計劃管理局的批准後方可生效。

Declaration: We hereby confirm that a written consent from all affected employees to the above change has been obtained.

聲明: 本公司謹此確認上述改動已獲得所有受影響僱員的書面同意。

The above change(s) will be effective on 上述更改資料生效日期: _____ (mm月/dd日/yyyy年)

Authorized Signature(with company chop) 授權人簽署 (連同公司印章): _____

Date of Submission 遞交日期: _____ (mm月/dd日/yyyy年)