



**BCT (MPF) Pro Choice / BCT (MPF) Industry Choice**  
**BCT 積金之選 / BCT(強積金)行業計劃**  
**Information Update Form (For Participating Employer)**  
**資料更新表格(參與僱主適用)**

**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" or fax it to 2992 0507. 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」收或傳真至2992 0507。

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 公司名稱	English	
	中文	
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

**Part II. Information Update 資料更新**

A. General Information 一般資料	
Description 描述	Updated Information 最新資料
<input type="checkbox"/> Change of Company Name / Registered Address 更改公司名稱 / 商業登記地址	Note : Please notify Bank Consortium Trust Company Limited ("BCTC") of the change within 30 days. Please attach a copy of the new Business Registration Certificate and Certificate of Incorporation on Change of Name. This change does not apply to any change in legal entity and Business Registration No.. 注意：請於有關更改後之30天內通知銀聯信託有限公司(「銀聯信託」)。請將新商業登記證及公司更改名稱註冊證書之副本連同此表格一併交回。此更改不包括法律實體及商業登記證編號之更改。
<input type="checkbox"/> Change of Correspondence Address 更改通訊地址	Flat / Room 室 _____ Floor 樓 _____ Block 座 _____ Building / Estate Name 大廈 / 屋苑名稱 _____ Street / Road 街道 _____ District 地區 _____ <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Overseas (Country and City) 海外(國家及城市)▽ <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> China 中國 _____ (City 城市) <input type="checkbox"/> New Territories 新界 <input type="checkbox"/> Others 其他(Please specify 請說明) _____ (Country 國家) _____ (City 城市) ▽ For overseas address 適用於海外地址
<input type="checkbox"/> Change of Contact Details 更改聯絡資料	Name of Contact Person (Mr / Ms / Mrs*) 聯絡人姓名(先生 / 女士 / 太太*) _____ Telephone No. 電話號碼 _____ Country Code 國家號碼 _____ Area Code 地區號碼 _____ Phone No. 電話號碼 _____ Ext. 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 _____ Note : The information provided here will supersede all the contact details previously provided to BCTC. Please complete all the items to effect the change. 注意：在此欄填寫之資料將取代曾提供予銀聯信託之聯絡資料。要作出更改，請填寫所有項目。
<input type="checkbox"/> Other Changes of Employer Particulars 其他僱主資料更改	

**Important Note 重要提示：**

If your information update, such as change of address or telephone number, causes the country / countries and/or jurisdiction(s) of tax residency previously identified being incorrect or incomplete, please provide a suitably updated self-certification within 30 days of such change in circumstances. 若您的資料更新(如地址或電話)導致之前申報的國家及 / 或司法管轄區的稅務當局資料不正確或不完整，您必須在改變後的30天內提供最新的自我證明。

\* Delete as appropriate 請刪去不適用者



**Part II. Information Update 資料更新 (Continued 續)****B. Administration Preference 行政指示**

Effective Date :                    /                    /                    Note : To effect the change, BCTC must receive the completed form at least one month before the effective date.  
 生效日期                    :                    D日 / M月 / Y年                    The effective date should be the first day of the contribution period.  
 注意：要作出更改，填妥之表格必須於生效日期前最少一個月前遞交至銀聯信託。生效日期須為供款期之第一日。

**1(a). Payroll Details 糧期資料: (Applicable to Regular Employee 適用於一般僱員)**

Does the change in Payroll Cycle mentioned below apply to all members or not?     Yes     No (Please provide detailed information.)  
 以下出糧周期的更改是否適用於所有成員?                    是                    否 (請提供詳細資料。)

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 <sup>th</sup> 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 _____	

**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) 經繳費靈轉帳或  
 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」)

**3. Remittance Statement Arrangement 付款結算書安排:**

(Please choose 1 item from below and note that the selected method will supersede the choice made previously, if any 請選擇下列其中一項，及注意此選擇方式將會取代之前的選擇，如有)

- 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
- 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:

# 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的最後一天

**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 10<sup>th</sup> 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。

- Enrolment 服務申請  
 Please provide the required contact information for the purpose of providing such service(s). 請提供此項服務所需的聯絡資料。  
 (You may select more than 1 option 可選擇多於一項)
- Change of Contact Details 更改聯絡資料  
 Please select an item and fill in the field(s) that require(s) amendment as appropriate. 請選擇及填寫需要更改的項目。

<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

- Cancellation 服務取消  
 Please confirm the cancellation of the following E-alert service(s). 請確認取消以下電子提示服務。

- SMS Alert (Chinese only) 中文短訊提示  
 E-mail Alert (Bilingual) 中英文電郵提示  
 All of the above 以上兩項皆是

**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 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.

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。

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, Declaration and Consent 授權、聲明及同意**

By signing this document:

- I / We agree to authorise BCTC to accept without any further verification, and agree 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.
- 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 also understand that such alteration can only take effect after obtaining the approval of the Mandatory Provident Fund Schemes Authority. I / We further undertake that whenever this circumstance occurs, I / we shall notify BCTC as soon as reasonably practicable for the 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 hereby agree to indemnify BCTC against any actions, proceedings, claims, losses, damages, costs or expenses which may be brought against BCTC or suffered or incurred by BCTC arising either directly out of or in connection with BCTC accepting facsimile instructions or e-mail instructions and acting thereon, whether or not the same are confirmed by me / us in writing. Notwithstanding the above, BCTC has the right to determine which forms or other documents of instructions may or may not be accepted by facsimile or e-mail.
- 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 account records) for the purpose of direct marketing of Mandatory Provident Fund Services (and ancillary MPF products) by BCTC and BCTF (or their employees or agents); but I / we understand that BCTC and BCTF cannot make such use of my / our personal data without my / our consent and will cease upon 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.
- I understand and agree that the status of my consent to use my personal data for direct marketing purpose as shown in item (7) above shall represent my latest status in that regard and, accordingly, to the extent that such status is different from my prior status in records of BCTC and BCTF, it will supersede it, so that my prior status shall become invalid and replaced by the status as shown in item (7) above.

經簽署本文件:

- 本人 / 吾等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。
- 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算權益或既有利益。本人 / 吾等並明白有關更改必須經強制性公積金計劃管理局的批准後才能生效。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, 本表格及隨附文件(如有)所提供的資料均屬正確無訛且並無缺漏。
- 本人 / 吾等同意銀聯信託不論在否得到本人 / 吾等的書面確認下均可接受及處理傳真指示或電郵指示及根據該等指示處理有關事宜, 本人 / 吾等亦同意賠償銀聯信託因接受或處理該等傳真指示或電郵指示而直接或間接導致銀聯信託遭受或承受的任何行動、訴訟、理賠、損失、損害、成本或費用。儘管以上所述, 銀聯信託有權決定何種表格或其他指示文件能否以傳真方式或電郵方式傳遞。
- 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律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, 而有關交易謹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、地址及戶口記錄)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 / 吾等應在末段的方格內加上「✓」號, 以表示不同意。
- 我明白並同意, 上述第(7)項所示有關本人是否同意將個人資料作為直銷活動用途的意願是我所作出的最新意願。因此, 若該最新意願與在銀聯信託及銀聯金融的記錄中本人先前的意願相抵觸, 最新意願將取代先前的意願, 以致本人先前的意願將變為無效, 並替換為上面第(7)項中所示的最新意願。

S.V.

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: