

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 _____

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)**

**Important Note 重要提示:**

- 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，若會成員在註冊計劃下的既有利益或累積權益，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。
- If the information update, such as change of address or telephone number, causes the country / countries and / or jurisdiction(s) of tax residency previously identified incorrect or incomplete, please provide an updated Tax Residency Self-Certification Form within 30 days of such change in circumstances. 若資料更新 (如地址或電話) 閣下之前申報的國家及 / 或司法管轄區的稅務當局資料不正確或不完整，閣下必須在改變後的30天內提供最新的稅務居民自我證明表格。

**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)