

<b>A. Participating Employer / Self-employed Person Details 參與僱主/自僱人士資料</b>	
MASS MPF Scheme Number 萬全強積金計劃編號	<b>MAS</b>
Name of Company / Self-employed Person 公司/自僱人士名稱	
Contact Person 聯絡人：	Contact Phone Number 聯絡電話號碼：

Please tick and complete the appropriate sections. 請於適當位置及部份加上✓號。

<b>B. Details of Cessation / Termination &amp; Form 終止自僱/計劃及表格</b>	
Effective Date 生效日期	_____M月 / _____D日 / _____Y年
<b>For Participating Employer 參與僱主適用</b>	
Reason 原因	Form 表格
<input type="checkbox"/> Ceased Business 已終止業務	Scheme member's request for fund transfer form 計劃成員資金轉移申請表 (Completed by each employee 由各僱員填寫)
<input type="checkbox"/> Joined another MPF Scheme 已參加其他強積金計劃	Employer's request for fund transfer form 僱主資金轉移申請表 (Completed by employer 由僱主填寫)
<input type="checkbox"/> No eligible employee 沒有任何合資格僱員	Nil / 沒有
<input type="checkbox"/> Others 其他 (Please specify 請註明)：	
<b>For Self-employed Person 自僱人士適用</b>	
Reason 原因	Form / Remarks 表格/須知
<input type="checkbox"/> Ceased to be Self-employed Person 終止自僱人士身份	1. Scheme member's request for fund transfer form; or 計劃成員資金轉移申請表; 或 2. Claim form for payment of MPF accrued benefits, where applicable. 申索強積金累算 權益的表格, 如適用。 (If we do not receive your instruction to transfer / withdraw your accrued benefits within 3 months after the receipt of this notice, you will be deemed to have elected to retain your accrued benefits in the same account. 若本公司於接獲此通知書後三個月內沒有收到你提出 轉移 / 提取累算權益之指示, 你將被視作已選擇保留你的累算權益於原有帳戶內。)
<input type="checkbox"/> Termination of Scheme Membership 終止參與計劃	Scheme member's request for fund transfer form 計劃成員資金轉移申請表 (If we do not receive your instruction to transfer your accrued benefits within 3 months after the receipt of this notice, you will be deemed to have elected to retain your accrued benefits in the original scheme as personal account with new scheme number. 若本公司於接獲此 通知書後三個月內沒有收到你提交轉移累算權益之指示, 你將被視作已選擇以個人帳戶形 式保留累算權益於原計劃內, 而計劃編號將重新編配。)

<b>C. Authorization and Declaration 授權及聲明</b>	
I declare that to the best of my knowledge and belief, the information given in this form is correct and complete. 本人聲明, 盡本人所知所信, 本表格所提供的資料正確及詳盡。	
<div style="border: 1px solid black; width: 100%; padding: 5px;"> <p>Authorized Signature(s) with Company Chop (if applicable) 授權人簽署及公司蓋章 (如適用)</p> </div>	<div style="border: 1px solid black; width: 100%; padding: 5px;"> <p>Date 日期</p> </div>