HSBC Provident Fund Trustee (Hong Kong) Limited

c/o The Hongkong and Shanghai Banking Corporation Limited 香港上海滙豐銀行有限公司 PO Box 73770 Kowloon Central Post Office 九龍中央郵政信箱73770號 or place to the MPF drop-in box at designated HSBC branches

或投放於指定滙豐分行的強積金寄存辦理箱

HSBC MPF Employer Hotline 滙豐強積金僱主熱線: 2583 8033 HSBC MPF Member Hotline 滙豐強積金成員熱線: 3128 0128

HSBC MANDATORY PROVIDENT FUND CONTRIBUTION REMITTANCE ADVICE (EMPLOYER/SELF-EMPLOYED)

滙豐強積金:供款付款通知書(僱主/自僱人士)

INCP

Note 注意:

- 1. Please complete in CAPITAL and BLOCK LETTERS and tick ✔ the appropriate box(es). 請用大楷及正楷填寫,並於適當的方格內加上「✔〕號。
- This form is for use by employers/self-employed persons for the remittance of contributions by cheque under the following circumstances 本表格 適用於僱主/自僱人士於以下情況以支票繳付供款:
 - a. You have chosen direct debit as your method of payment. However, your direct debit authorisation has been setup unsuccessfully and there is insufficient time for another direct debit authorisation setup. 你所選擇的付款方式為直接付款。但你的直接付款授權未能成功設立,而又未有
 - b. You have changed your direct debit instruction, and there is insufficient time for the new setup to be effective. 你已更改直接付款指示,但新指 示因未有足夠時間而未能設立。
 - Your last direct debit/cheque was dishonoured. 你上一次的直接支賬/支票被拒絕。
 - d. Your last contribution remittance by cheque was insufficient. 你於上一次供款的支票款額不足。
- Please fill in one Contribution Remittance Advice for each pay centre for which you are making a remittance. 你必須就個別付款中心填寫供款付款 通知書。
- If you are submitting your contribution data via paper form, please submit this advice and cheque together with your remittance statement. 如你 透過表格形式提交供款資料,請把本表格連同支票及付款結算書一併交回。
- If you are submitting your contribution data via EZ-Pay, EZ-Pay Online or your own payroll software, please allow sufficient mailing time for the arrival of this advice before submitting your contribution data. 如你誘過易薪財、EZ-Pay Online 或你的支薪軟件提交供款資料,請預計郵遞時間, 以確保本表格及支票於你提交供款資料前到達本公司。
- The contribution should be paid by crossed cheque payable to 'HSBC Provident Fund Trustee (Hong Kong) Limited A/C HSBC Mandatory Provident Fund - SuperTrust Plus'. 請用劃線支票付款, 抬頭祈付「HSBC Provident Fund Trustee (Hong Kong) Limited A/C HSBC Mandatory Provident Fund - SuperTrust Plus J o
- Please return the completed form together with cheque to the Administrator The Hongkong and Shanghai Banking Corporation Limited. 請把 填妥的表格及支票寄交行政管理人一香港上海滙豐銀行有限公司。
- The information provided will be used in accordance with the relevant MPF Ordinance and/or its Regulations and the same manner as mentioned in the "Personal Information Collection Statement for HSBC Mandatory Provident Fund" ("PICS"). The PICS can be obtained through HSBC MPF website www.hsbc.com.hk/mpf or MPF hotline 2583 8033 (Employer) or 3128 0128 (Member). By signing this form, your present choice of receiving direct marketing information will remain unchanged. If you wish to update the use of your personal data for direct marketing purpose as stated in the PICS from the HSBC MPF scheme, you may exercise your right by notifying us. 所有已提供的資料將按照有關強積金條例及/或其規 例及《滙豐強積金的收集個人資料聲明》(「聲明」)處理。該聲明可透過以下滙豐強積金網站www.hsbc.com.hk/mpf或強積金熱線2583 8033(僱主)或 3128 0128(成員)索取。在簽署本表格後,你現時關於接收直接促銷資訊的選擇將維持不變。如你希望更新在滙豐強積金計劃聲明中使用你的個人資 料作直接促銷的用途,你可通知我們行使你的選擇權。

A. Details of Employer/Self-employed person 僱主/自僱人士資料

1. Employer ID/Scheme ID 僱主編號/計劃編號	2. Company name of participating employer/Full name of self-employed person (same as that shown on your HKID card/Passport) 參與僱主公司名稱/自僱人士全名(與香港身分證/護照上的姓名相同)
3. Pay centre ID 付款中心編號	4. Pay centre name 付款中心名稱

B. Remittance details 付款資料

1.	. Contribution period for which the remittance is applicable to 款項適用的供款期			2. Bill number 賬目號碼		
	Year 年 Month 月 Day 日 To 至	L L Year 年 Month .	月 Day 日			
3.	3. Contribution data for the above contribution period is submitted via 就以上供款期的供款資料提交形式					
	☐ Paper form 表格 ☐ EZ-Pay 易薪財					
	■ EZ-Pay Online ■ Your own payroll software 你的支薪軟件					
	Cheque details 支票資料					
4.	Cheque number 支票號碼	5. Bank number 銀行編號		6. Branch number 分行編號		
7.	7. Amount of remittance 付款款額		8. Cheque date 支票F	3期		
	HKD 港幣			Year 年 Month 月 Day 日		

C. Declaration and authorisation 聲明及授權書

I/We have read and understood the full details of this form (including the Notes on this form) and agree to abide by the rules stated herein. 本人/吾等已細閱及明白此表格內的所有內容(包括此表格上的注意部分),並同意遵守此述的規則。				
Authorised signature of employer/Signature of self-employed* 僱主授權簽署/自僱人士簽署*	Authorised signature of employer 僱主授權簽署			
x	x			
Full name 全名	Full name 全名			
Date 日期	Date 日期			

This signature must be the same as your previous specimen submitted to us. Otherwise, this form may not be processed. 此簽名須與你之前遞交予我們的式樣相同,否則本表格可能不獲處理。