

**To 致: 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

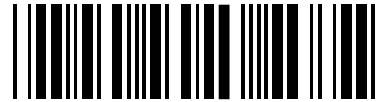
or 或

Place into the MPF drop-in box at designated HSBC branches

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  
ACCOUNT STATEMENT REQUISITION FORM  
滙豐強積金: 賬戶報表要求表格**

INFT

**Note 注意:**

1. Please complete in CAPITAL and BLOCK LETTERS. 請用大階及正楷填寫。
2. 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](http://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](http://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. Request for Duplicate MPF Statement 索取強積金報表副本**

Duplicate MPF statements can be requested for up to 7 years of the previous scheme financial years (i.e. from 1 July to 30 June). The handling charge is HKD50 for each copy per scheme financial year. Please return the completed form and cheque to the Administrator – The Hongkong and Shanghai Banking Corporation Limited. 你可以申請索取過往每個計劃財政年度(即7月1日至6月30日)的強積金報表，最多為7年。索取每個計劃財政年度的報表副本之手續費為每份港幣50元。請把填妥的表格連同支票寄交行政管人 – 香港上海滙豐銀行有限公司。

To be completed by **employer** only 只供**僱主**填寫 (Request for MPF statement 索取強積金報表)

1. Name of participating employer 參與僱主名稱	
2. Employer ID 僱主編號	3. Pay Centre ID 付款中心編號

To be completed by **scheme member** only 只供**計劃成員**填寫 (Request for MPF member benefit statement 索取強積金成員權益報表)

1. Full name 全名 (same as that shown on your HKID card/Passport 與香港身分證／護照上的姓名相同)		
2. HKID / Passport no. 香港身分證／護照號碼	3. Scheme ID 計劃編號	4. Pay Centre ID 付款中心編號 (for employee only 只適用於僱員)

Please send me a duplicate statement for the following period(s) 請郵寄以下年度的報表副本給本人:

Scheme financial year 計劃財政年度	
From 由 (YYYY 年/MM 月/DD 日)	To 至 (YYYY 年/MM 月/DD 日)
1           0   7   0   1	0   6   3   0
2           0   7   0   1	0   6   3   0
3           0   7   0   1	0   6   3   0
4           0   7   0   1	0   6   3   0
5           0   7   0   1	0   6   3   0

HKD 港元

No. of financial years  
財政年度數目

HKD 港元

Total handling charge 手續費合共:

50

X

=

Please enclose a crossed cheque payable to 'HSBC MPF SuperTrust Plus' and provide details below 請附上劃線支票，抬頭祈付「滙豐強積金智選計劃」並填寫以下詳情：

5. Bank number 銀行編號	6. Branch number 分行編號	7. Cheque number 支票編號
8. Cheque amount 支票金額 HKD 港元 _____		

**B. Request for MPF Member Contribution History Report 索取強積金成員供款記錄 (To be completed by employer only 只供僱主填寫)**

1. Name of participating employer 參與僱主名稱	
2. Employer ID 僱主編號	3. Pay Centre ID 付款中心編號

Please send me MPF Member Contribution History Report for the following period(s) 請郵寄以下強積金成員供款記錄給本人：

<b>MPF Member Contribution History Record 強積金成員供款記錄</b>										
<b>Contribution period 供款期：</b>										
	<b>Year 年</b>	<b>Month 月</b>								
1										
2										
3										
4										
5										
Or 或										
<b>From 由 (YYYY年 / MM月)</b>		<b>To 至 (YYYY年 / MM月)</b>								
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Year 年	Month 月									
Year 年	Month 月									
Specific member record for above MPF Member Contribution History Record 上述強積金成員供款記錄的指定成員記錄 (if not specified, we would provide all members' contribution history record for the above requested contribution period. 如沒有指定，我們將會提供上述所要求的供款期內所有成員記錄。)										
<b>Member Name 成員名稱</b>		<b>Member HKID/Passport No. 成員身分證／護照號碼</b>								

**C. Request for the Provision of Information of Employees' Accrued Benefits 索取僱員累算權益的資料 (To be completed by employer only 只供僱主填寫)**

1. Name of participating employer 參與僱主名稱		
2. Employer ID 僱主編號	3. Pay Centre ID 付款中心編號	

Please send me the information related to our employees' accrued benefits under the Scheme as set out below to enable our processing of the refund or calculation of long service payment/severance payment paid or payable to the below employee for the purpose of Section 12A of Mandatory Provident Fund Schemes Ordinance 請郵寄以下有關僱員累算權益的資料給本人，使本公司能夠根據強制性公積金計劃條例第 12A 條處理有關僱員支付或應付的長期服務金／遣散費的退款或計算：

	Member Name 成員名稱	Member HKID/Passport No. 成員身分證／護照號碼	Last Employment Date (YYYY/MM/DD) 最後受僱日期(年／月／日)
1			
2			
3			
4			
5			

I/We hereby request the administrator of HSBC MPF scheme to provide me/us with the latest balances attributable to Employer's contribution (including the mandatory contributions and voluntary contributions, if applicable) paid in respect of the above employee(s) to facilitate my/our submitting application under Section 12A of the Mandatory Provident Fund Schemes Ordinance. 本人／吾等在此要求滙豐強積金計劃行政管理人向本人／吾等提供可歸屬於有關上述僱員的僱主供款(包括強制性供款和自願性供款，如適用)的最新結餘，以協助本人／吾等在強制性公積金計劃第 12A 條所規定下遞交申請。

**D. Declaration and Authorisation 聲明及授權書**

To be completed by employer only 只供僱主填寫

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 僱主授權簽署 <sup>1</sup>  <b>X</b>	Authorised signature of employer 僱主授權簽署 <sup>1</sup>  <b>X</b>
Full name 全名	Full name 全名
Date 日期	Date 日期

<sup>1</sup> This authorised signature should be the same as your previous specimen submitted to us. Otherwise, the form may not be processed. 此授權簽署應與你之前遞交的式樣相同，否則本表格可能不獲處理。

To be completed by scheme member only 只供計劃成員填寫

I 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。	
Signature 簽署 <sup>2</sup>  <b>X</b>	Date 日期

<sup>2</sup> 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。