## 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 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 DUPLICATE REMITTANCE STATEMENT REQUISITION FORM (EMPLOYER / SELF-EMPLOYED)

滙豐強積金:索取付款結算書副本申請表(僱主/自僱人士)

## Note 注意:

- 1. Please complete in CAPITAL and BLOCK LETTERS. 請用大階及正楷填寫。
- 2. This form is for use by employer/self-employed person for the purpose of requesting duplicate remittance statement(s). 本表格適用於僱主/自僱人士索取付款結算書副本。
- 3. The handling charge for each copy is HKD50 per contribution period up to 7 years and the minimum charge per request is HKD200. 索取過往每個供款期的付款結算書副本之手續費為每份港幣50元,最多為7年。每次申請之最低收費為港幣200元。
- 4. Please return the completed form and cheque to the Administrator The Hongkong and Shanghai Banking Corporation Limited. 請把填妥的表格 連同支票寄交行政管理人 香港上海滙豐銀行有限公司。
- 5. 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。

1.	Company name of participating employer/Full name of self-employed person 參與僱主公 HKID card/Passport 與香港身分證/護照上的姓名相同)	公司名稱/自僱人士全名 (same as that shown on your
2.	HKID/Passport no. 香港身分證/護照號碼 (To be completed by self-employed person only 供自僱人士填寫)	3. Employer ID/Scheme ID 僱主編號/計劃編號

Please send us/me a duplicate remittance statement for the following period(s) 請郵寄以下供款期的付款結算書副本給本公司/本人:

Contribution	period 供款期	Pay centre ID/Name Bill number (if known)	
From 由 (YYYY 年/MM 月/DD 日)	To 至 (YYYY 年/MM 月/DD 日)	付款中心編號/名稱	賬目號碼(如知道)
(1.)			
(2.)			
(3.)			
(4.)			
(5.)			

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Please enclose a crossed cheque payable to **'The Hongkong and Shanghai Banking Corporation Limited'** and provide details below 請附上劃線支票,抬頭祈付**「香港上海滙豐銀行有限公司」**並填寫以下詳情: 6. Cheque number 支票號碼 4. Bank number 銀行編號 5. Branch number 分行編號 7. Cheque amount 支票金額 (The minimum charges is HKD200 最低收費為港幣200元)

## Declaration and authorisation 聲明及授權書

HKD 港元 \_\_\_\_\_

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。