

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



INY2

**HSBC MANDATORY PROVIDENT FUND
 CHANGE OF MEMBER'S EMPLOYMENT DETAILS NOTIFICATION FORM
 (EMPLOYER)**

滙豐強積金: 更改成員受僱資料通知書(僱主)

Note 注意:

1. Please complete in CAPITAL and BLOCK LETTERS. 請用大楷及正楷填寫。
2. This form is for use by employers for the purpose of notifying the administrator of HSBC MPF Scheme about the change of pay centre, class and/or member type of employee(s). 本表格適用於僱主通知滙豐強積金計劃行政管理人其僱員更改付款中心、級別及/或成員類別。
3. Please allow 14 days for processing any changes. 任何更改將於14日內獲處理。
4. 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。如果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。

Employer ID 僱主編號	Company name of participating employer 參與僱主公司名稱
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Full name of employee 僱員全名 (same as that shown on your HKID card/Passport 與香港身分證/護照上的 姓名相同)	HKID / Passport no. 香港身分證/ 護照號碼	New pay centre 新付款中心		New class 新級別		New member type 新成員類別	
		ID 編號	Effective date 生效日期 (yyyy/mm/dd)	Code 代號	Effective date 生效日期 (yyyy/mm/dd)	*Type 類別	Effective date 生效日期 (yyyy/mm/dd)

* Member type 成員類別: 1 - Normal employee 一般僱員 2 - Casual employee 臨時僱員 3 - Exempt person 獲豁免人士

Declaration and authorisation 聲明及授權書

<p>The Participating Employer declares that 參與僱主謹此聲明：</p> <p>(a) all employees concerned have been informed of the changes of their employment details and the calculation of their vested benefits derived from employer's voluntary contributions and/or ORSO transfer, and confirms that employees' consent has been obtained in respect of these changes. 已通知所有相關僱員其僱員資料之更改，以及僱主的自願性供款及／或職業退休計劃轉移款項的歸屬權益計算之改變，並確認已獲僱員同意作出此變更。</p> <p>(b) 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。</p>	
Authorised signature of employer 僱主授權簽署 X	Authorised signature of employer 僱主授權簽署 X
Full name 全名	Full name 全名
Date 日期	Date 日期