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HAITONG MPF RETIREMENT FUND 海通 MPF 退休金
SPECIAL VOLUNTARY CONTRIBUTION ACCOUNT 特別自願性供款賬戶
DIRECT DEBIT AUTHORISATION SET UP / CHANGE OF DIRECT DEBIT ACCOUNT FORM
開立直接付款聯名戶口授權書 / 更改直接付款戶口表格
FOR JOINT NAME BANK ACCOUNT 聯名銀行戶口適用

Note 注意：

- ◆ Normally, it takes 2 to 4 weeks for HSBC bank accounts and 4 to 6 weeks for accounts with other banks to complete the direct debit authorisation set up / change of direct debit account process.
如使用滙豐銀行戶口一般需時約兩至四星期完成開立直接付款授權書 / 更改直接付款戶口程序，而其他銀行戶口則一般需時約四至六星期。
- ◆ For set up the direct debit authorisation for joint name bank account, if you would like to change your special voluntary contribution amount simultaneously, please also complete a Change of Special Voluntary Contribution Form. The amount specified in the Change of Special Voluntary Contribution Form will be deducted from your joint name bank account on the 3rd day of each month after the direct debit authorisation process is completed. The monthly contribution will be invested within 5 working days after the debit date. 對於開立聯名銀行戶口的直接付款授權書，如閣下希望同時更改特別自願性供款金額，請填妥更改特別自願性供款表格內的指定特別自願性供款金額。完成開立直接付款授權程序後，在更改特別自願性供款表格內的指定金額將會在每月的第三天由閣下的聯名銀行戶口內扣除。每月供款將於支付日期後五個工作天內作出投資。
- ◆ You are required to provide the personal information indicated with symbol [⊗]. Otherwise, we may not be able to process your instruction.
閣下必須提供以符號 [⊗] 表示的個人資料。否則，我們將可能無法處理您的指示。
- ◆ Please fill in this Form carefully. Any amendments should be clearly marked and counter-signed. Please do not use correction fluid.
請小心填寫此表格。如有任何資料刪改，請必須加簽。請避免用塗改液刪改資料。
- ◆ Should you have any questions when completing this Form, please feel free to call Haitong MPF 24 Hours Auto-Info-line at 2500-1600.
如閣下於填表時有任何疑問，請致電海通 MPF 24 小時自助資訊通 2500-1600。
- ◆ Please send the completed form to **Member Services, Fund Services Hong Kong, HSBC Institutional Trust Services (Asia) Limited, P.O. Box 73448, Kowloon Central Post Office, Hong Kong.**
請將填妥表格寄往 **香港九龍中央郵政局郵政信箱 73448 號，滙豐機構信託服務（亞洲）有限公司，退休金行政部收。**

PART I - PERSONAL INFORMATION 第一節 - 個人資料

Please ✓ the appropriate box 請在適當空格填上✓號

[⊗] Member English Name 成員英文姓名 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 小姐 <input type="checkbox"/> Mrs 女士 Surname 姓 _____ First Name 名 _____		Member Chinese Name 成員中文姓名
<input type="checkbox"/> Hong Kong ID Card No. 香港身份證號碼 / <input type="checkbox"/> Passport No. 護照號碼	[⊗] Contact Tel. No. 聯絡電話號碼	
Mobile No. 手提電話號碼	Special Voluntary Contribution Account No. 特別自願性供款賬戶號碼	

PART II - DIRECT DEBIT AUTHORISATION 第二節 - 直接付款授權書

Name of party to be credited (The Beneficiary) 收款的一方 (受益人) HSBC Institutional Trust Services (Asia) Limited - Haitong MPF Retirement Fund	Account Number of The Beneficiary 受益人戶口號碼 500-613625-001
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We hereby authorise our below named Bank to effect transfers from our account to that of the above-named beneficiary in accordance with such instructions as our Bank may receive from the beneficiary and/or its banker and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.

吾等現授權吾等的下述銀行，（根據受益人或其往來銀行及 / 或代理行不時給予吾等銀行的指示）自吾等的戶口內轉賬予上述受益人。惟每次轉賬金額不得超過以下指定的限制。

We agree that our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to us.

吾等同意吾等的銀行毋須證實該等轉賬通知是否已交予吾等。

We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on our account which may arise as a result of any such transfer(s).

如因該等轉賬而令吾等的戶口出現透支（或令現時的透支增加），吾等願共同及個別承擔全部責任。

We agree that should there be insufficient funds in our account to meet any transfer hereby authorised, our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice.

吾等同意如吾等的戶口並無足夠款項 支付該等授權轉賬，吾等的銀行有權不予轉賬，且銀行可收取慣常的收費，並可隨時以一星期書面通知取消本授權書。

This direct debit authorisation shall have effect until further notice or until expiry date written below (whichever shall first occur). We agree that if no transaction is performed on our account under such authorization for a continuous period of 2 years, our Bank reserves the right to cancel the direct debit arrangement without prior notice to us, even though the authorization has not expired or there is no expiry date for the authorization.

本直接付款授權書將繼續生效直至另行通知為止或直至下列到期日為止（以兩者中最早的日期為準）。吾等同意如吾等已設立的直接付款授權的戶口連續兩年內未有根據本授權而作出過賬的紀錄，吾等的銀行保留權利取消本直接付款安排而毋須另行通知吾等，即使本授權書並未到期或未有註明授權到期日。

We agree that any notice of cancellation or variation of this authorisation which we may give to our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

吾等同意，吾等取消或更改本授權書的任何通知，須於取消 / 更改生效日最少兩個工作天之前交予吾等的銀行。

Please ✓ the appropriate box 請在適當空格填上✓號

Our Bank and branch name 吾等的銀行及分行名稱：			
Bank no. 銀行編號	Branch no. 分行編號	Our Account no. to be debited 吾等的扣款戶口號碼	Account Type 戶口種類 <input type="checkbox"/> Current account 往來戶口 <input type="checkbox"/> Saving account 儲蓄戶口
* Our Name(s) recorded on Statement / Passbook * 吾等在結單/存摺上所紀錄的名稱 (One of the name must be the same as the member name stated in Part I 必須與 I 欄填寫的姓名相符)			
+ Limit for Each Payment / *Month * 每次/月付款的+限額	+ Expiry Date (dd/mm/yyyy) + 到期日(日/月/年)	Our Address as recorded on Statement / Passbook 吾等在結單/存摺上所紀錄的地址	
+ Debtor's Reference (Compulsory Field) + 債務人參考(必填之欄)		+ Our Signature + 吾等的簽署	
		X X	
For Bank Use Only 銀行專用	Remarks 備註	Authorised Signature with Branch Chop	

*Please delete whichever is not appropriate. *請刪去不適用者。

#Please write in **Block Letters**. #請以英文**正楷**填寫。

+ Notes + 附註：

- If the amount of your payments are likely to vary each time, set the **Limit for Each Payment** at the maximum amount you would expect to pay at any one time.
如台端付款的數額每次可能不同，則請將最高者定為**每次付款的最高限額**。
- This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked "**Expiry Date**". If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you) please leave box blank.
本直接付款授權書將於「**到期日**」一欄中所填寫的日期自動撤銷。如貴戶意欲直接付款授權書無限期有效(或直至貴戶予以撤銷為止)，則請將該欄留空。
- Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
請保證貴戶在此授權書內的簽名，與銀行戶口所簽者完全相同。
- In the box marked "**Debtor's Reference**" enter the identifying reference between yourself and the party to be credited. Please fill your Special Voluntary Contribution Membership Account No. in the box, if you have not yet received your SVC Account No, please leave it blank.
在「**債務人參考**」欄內，請將貴戶與受款一方的關係，略予說明。請填寫您的特別自願性供款成員賬戶號碼於此欄內，如您還沒有收到特別自願性供款賬戶號碼，請將此欄留空。
- If "**Limit for Each Payment / Month**" is not specified, the debtor's bank will set the limit as "unlimited".
如「**每次/月付款的限額**」一欄未有填上，債務銀行會將轉賬限額設定為“不設上限”。

PART III - FOR CHANGE OF DIRECT DEBIT ACCOUNT ONLY 第三節—只適用於更改直接付款戶口

(Please ✓ the box as appropriate. 如適用請在空格填上✓號)

Please note unless you have ticked the following option, we will continue to debit your existing direct debit account for monthly contributions until the new direct debit authorisation becomes effective.

請注意除非閣下作出以下選擇，否則我們將繼續於現有直接付款戶口扣除每月供款直至新的直接付款戶口開立成功

- Please stop my contribution until the new direct debit account becomes effective 請停止本人供款直至新的直接付款戶口開立成功

PART IV – PERSONAL DATA COLLECTIONS STATEMENT 第三節 個人資料收集聲明

I/We agree that:
本人/我們同意：

1. Subject to any applicable laws of Hong Kong Special Administrative Region, information supplied on the Schedule(s) or the Form and otherwise in connection with my / our participation in the Plan may be used for one or more of the following the purposes: (i) processing my / our participation in the Plan, including but not limited to administering and managing my / our contributions and accrued benefits under the Plan, e.g. carrying out my / our instructions or responding to any enquiry purporting to be given by me / us or on my / our behalf, and dealing in any other matters relating to my / our participation in the Plan (including the mailing of reports or notices), (ii) complying with an order of any court and observing any legal, governmental or regulatory requirements of any relevant jurisdiction (including any disclosure, reporting or notification requirements to which any recipient of the data is subject, e.g. tax reporting requirements under the Inland Revenue Ordinance and its provisions) and, (iii) to provide a marketing database for MPF product and market research if it is / they are relevant to the Plan or to provide information for the dispatch of information on other products or services to me / us from the Plan's Sponsor "Haitong International Investment Managers Limited" ("Sponsor") or any connected person of the Sponsor if such products or services relate to the Plan. To the extent not prohibited by the MPF legislations and/or the Personal Data (Privacy) Ordinance ("PDPO"), all of such information may be retained after I / we have ceased to participate in the Plan.

根據香港特別行政區的適用法律，本人/我們參與計劃相關表格或其他文件上所提供的資料，會將用作以下目的：(i) 處理本人/我們參與強積金計劃的相關事宜包括但不限於處理參與計劃中的累算權益，執行本人/我們的指示、回應本人/我們的查詢或回應宣稱代本人/我們作出的查詢、處理本人/我們參與強積金計劃相關的其他事宜（包括寄發報告或通知書），(ii) 遵守任何法律的命令及司法權區的法律、政府、監管規定（包括收集這些數據而須作出披露、報告或通知的規定，如稅務局及相關規定下的稅務報告），(iii) 為強積金產品或市場研究作為營銷的數據庫（如與強積金計劃有關）、保薦人海通國際投資經理有限公司（“保薦人”）或其關連人士須向本人/我們寄發其他產品或服務資料而需要的資料（如與強積金計劃有關）。在個人資料（私隱）條例及/或強積金法例不禁止的前提下，即使本人/我們不再參與強積金計劃，所有這些資料仍會被保留。

2. Upon request, I am / we are entitled under the PDPO to be informed by the Sponsor whether it holds personal data as defined under PDPO about me / us and to request access to and/or correction of any such data. I / we also have the right to inform the Sponsor at any time if I / we do not wish to receive any marketing materials in relation to the Plan. Any such request may be made by post to the Client Services Officer, Haitong International Investment Managers Limited, 22/F, Li Po Chun Chambers, 189 Des Voeux Road Central, Hong Kong.

本人/我們可要求並有權根據個人資料（私隱）條例而了解保薦人是否持有個人資料（私隱）條例所界定有關本人/我們的個人資料，並可要求查閱及/或更改任何這些資料。本人/我們有權隨時通知保薦人本人/我們不希望再收取與強積金計劃相關的推廣資訊的意願。有關要求可以書面方式寄發到海通國際投資經理有限公司的客戶服務部（地址為香港德輔道中 189 號李寶椿大廈 22 樓）。

3. For the purposes stated above, the Trustee may, directly or indirectly, disclose and transfer such information to the auditors of the Plan and the Sponsor, including any of their employees, officers, directors and agents, and / or to the ultimate holding company of the Sponsor and the Trustee, and / or their subsidiaries and/or affiliates or to any third party service provider, agent or delegate employed to provide services or hardware such as administrative, computer, operational support or other services or facilities which are relevant to or in connection with operation of the Plan. The Trustee may also make disclosure or transfer data, directly or indirectly, to any judicial, governmental or regulatory authority entitled thereto by law or regulation (whether such authorities are statutory or not). Provision of data made by the Trustee pursuant to this clause may be to any persons outside Hong Kong.

根據上述目的，受託人可能需要直接或間接向某些人士披露和轉交這些資料，這些人士包括強積金計劃和保薦人（包括其僱員、高級人員、董事及代理）的核數師及/或保薦人及託管人的最終控股公司及/或其附屬公司及/或聯屬公司，或受委聘負責接收或獲轉交數據的人士提供行政、電腦、服務、操作協助或與運營計劃相關的設施的第三方。受託人亦可能需要就本人我們參與的強積金計劃直接或間接向有權按照法律法規的司法、政府或監管機構（不論是否法定機構）披露或轉交數據。受託人根據本條款所提供的數據或會向位於香港境外的人士提供。

4. I am / we are required to provide the information supplied on the Form or otherwise in connection with my / our participation in the Plan, I / we understand that if I / we do not provide such information, the Trustee will not be able to properly process my / our membership and benefits under the Plan. I / We have the right to obtain access and to request correction of any personal information concerning myself / ourselves held by the Trustee. Request for such access can be made in writing and addressed to Member Services, Fund Services Hong Kong, HSBC Institutional Trust Services (Asia) Limited, P.O. Box 73448, Kowloon Central Post Office, Hong Kong.

本人/我們需要提供表格上提供的資料或與本人/我們參與強積金計劃有關的資料，本人/我們明白如本人/我們不提供這些資料，受託人將不能適當處理本人/我們的強積金計劃的會籍和福利。本人/我們有權查閱受託人持有有關本人/我們的個人資料及要求修改這些個人資料。本人/我們可發出書面要求並寄發到滙豐機構信託服務(亞洲)有限公司，退休金行政部(地址為香港九龍中央郵政局郵政信箱 73448 號)查閱個人資料。

PART V – DECLARATION 第五節 – 聲明

I / we understand that my / our instruction given previously, as to whether I / we wish to / wish not to receive any marketing materials in relation to the Plan from the Sponsor, will continue to be in force unless I / we complete and submit a “Change of Particulars For Members / Self-Employed Person” form to change my / our consent.

本人／我們明白本人／我們之前提交的指示，就關於本人／我們是否希望收取保薦人海通國際投資經理有限公司有關強積金計劃的推廣資料將會保持效力，除非本人／我們完成並提交了更改成員/自雇人士資料表格。

I / we hereby agree to indemnify the Trustee against any actions, proceedings, claims, losses, damages, costs or expenses which may be brought against the Trustee or suffered or incurred by the Trustee arising either directly out of or in connection with the Trustee accepting facsimile instructions and acting thereon, whether or not the same are confirmed by me / us in writing, unless due to the wilful default or gross negligence of the Trustee.

本人／我們同意並授權信託人接受傳真指示及根據該等指示處理有關事宜，而不須本人／我們之確認。信託人無須因此而直接或間接負上任何責任，賠償，損失或費用。惟若因信託人故意失責或嚴重疏忽別論。

Notwithstanding the previous paragraph, the Trustee has the right to determine which Forms or other documents of instructions may or may not be accepted by facsimile.

儘管有上段之規定，信託人有權決定接受何種傳真表格或指示。

Signature of Member 成員簽署

(Must be identical to the Trustee’s record 必須與信託人的紀錄相同)

Date 日期