

Change of Employer Particulars Form 更改僱主資料表格

Notes :

- (1) Change of Employer Particulars will update your MPF sub-scheme ("sub-scheme")/ORSO group ("group") information. When this form is processed by Manulife, the same sub-scheme/group will continue to operate in accordance with the new information without interruption on contribution. All other information previously provided under any other correspondences which have been processed by Manulife including but not limited to the date of employment of various employees shall remain valid for the operation of the sub-scheme/group.
- (2) Manulife will process this change request upon receipt of this completed form and all pertinent document(s), if any.
- (3) The information collected from you and in respect of you can be used by Manulife, approved trustees and the Mandatory Provident Fund Schemes Authority ("MPFA") in activities relating to updating the employer particulars as requested in this Form.
- (4) The information of the contact person(s)/authorized person(s) is collected in their official capacities.
- (5) Manulife shall assume no responsibility to verify or advise on the changes. Employers are advised to take independent professional advice to determine the appropriate instructions to Manulife. No authority is given to anybody to represent Manulife in this regard without prior agreement between you and Manulife.
- (6) Please return completed form to us either by fax to 2104-3504 or by mail to our address as appeared at the bottom of this form.

注意事項：

- (1) 更改僱主資料將會更新閣下的強積金附屬計劃（「附屬計劃」）/職業退休計劃團體保單（「團體保單」）資料。宏利在處理本表格後，同一附屬計劃/團體保單將按新提供之資料繼續運作，供款模式將不會被中斷。就附屬計劃/團體保單的運作而言，先前以其他函件提供而已辦理的所有其他資料將維持有效，包括但不限於各僱員的受僱日期。
- (2) 宏利將於收訖本填妥表格或有關文件(如有)後處理是項申請。
- (3) 宏利、核准受託人及強制性公積金計劃管理局(簡稱「積金局」)可使用從閣下收集及關於閣下的資料以處理閣下在本表格內要求更新僱主資料的事宜。
- (4) 聯絡人 / 獲授權人士的資料乃因應其職務身份而收集。
- (5) 宏利將不承擔核實更改之責任或就此提供意見。本公司建議僱主尋求獨立的專業意見，以決定向宏利發出適當的指示。在閣下與宏利達成協議前，任何人均不會獲授權就此代表宏利。
- (6) 請將填妥的表格傳真至 2104-3504 或交回本表格底部之宏利通訊地址。

Section I - Employer Details 第一部分 - 僱主資料

Please and indicate the MPF Sub-Scheme Number/ORSO Group Number where changes are applicable.
請寫上適用的強積金附屬計劃編號/職業退休計劃團體保單編號，並在適當的 內填上 號。

1. Employer (Company) Name* 僱主 (公司) 名稱* : _____
 - * For change of company legal name or change of business registration, please quote the name of the Employer previously provided by you before the change.
 - * 更改公司法定名稱或更改商業登記，請填報更改前閣下所提供的僱主名稱。
2. MPF Sub-Scheme Number 強積金附屬計劃編號 : _____ Billing Class Number 分組編號 : _____
 ORSO Group Number 職業退休計劃團體保單編號 : _____ Sub-Group Number 分組編號 : _____

Please specify ORSO Group Number and Sub-Group Number if you also have an ORSO Scheme with Manulife
若閣下亦已參加宏利的職業退休計劃，請列明保單編號及分組編號

3. Effective Date of Change* 生效日期* : _____
 dd日 / mm月 / yyyy年

- * This Effective Date of Change cannot be a retrospective date.
- * 生效日期不能為追溯日期。

Section II - Change Request 第二部分 - 更改資料

Please <input checked="" type="checkbox"/> where appropriate and update the relevant information in BLOCK LETTERS . 請在適當的地方加上 <input checked="" type="checkbox"/> 號，並以正楷填寫所需更改的資料。		For office use only: BC:01 TX015 TX080 CSMS / Otherwise TX080
1. <input type="checkbox"/>	Change of Name #: If the change of name brings about the change of authorized signature, please also submit the "Employer's Authorized Specimen Signature Form". 更改名稱 # : 如更改名稱而致需要更改獲授權人士簽署，請同時遞交「僱主獲授權人士簽名式樣表格」。	
New Name: 新名稱 _____ # For limited company, please put in the new company name appearing in the company registration document or Certificate of Incorporation on Change of Name or Certificate of Registration of Change of Name. For change of name of business in business registration other than for limited company, please put in the new Name of Business/Corporation appearing on top of the new Business Registration Certificate. Please submit related supporting document(s) pertaining to this change. # 有限公司請填寫公司註冊文件或公司註冊成立證明書（更改名稱）或更改名稱註冊證明書上所載的新公司名稱。對於更改商業登記商號名稱的非有限公司，請填寫商業登記證頂部所載的新商號/公司名稱。就是項更改，請遞交有關之證明文件。		
2. <input type="checkbox"/>	Change of Correspondence Address 更改通訊地址： _____ Room / Flat 室 Floor 樓 Block 座 Name of Building 大廈名稱 _____ Name of Estate 屋苑名稱 Street No. / Street Name 街道號碼 / 街道名稱 _____ District 區域 <input type="checkbox"/> H.K. 香港 <input type="checkbox"/> KLN. 九龍 <input type="checkbox"/> N.T. 新界 <input type="checkbox"/> Others 其他 _____	

Please ✓ where appropriate and update the relevant information in BLOCK LETTERS . 請在適當的位置加上 ✓ 號，並以正楷填寫所需更改的資料。		For office use only:
3. <input type="checkbox"/>	Change of Correspondence Attention Person 更改收件人資料： Name of New Attention Person (in English) 新收件人姓名 (英文) : _____	TX080 CSMS TX015
4. <input type="checkbox"/>	Change of Contact Person Details for Daily Administration 更改日常行政事務聯絡人資料： <input type="checkbox"/> Primary Contact Person 主要聯絡人： Name (in English) 姓名 (英文) : _____ Tel. No. : _____ Fax No. : _____ Mobile No. : _____ 電話號碼 _____ 傳真號碼 _____ 手提電話號碼 _____ Email Address 電郵地址 : _____ <input type="checkbox"/> Secondary Contact Person 第二聯絡人： Name (in English) 姓名 (英文) : _____ Tel. No. : _____ Fax No. : _____ Mobile No. : _____ 電話號碼 _____ 傳真號碼 _____ 手提電話號碼 _____ Email Address 電郵地址 : _____	TX080 TX080 CSMS CSMS TX080 TX080 CSMS CSMS

Section III - Declaration 第三部分 - 聲明

I/We being the Employer under the above Sub-scheme/Group hereby declare that the information provided above are true and correct and understand all the terms and implication in respect of the above instructions. The information provided on this form is collected to enable Manulife to update our sub-scheme/group particulars for the purpose of administering the products/services provided by all companies within the Manulife group of companies in Hong Kong and also companies which provide trustee/custodian services. The information may be transferred to other division(s) within Manulife or other parties including delegates, intermediaries or any service providers of Manulife, for such purpose(s) or for a purpose directly related to such purpose(s). The MPFA and other regulatory bodies in any jurisdiction shall be authorized to inspect any information under the scheme. All data processes may involve a transfer of information to places either within or outside the Hong Kong Special Administrative Region. We are required to supply the information in this form and failure to do so may result in our request being delayed. By writing to the Privacy Officer of Manulife Provident Funds Trust Company Limited, we can request access to and correction of our personal data (if applicable). All information may be treated by Manulife in the same manner as mentioned in the "Notice to Customers relating to the Personal Data (Privacy) Ordinance" ("Notice"). In case we have not read the Notice before, we can obtain such Notice from our Manulife's intermediary or through Manulife's website at www.manulife.com.hk.

本人/吾等為以上附屬計劃/團體保單的僱主，謹此聲明以上提供的資料均屬真實及正確，並明白以上指示的各項條款及含義。本表格所提供之資料乃供宏利更新吾等之附屬計劃/團體保單資料，以作為管理由宏利集團旗下於香港的所有公司以及為宏利提供信託/託管服務的公司所提供的產品與服務之用。為達致該等目的，或直接與該等目的有關的目的，所提供的資料可移轉予宏利內其他部門或其他人士/團體，包括宏利的受委託者、中介人或任何服務提供者。積金局及任何司法管轄區的監管團體將獲授權查看計劃內的任何資料。所有資料處理過程或會涉及資料移轉至香港特別行政區及以外地區。吾等須提供本表格所需的資料，否則吾等之要求或會因此而被延誤。吾等有權以書面通知宏利公積金信託有限公司之個人資料主任，要求索閱及更改個人資料（如適用）。宏利可按於《有關〈個人資料（私隱）條例〉的客戶通知》（「通知」）所述，處理有關資料。假如吾等未有細閱該通知，吾等可從吾等的宏利中介人或透過宏利網址 www.manulife.com.hk 取得該通知。

In the event of "Change of Name", please provide specimen of new company chop in below:
如為「更改名稱」，請於以下提供新公司印章式樣：

CURRENT Authorized Signature & Company Chop
現時獲授權人士簽署及公司印章

Name & Title (in Block Letters)
姓名及職銜（正楷）

Date
日期

Completed form should be sent to the scheme administrator,
"Hong Kong Retirement, Manulife (International) Limited, 21/F., Tower A, Manulife Financial Centre, 223 - 231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong".
請將填妥的表格寄交計劃管理人「香港九龍觀塘偉業街223 - 231號宏利金融中心A座21樓宏利人壽保險（國際）有限公司香港退休業務部」。