

Employer's Authorized Specimen Signature Form 僱主獲授權人士簽名式樣表格

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) Please provide a copy of the identification document of the Authorized Person.
- (6) 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.
- (7) 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) 請提供獲授權人士的身份證明文件副本。
- (6) 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。
- (7) 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

1. Employer (Company) Name 僱主（公司）名稱：_____
2. 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。
 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：_____
3. Effective Date of Change 生效日期：_____ / _____ / _____ (dd日 / mm月 / yyyy年)

Section II - Authorized Instruction 第二部分 - 授權指示

Please where appropriate and update the relevant information in **BLOCK LETTERS**. 請在適當的地方加上 號，並以正楷填寫所需更改的資料。

<input type="checkbox"/> Addition of Authorized Person 新增獲授權人士	
1. Full Name 全名： Title 職銜： HK Permanent ID Card No. / Passport No. 香港永久性居民身份證號碼 / 護照號碼： <small>(Please attach the copy of HK Permanent ID Card / Passport / Other ID document 請附上香港永久性居民身份證 / 護照 / 其他身分證明文件副本)</small> Nationality 國籍： Residential Address 住宅地址：	Specimen Signature 簽署式樣
For ORSO Scheme, please provide the following information (not applicable for MPF Sub-Scheme) 職業退休計劃的僱主，請提供以下資料（強積金附屬計劃不適用）：	
Authorized for 獲授權指示 <input type="checkbox"/> Member Record Changes 僱員資料更新 <input type="checkbox"/> Policy/Plan Document Amendments 保單計劃內容更改 <small>If there is no <input checked="" type="checkbox"/>, the change(s) is/are deemed to apply both for the Member Record Changes and Policy/Plan Document Amendments. 如沒有 <input checked="" type="checkbox"/> 號，則更改將視作同時適用於僱員資料更新及保單計劃內容更改。</small>	
2. Full Name 全名： Title 職銜： HK Permanent ID Card No. / Passport No. 香港永久性居民身份證號碼 / 護照號碼： <small>(Please attach the copy of HK Permanent ID Card / Passport / Other ID document 請附上香港永久性居民身份證 / 護照 / 其他身分證明文件副本)</small> Nationality 國籍： Residential Address 住宅地址：	Specimen Signature 簽署式樣
For ORSO Scheme, please provide the following information (not applicable for MPF Sub-Scheme) 職業退休計劃的僱主，請提供以下資料（強積金附屬計劃不適用）：	
Authorized for 獲授權指示 <input type="checkbox"/> Member Record Changes 僱員資料更新 <input type="checkbox"/> Policy/Plan Document Amendments 保單計劃內容更改 <small>If there is no <input checked="" type="checkbox"/>, the change(s) is/are deemed to apply both for the Member Record Changes and Policy/Plan Document Amendments. 如沒有 <input checked="" type="checkbox"/> 號，則更改將視作同時適用於僱員資料更新及保單計劃內容更改。</small>	



<input type="checkbox"/> Deletion of Authorized Person 刪減獲授權人士	
Full Name 全名	Title 職銜
Full Name 全名	Title 職銜

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.

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。

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 - Employee Benefits, 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/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僱員福利部之個人資料主任，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。

We undertake that if there is any change in the information provided, we shall notify Manulife as soon as reasonably practicable. We also undertake to supply additional information in respect of our company or our member(s) to Manulife upon request for the purpose of complying with the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance and any applicable guidelines.

吾等承諾假使所提供的資料有任何更改，吾等將於合理的切實可行範圍內盡快通知宏利有關之改動。吾等並承諾會因應宏利的要求提供本公司或吾等之僱員的附加資料以遵守《打擊洗錢及恐怖分子資金籌集(金融機構)條例》及任何適用指引。

Authorization 授權

I/ We herewith attach the following document(s) testifying my/ our capacity in granting the above-mentioned authorization.

本人 / 吾等隨附下列文件以證明本人/吾等獲授予上述授權的能力。

Please where appropriate.

請在適當的地方加上 號。

For Corporation – Signature of the Company Director[^] is required and a copy of the latest Annual Return is attached, for verification of the undersigned as the Company Director.

法團公司 – 需由公司董事[^]簽署並附上該法團公司最新之周年報表副本以核實下列簽署人士為公司董事。

For Sole Proprietorship / Partnership – Signature of the owner / partner is required and a copy of the latest Electronic Extract of information on the Business Register in Hong Kong is attached, for verification of the undersigned as the owner/partner.

獨資或合夥公司 – 需由公司擁有人 / 合夥人簽署並附上最新的商業登記冊內資料的電子摘錄 / 商業登記冊內資料摘錄的核證本以核實下列簽署人士為公司擁有人/合夥人。

For Unincorporated Body (e.g. association or society) – Signature of an individual who ultimately owns or controls the company / organization, and the supporting document(s) showing the capacity of the undersigned being the ultimate owner or controller in the organization, e.g. resolution or minutes, is / are attached.

非法人團體（如會社或社團）– 需由公司 / 組織之最終擁有者或決策人簽署並附上有關證明文件，如組織決議或會議記錄，以證明下列簽署人士作為公司/組織之最終擁有者或決策人並獲授予授權能力。

Authorized Signature with Company Chop
授權簽署並蓋上公司印章

Date Signed
簽署日期

Full Name (In Block Letters)
姓名（請用正楷填寫）

Title (Company Director / Owner / Partner / Others: Please specify)
職銜（公司董事 / 公司擁有人 / 合夥人 / 其他：請註明）

[^] The Company Director is authorized by the Board of Directors of the Corporation to sign on this form.
公司董事由公司董事局授權簽署此表格。

Please contact your MPF intermediary or call our Employer Hotline on 2108 1234 for further details if your company does not belong to any of the types listed above.
如貴公司不屬於以上公司類別，請聯絡貴公司的強積金中介人或致電宏利僱主熱線 2108 1234查詢。

Completed form should be sent to the scheme administrator,

"Provident Funds Services, 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）有限公司公積金服務部」。

The Chinese version of this form is for reference only. In the event of discrepancies between the Chinese and English versions, the English version shall prevail.
本表格之中文譯本只供參考用途，若與英文版本有異，一概以英文版本為準。