

DIRECT DEBIT AUTHORIZATION 直接付款授權書

Important Note: Completed form should be sent to "Manulife (International) Limited, 21/F., Tower A, Manulife Financial Centre, 223 - 231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong".

重要事項: 請將填妥的表格寄交「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」。

Name of Party to be Credited (<i>The Beneficiary</i>) 收款的一方(收款人)	Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼
Manulife Provident Funds Trust Co. Ltd.	0 0 4	5 0 0	5 3 9 2 9 1 0 0 1
Sub-Scheme No. - Billing Class No. 附屬計劃編號 - 分組編號		Debtor Reference (For Manulife Use Only) 付款人編號(宏利專用)	
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My/Our Bank Name and Branch 本人(等)的銀行及分行名稱	Bank No. 銀行號碼	Branch No. 分行號碼	My/Our Account No. 本人(等)的戶口號碼
My/Our Name(s) as recorded on Statement/Passbook 本人(等)在結單/存摺上所紀錄的中/英文名稱 (Please write in Block letters. 請以正楷填寫。)			Contact Telephone No. 聯絡電話號碼
I/We agree the Limit [▽] is HKD _____ per payment/month.* 本人(等)同意設定限額 [▽] 為港幣每次/月* _____。			
I/We agree the Expiry Date [▲] is (dd) _____ / (mm) _____ / (yyyy) _____. 本人(等)同意設定到期日 [▲] 為(年) _____ (月) _____ (日) _____。			
*Please delete the inappropriate one 請刪去不適用者			
Declaration 聲明:			
<p>1. I/We hereby authorize my/our above named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/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 above. 本人(等)現授權本人(等)的上述銀行, (根據收款人或其往來銀行及/或代理行不時給予本人(等)銀行的指示)自本人(等)的戶口內轉賬予上述收款人。惟每次轉賬金額不得超過以上指定的限額。</p> <p>2. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice has been given to me/us. 本人(等)同意本人(等)的銀行毋須證實該等轉賬通知或沖銷通知是否已交予本人(等)。</p> <p>3. I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s). 如因該等轉賬而令本人(等)的戶口出現透支(或令現時的透支增加), 本人(等)願共同及個別承擔全部責任。</p> <p>4. I/We understand that I/we must maintain sufficient funds in the account one business day (before the close of branch banking hours) before the transfer date (as specified in the instructions received by my/our Bank from the beneficiary and/or its banker and/or its banker's correspondent from time to time) for the transfer authorised herein. I/We agree that should there be insufficient funds in my/our account to meet any transfer authorised herein, my/our Bank will be entitled, at its absolute discretion, not to effect such a transfer in which event the Bank may levy its usual charges and may cancel this authorisation at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorisation at its sole discretion at any time without prior notice. 本人(等)明白本人(等)須在指定的轉賬日期(即根據本人(等)的銀行從收款人或其往來銀行及/或代理行不時收到的指示)前一個營業日(分行辦公時間內), 在戶口內備有足夠款項以便支付該等授權轉賬。本人(等)並同意如本人(等)的戶口並無足夠款項支付該等授權轉賬, 本人(等)的銀行有絕對酌權不予轉賬, 且本人(等)的銀行可收取慣常的收費, 並可隨時取消該等授權轉賬且毋須通知本人(等)。為避免疑問, 本人(等)的銀行可隨時自行決定取消該等授權轉賬且毋須通知本人(等)。</p> <p>5. The direct debit authorization shall have effect until further notice or the expiry date written above (whichever shall first occur.) I/We agree that if no transaction is performed on my/our account under such authorization for a continuous period of time, my/our bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorization has not expired or there is no expiry date for the authorization. I/We understand and agree that the said continuous period of time is determined solely by my/our bank stated above which may vary from one bank to another and is subject to such changes as shall be made by the said bank unilaterally from time to time with or without notice to me/us. 本直接付款授權書將繼續生效直至另行通知為止或直至上列到期日為止(以兩者中最早的日期為準)。本人(等)同意如本人(等)已設立直接付款授權的戶口於一個連續時段內未有根據本授權而作出過賬的紀錄, 本人(等)的銀行保留權利取消本直接付款安排而毋須另行通知本人(等), 即使本授權書並未到期或未有註明授權到期日。本人(等)明白此連續時段是按本人(等)的銀行而設定及本人(等)的銀行可持續作出更改而毋須另行通知本人(等)。</p> <p>6. I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect. 本人(等)同意, 本人(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本人(等)的銀行。</p> <p>7. I/We understand that the instructions above are not submitted or given during or pursuant to any regulated activity being carried on by any registered intermediary under the Mandatory Provident Fund Schemes Ordinance. 本人(等)明白以上指示並非於註冊中介人進行強制性公積金計劃條例(「該條例」)下的受規管活動期間而遞交或提出, 或於註冊中介人依據該條例進行受規管活動而遞交或提出。</p> <p>8. 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"). I/We understand that I/we can obtain such Notice through Manulife's website at www.manulife.com.hk for review. 宏利可按《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。本人(等)明白本人(等)可透過宏利網址www.manulife.com.hk取得並檢視該通知。</p>			
My/Our Bank Account Signature(s) 本人(等)銀行戶口的簽署			Signature Verified 簽署核實
			Bank Use Only 銀行專用

[▽] Limit - Limit can be set for each payment or each month. As the amount and timing of each debit may vary each month, you are not recommended to set the limit to avoid any autopay reject that leads to delay in contribution settlement. If limit is not specified, "unlimited" will be set by the debtor's bank. 限額 - 閣下可設定每次或每月的轉賬限額, 因閣下每月須付款的數額及時間可能不同, 為避免轉賬被銀行撤回而延誤供款, 我們建議閣下毋須設定限額。如未有說明限額, 付款銀行會將限額設定為「不设上限」。

[▲] Expiry Date - If expiry date is specified, the direct debit authorization will be cancelled automatically on the specified date. You are not recommended to set the date to have the direct debit authorization effect indefinitely or until cancelled by you to avoid autopay reject that leads to delay in contribution settlement. 到期日 - 如設定到期日, 本直接付款授權將於此日期自動撤銷。為避免轉賬被銀行撤回而延誤供款, 我們建議閣下毋須設定到期日, 使直接付款授權無限期有效或直至閣下予以撤銷為止。

Notes 注意事項:

- By writing to the Privacy Officer of the scheme administrator, you can correct and have access to your personal data. 閣下可以書面向計劃管理人個人資料主任更改及查閱閣下之個人資料。
- 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 your member particulars as requested in this Form. The information may be transferred to other division(s) within Manulife, the relevant approved trustees or other parties including delegates, intermediaries or any service providers of Manulife or the relevant approved trustees, for such purpose(s) or for a purpose directly related to such purpose(s). All data processes may involve a transfer of information to places either within or outside the Hong Kong Special Administrative Region. You are required to supply the information in this Form and failure to do so may result in your request being delayed. 宏利、核准受託人及強制性公積金管理局(簡稱「積金局」)可使用從閣下的資料以處理閣下在本表格內要求更新成員資料的事宜。為達致該等目的, 或直接與該目的有關的目的, 所提供的資料可移轉予宏利內其他部門、有關核准受託人或其他人士團體, 包括宏利或有關核准受託人的受委託者、強積金中介人或任何服務提供者。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。請提供本表格所需的資料, 否則閣下之要求或會因此而被延誤。

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。