



To 致: HSBC Provident Fund Trustee (Hong Kong) Limited
 c/o HSBC Life (International) Limited 滙豐人壽保險(國際)有限公司
 PO Box 73770 Kowloon Central Post Office 九龍中央郵政信箱73770號

HANG SENG MANDATORY PROVIDENT FUND – SUPERTRUST
DIRECT DEBIT AUTHORISATION (EMPLOYER)
恒生強積金－精選計劃：直接付款授權書 (僱主)

BIB MPF
HA04

Name of Employer 僱主名稱			Employer ID 僱主編號		
Name of party to be credited (The Beneficiary) 收款之一方 (受益人) HSBC Provident Fund Trustee (Hong Kong) Limited			Bank no. 銀行編號 0 0 4	Branch no. 分行編號 5 0 0	Account no. to be credited 收款戶口之號碼 5 3 8 7 4 9 0 0 1

I/We hereby authorise my/our below 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 from time to time. 本人/吾等現授權本人/吾等之下述銀行，(根據受益人不時給予本人/吾等銀行之指示)自本人/吾等之戶口內轉賬予上述受益人。

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. 本人/吾等同意本人/吾等之銀行無須證實該等轉賬通知是否已交予本人/吾等。

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/吾等之戶口出現透支(或令現時之透支增加)，本人/吾等願共同及各別承擔全部責任。

I/We confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer. 本人/吾等確認，本人/吾等於本授權書上之簽名，與本人/吾等之儲蓄/往來戶口所簽者完全相同。

I/We agree to notify the above-named beneficiary of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the bank may make the usual service charge to be paid by me/us. 本人/吾等同意給予受益人任何更改銀行戶口或取消付款方法之通知，並且同意如本人/吾等之戶口並無足夠款項支付吾等授權轉賬，則本人/吾等之銀行有權不予轉賬，而且銀行可向本人/吾等收取慣常之費用。

This authorisation shall have effect until further notice. 本授權書將繼續生效直至另行通知為止。

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 2 working days prior to the date on which such cancellation/variation is to take effect and at the same time such notice shall be given to the beneficiary. 本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行。

I/We hereby authorise HSBC Provident Fund Trustee (Hong Kong) Limited, to initiate and arrange for contributions to be debited from my bank account as particularised below, in favour of HSBC Provident Fund Trustee (Hong Kong) Limited. 本人/吾等茲以此書面授權 HSBC Provident Fund Trustee (Hong Kong) Limited 從本人下述銀行之戶口內，以自動轉賬形式支付。

Bank Name and Branch 銀行及分行之名稱		Bank no. 銀行編號	Branch no. 分行編號	Account no. to be debited 收款戶口之號碼
Address as recorded on Statement/Passbook 結單/存摺上所紀錄的地址				
Name as recorded on Statement/Passbook 結單/存摺上所紀錄的名稱 Please provide joint account holder's name (if applicable) 如為聯名戶口請填寫聯名戶口持有人姓名(如適用)				
Name 姓名(1) _____		Name 姓名(2) _____		
ID Type 身分證明文件類別* <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> C		ID Type 身分證明文件類別* <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> C		
ID No. 號碼 _____		ID No. 號碼 _____		
Signature of Account Holder 戶口持有人簽署		Signature of Account Holder 戶口持有人簽署		
(S.V.)		(S.V.)		

Please tick the box where applicable 請於適當方格內加上「」號

* ID Type 身分證明文件類別 I = HKID 香港身分證, P = Passport 護照, B = Business Registration 商業登記, C = Certificate of Incorporation 公司註冊證書

For office use only 公司專用	Effective month of first debit: 首次供款月份:	Contributions debit on: 轉賬日期:
	Date of application (yyyy/mm/dd)	Branch code