To 致: HSBC Provident Fund Trustee (Hong Kong) Limited

c/o The Hongkong and Shanghai Banking Corporation Limited 香港上海滙豐銀行有限公司 PO Box 73770 Kowloon Central Post Office 九龍中央郵政信箱73770號

Place into the MPF drop-in box at designated Hang Seng Bank branches 投放於指定恒生銀行分行的強積金寄存辦理箱

Hang Seng MPF Employer Direct 恒生強積金僱主專線: 2288 6822 Hang Seng MPF Service Hotline 恒生強積金服務熱線: 2213 2213

HANG SENG MANDATORY PROVIDENT FUND ACCOUNT STATEMENT REQUISITION FORM 恒生強積金:賬戶報表要求表格

Note 注意:

- 1. Please complete in CAPITAL and BLOCK LETTERS. 請用大階及正楷填寫。
- 2. The information provided will be used in accordance with the relevant MPF Ordinance and/or its Regulations and the same manner as mentioned in the "Personal Information Collection Statement for Hang Seng Mandatory Provident Fund" ("PICS"). The PICS can be obtained through Hang Seng MPF website hangseng.com/empf or MPF hotline 2288 6822 (Employer) or 2213 2213 (Member). By signing this form, your present choice of receiving direct marketing information will remain unchanged. If you wish to update the use of your personal data for direct marketing purpose as stated in the PICS from the Hang Seng MPF scheme, you may exercise your right by notifying us. 所有已提供的資料將按照有關強積金條例 及/或其規例及《恒生強積金的收集個人資料聲明》(「聲明」)處理。該聲明可透過以下恒生強積金網站hangseng.com/empf或強積金 熱線2288 6822(僱主)或2213 2213(成員)索取。 在簽署本表格後, 你現時關於接收直接促銷資訊的選擇將維持不變。 如你希望更新 在恒生強積金計劃聲明中使用你的個人資料作直接促銷的用途,你可通知我們行使你的選擇權。

A. Request for Duplicate MPF Statement 索取強積金報表副本

Name of participating employer 參與僱主名稱

Total handling charge 手續費合共:

Duplicate MPF statements can be requested for up to 7 years of the previous scheme financial years (i.e. from 1 July to 30 June). The handling charge is HKD50 for each copy per scheme financial year. Please return the completed form and cheque to the Administrator - The Hongkong and Shanghai Banking Corporation Limited. 你可以申請索取過往每個計劃財政年度(即7月1日至6月 30日)的強積金報表,最多為7年。索取每個計劃財政年度的報表副本之手續費為每份港幣50元。請把填妥的表格連同支票寄交行政管 理人-香港上海滙豐銀行有限公司。

To be completed by **employer** only 只供**僱主**填寫 (Request for MPF statement 索取強積金報表)

| 2. Employer ID 僱主編號 | 3. | Pay Centre ID 付款中心編號 |
|--|-------------------------------------|---|
| | | |
| To be completed by scheme member only 只供 計 畫 | 成員 填寫 (Request for MPF memb | er benefit statement 索取強積金成員權益報表) |
| 1. Full name 全名 (same as that shown on your HKID o | ard/Passport 與香港身分證/護照上的 | 姓名相同) |
| 2. HKID / Passport no. 香港身分證/護照號碼 | 3. Scheme ID 計劃編號 | 4. Pay Centre ID 付款中心編號 (for employee only 只適用於僱員) |
| Please send me a duplicate statement for the following pe | eriod(s) 請郵寄以下年度的報表副本給本 | 5人: |
| | 1 5 计制度存储 | |

| | | | | | | Sch | eme fina | ncial yea | r 計劃財政 | 改年度 | | | | | | |
|---|---------------------------|---|-------|---|---|-----|----------|-----------|--------|----------------|---------|--------|-------|---|---|---|
| | From 由 (YYYY 年/MM 月/DD 日) | | | | | | | | | To 至 (| YYYY 年, | 'MM 月/ | DD 目) | | | |
| 1 | | | | | 0 | 7 | 0 | 1 | | | | | 0 | 6 | 3 | 0 |
| 2 | | | | | 0 | 7 | 0 | 1 | | | | | 0 | 6 | 3 | 0 |
| 3 | | | | | 0 | 7 | 0 | 1 | | | | | 0 | 6 | 3 | 0 |
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| | | | HKD 港 | 元. | | No | o. of fina | ncial yea | rs | | НКГ |) 港元 | |
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| 2 | l | | 0 | 7 | 0 | 1 | | | | 0 | 6 | 3 | 0 |
| 1 | I | | 0 | 7 | 0 | 1 | | | | 0 | 6 | 3 | 0 |

| D 港元 | | No. of financial years 財政年度數目 | | HKD 港元 |
|------|---|----------------------------------|---|--------|
| 50 | Χ | | = | |

| | 6. Branch number 分行 | 行編號 | 7. Cheque number 支票編號 |
|---|--|------------------------------|---|
| | | | |
| | | | |
| 3. Cheque amount 支票金額 | | | |
| HKD 港元 | | | |
| . Request for MPF Member Co employer only 只供僱主填寫) | ontribution History Re | eport 索取s | 渔積金成員供款記錄 (To be completed b |
| I. Name of participating employer 參與僱 | 主名稱 | | |
| | | | |
| 2. Employer ID 僱主編號 | | 3. Pay Centre | D 付款中心編號 |
| | | | |
| ease send me MPF Member Contribution H | istany Raport for the following | n period(s) 詩郵字 | 8以下強種全成員供勢記錄於木人: |
| MPF Member Contribution History Reco | - | y period(s/ 丽型 a | |
| Contribution period 供款期: | | | |
| Year | 年 | | Month 月 |
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| 3 4 5 Or 或 | | | |
| 3 4 5 | ИМ 月) | | To至 (YYYY年 / MM月) |
| 3 4 5 Or 或 From由(YYYY年/M | | | L |
| 3 4 5 Or 或 From由(YYYY年/M Year年 Moi | nth月 ember Contribution History Re | ecord 上述強積金d contribution po | |
| 3 4 5 Or 或 From由 (YYYY年 / N Year 年 Mon Specific member record for above MPF Me provide all members' contribution history re 有成員記錄。) | nth月 ember Contribution History Re | ecord 上述強積金d contribution po | Year 年 Month月 b:成員供款記錄的指定成員記錄 (if not specified, we would |
| 3 4 5 Or 或 From由 (YYYY年 / M Year 年 Mon Specific member record for above MPF Me provide all members' contribution history re 有成員記錄。) | nth月 ember Contribution History Re ecord for the above requested | ecord 上述強積金d contribution po | Year 年 Month月 全成員供款記錄的指定成員記錄 (if not specified, we would beriod. 如沒有指定,我們將會提供上述所要求的供款期內所 |

C. Request for the Provision of Information of Employees' Accrued Benefits 索取僱員累算權益的資料 (To be completed by employer only 只供僱主填寫)

| 1. Name of participating employer 參與僱主名稱 | |
|--|-------------------------|
| 2. Employer ID 僱主編號 | 3. Pay Centre ID 付款中心編號 |

Please send me the information related to our employees' accrued benefits under the Scheme as set out below to enable our processing of the refund or calculation of long service payment/severance payment paid or payable to the below employee for the purpose of Section 12A of Mandatory Provident Fund Schemes Ordinance 請郵寄以下有關僱員累算權益的資料給本人,使本公司能夠根據強制性公積金計劃條例第12A條處理有關僱員支付或應付的長期服務金/遣散費的退款或計算:

| | Member Name 成員名稱 | Member HKID/Passport No. 成員身分證/護照號碼 | Last Employment Date (YYYY/MM/DD) 最後受僱日期(年/月/日) |
|---|---------------------|--|--|
| 1 | | | |
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I/We hereby request the administrator of Hang Seng MPF scheme to provide me/us with the latest balances attributable to Employer's contribution (including the mandatory contributions and voluntary contributions, if applicable) paid in respect of the above employee(s) to facilitate my/our submitting application under Section 12A of the Mandatory Provident Fund Schemes Ordinance. 本人/吾等在此要求恒生強積金計劃行政管理人向本人/吾等提供可歸屬於有關上述僱員的僱主供款(包括強制性供款和自願性供款・如適用)的最新結餘,以協助本人/吾等在強制性公積金計劃第12A條所規定下遞交申請。

D. Declaration and Authorisation 聲明及授權書

To be completed by employer only 只供僱主填寫

| I/We have read and understood the full details of this form (including the Notes on this form) and agree to abide by the rules stated herein. 本人/吾等細閱及明白此表格內的所有內容(包括此表格上的注意部分),並同意遵守此述的規則。 | | | | | | |
|--|--|--|--|--|--|--|
| Authorised signature of employer 僱主授權簽署 ¹ | Authorised signature of employer 僱主授權簽署 ¹ | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| X | X | | | | | |
| Full name 全名 | Full name 全名 | | | | | |
| | | | | | | |
| Date 日期 | Date 日期 | | | | | |
| | | | | | | |

To be completed by scheme member only 只供計劃成員填寫

| I have read and understood the full details of this form (including the Notes on this form) and agree to abide by the rules stated herein. 本人已細閱及明白此表格內的所有內容(包括此表格上的注意部分),並同意遵守此述的規則。 | | | | | | |
|---|---------|--|--|--|--|--|
| Signature 簽署 ² | Date 日期 | | | | | |

¹ This authorised signature should be the same as your previous specimen submitted to us. Otherwise, the form may not be processed. 此授權簽署 應與你之前遞交的式樣相同,否則本表格可能不獲處理。

This signature must be the same as your previous specimen submitted to us. Otherwise, this form may not be processed. 此簽名須與你之前遞交予 我們的式樣相同,否則本表格可能不獲處理。