

永明彩虹強積金計劃 — 僱主資料更改表格
SUN LIFE RAINBOW MPF SCHEME –
EMPLOYER INFORMATION CHANGE FORM



重要事項 Important Notes:

1. 本表格所列之更改將取代所有之前已遞交永明信託有限公司(「受託人」)的資料/表格。如本表格沒有更新,現有資料維持不變。The changes filled in this form will supersede any previous information(s) which has/have been submitted to Sun Life Trustee Company Limited (the "Trustee"). Information will remain unchanged if no update in this form.
2. 如需要更新授權人士及/或其資料,請填寫及遞交「更新授權人及資料表格」。For any update to authorised signatories and/or their information, please complete and submit "Update Authorised Signatories And Information Form".
3. 你必須在改變後的 30 天內通知受託人有關的改變並提供適當地更新的自我證明。You must notify the Trustee within 30 days if there is any change in circumstances that makes any of the information provided in the self-certification incorrect or incomplete and provide a suitably updated self-certification form.
4. 請用正楷填寫本表格,並在適當空格內加上(✓)號。Complete this form in BLOCK LETTERS and tick the appropriate boxes.
5. 如須作出任何刪改,請於刪改之位置旁簽署,而該簽署必須與第五部份之僱主簽署相同。Please countersign next to any corrections you make on this form with the same employer signature as shown in Section V.



101010007A

第一部分 SECTION I 僱主資料 EMPLOYER DETAILS

僱主名稱

Employer Name

僱主編號

Employer Code

第二部分 SECTION II 更新資料 CHANGE OF INFORMATION

(i) 更改僱主公司名稱/註冊地址/公司蓋章式樣 Change of Employer Company Name/Registered Address / Company Chop Specimen

新僱主公司名稱^{Note 1}

New Employer

Company Name^{Note 1}

中文名稱(如有)^{Note 1}

Chinese Name (if any)^{Note 1}

新公司蓋章式樣^{Note 2}

New Specimen of Company Chop^{Note 2}

新註冊地址^{Note 1} New Registered Address^{Note 1}

- 如需同時更新註冊地址及貴公司聯絡人之通訊地址,請於方格內填上✓號。Please ✓ the box if you would like to change both registered address and the correspondence address of contact person(s).

只需提供中文或英文地址 Please provide either Chinese OR English address below:

室 [] [] [] [] 樓 [] [] [] [] 座 [] [] [] []

大廈 / 屋邨

門牌號碼及街道名稱

地區 / 城市

- 香港 九龍 新界 離島 中國(深圳) 中國(其他)
 國家

備註 Notes:

1. 請提供新的商業登記之副本及 / 或公司更改名稱註冊證書以更改以上資料。Please attach copy of the new Business Registration Certificate and / or the Certificate of Incorporation on Change of Name for the above changes.
2. 新公司蓋章式樣之申請須由現任授權簽署人核准並附上現公司蓋章。New company chop must be approved by existing authorised signer(s) with existing company chop.

Flat / Room Floor Block

Building / Estate

Number and Name of Street

District Area / City

Hong Kong Kowloon New Territories Outlying Islands China (Shenzhen) China (others)

Country

(ii) 更改主要聯絡人 ^{Note 3,4} Change of Primary Contact Person ^{Note 3,4}

姓名
Name
(英文 English)
(姓 Surname)

(名 Given Name)

稱謂
Title 先生 Mr
 女士 Ms

職銜
Job Title

電話號碼
Telephone No.

地區號碼 Country Code

*** 必須提供電郵地址 (不接受共用電郵地址)。否則，將不能提供網上退休金服務中心及互動語音系統服務。***

*** Email address (shared email address is not accepted) must be provided. Otherwise, Online Pension Services Centre and Interactive Voice Responsive System will not be provided. ***

電郵地址
Email Address

(iii) 更改主要聯絡人的通訊地址 Change of Correspondence Address of Primary Contact Person

只需提供中文或英文地址 Please provide either Chinese OR English address below:

室 樓 座

大廈 / 屋邨

門牌號碼及街道名稱

地區 / 城市

香港 九龍 新界 離島 中國 (深圳) 中國 (其他)

國家

Flat / Room Floor Block

Building / Estate

Number and Name of Street

District Area / City

Hong Kong Kowloon New Territories Outlying Islands China (Shenzhen) China (others)

Country

(iv) 更改/新增第二聯絡人 (如有) Change/Add Secondary Contact Person (If Any)

更改 Change 新增 Add

姓名
Name

(英文 English)

(姓 Surname)

(名 Given Name)

稱謂
Title

先生 Mr

女士 Ms

職銜
Job Title

電話號碼

Telephone No.

地區號碼 Country Code

*** 必須提供電郵地址 (不接受共用電郵地址)。否則，將不能提供網上退休金服務中心。***

*** Email address (shared email address is not accepted) must be provided. Otherwise, Online Pension Services Centre will not be provided. ***

電郵地址

Email Address

備註 Notes:

3. 主要聯絡人為所有強積金行政職責的聯絡人。如未能成功聯絡主要聯絡人，我們會聯絡第二聯絡人處理有關強積金事宜。Primary Contact Person is the contact of all MPF administration functions. We will contact the Secondary Contact Person if we do not contact the Primary Contact Person successfully.
4. 如有多於一個隸屬中心、第二聯絡人及/或以行政職責區分聯絡，請填妥及遞交「隸屬中心及聯絡人申請/更改表格」。If there are more than 1 reporting centre, secondary contact and/or contact persons are categorised by functions, please complete and submit "Reporting Centre/Contact Person Application/Change Form".

日/月/年
DD/MM/YYYY

(v) 更改參與計劃日期 Change of Participation Date to the Plan

		/			/				
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(vi) 更改發放薪金形式^{備註5} Change of Payroll Frequency^{Notes}

此修改將適用於所有成員，否則請列明受影響之成員類別或受影響之成員姓名：

The change will be applied to all members, otherwise, please specify affected Category of Members or names of the affected Members: _____

重要事項 IMPORTANT NOTES:

有關修改或需經強制性公積金計劃管理局（「積金局」）批核，需經由積金局批核之有關修改的最終更改生效日期將以下列生效日期或積金局授權的批准生效日期者中較後者為準。

This request may be subject to the approval of the Mandatory Provident Fund Schemes Authority (the "MPFA"). If the MPFA's approval is required, the Final Effective Date of the change stated on this form will be taken as the later of the below stated Effective Date of Change or the Final Approved Effective Date as authorised by the MPFA.

生效日期 Effective Date

		/			/				
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日/月/年
DD/MM/YYYY

新發放薪金形式

New Payroll Frequency

每年

Yearly

每季

Quarterly

每月

Monthly

每半個月

Semi-Monthly

每星期

Weekly

其他(請註明)

Others (Please specify) _____

新薪金週期

New Payroll Period

由

From

		/			/				
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日/月

DD/MM

至

To

		/			/				
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日/月

DD/MM

(vii) 更改供款付款方式 Change of Contribution Payment Method

直接付款 Direct Debit

若閣下以往未曾遞交有關授權書，請另行填寫直接付款授權書。Please complete Direct Debit Authorization Form if you have not provided it previously.

支票付款 Payment by cheque

支票抬頭人為「永明信託有限公司－強積金」。The cheque should be made payable to "Sun Life Trustee Company Limited – MPF".

(viii) 更改付款結算書安排 Change of Remittance Statement Arrangement

由僱主自備 Prepared by Employer

由行政管理人準備包括供款資料的預印「付款結算書」Pre-printed Remittance Statement WITH contribution information prepared by the Administrator

由行政管理人準備不包括供款資料的預印「付款結算書」Pre-printed Remittance Statement WITHOUT contribution information prepared by the Administrator

(ix) 更改語言選擇 Change of Language Selection (用作將來與成員聯絡通訊 For future member communication)

新語言選擇為：

New Language Selection:

中文
Chinese

英文
English

備註 Notes:

5. 發放薪金形式將適用於強制性及自願性供款(如適用)。如貴公司提供多於一個發放薪金形式給成員，請填寫「隸屬中心及聯絡人申請/更改表格」。The Payroll Frequency will be applied both to Mandatory and Voluntary Contribution (if any). If you have more than one type of payroll frequency, please complete the "Reporting Centre/Contact Person Application/Change Form".

(x) 更改電子通訊收取受監管的通知 Change of E-Notification for Regulatory Documents



電子通訊包括電子形式發出的所有受監管的通知(包括但不限於參與僱主通知書、基金便覽、強積金計劃說明書及其補充資料)。要登記這項服務，必須提供 貴公司聯絡人的電郵地址。登記後，本公司將不再郵寄報表。我們將以電郵通知 貴公司在網上退休金服務中心查閱相關的受監管文件/報表。如 貴公司欲更改電郵地址或取消此項服務，請至少在 14 天前透過本公司之網上退休金服務中心或聯絡客戶服務熱線遞交通知，或填妥及寄回資料更改表格給本公司辦理。

This e-notification covers all regulatory notifications (including but not limited to the Notice to Participating Employers, fund fact sheets, MPF Scheme Brochure and addendum of the MPF Scheme Brochure). To register this service, you must provide the email address of contact person(s). After registration, hard copies of the statements will no longer be sent out. You will receive email reminders whenever regulatory related statement/notice is ready for viewing at the Online Pension Services Center. After changing your email address or you want to cancel this service, please inform us at least 14 days in advance by submitting your request through our Online Pension Services Centre or contact our Sun Life Pension Services Hotline, or complete and return the Information Change Form.

本公司明白以上服務詳情及條款並同意參加此項服務，電郵通知將發送至本公司之聯絡人在本計劃的強積金帳戶的電郵地址 (隸屬中心聯絡人不適用)。We understand the service details and the terms above, email reminder will be sent to the Primary Contact Person email address of our MPF account under the Scheme (not applicable to contact person of Reporting Centre(s)). We agree to enroll this service.

本公司要求取消此項服務。We request to cancel this service. (只適用於現已使用電子通訊服務的僱主。This request is only applicable if the employer is currently using this E-Notification Service.)

(xi) 帳戶文件要求 Request of Account Document

最近期僱主報表 The latest Employer Statement

其他 Others (請列明 please specify): _____

第三部分 SECTION III 其他更改資料 CHANGE OF OTHER INFORMATION

請於以下空白位置或另附紙張提供其他更改資料。Please provide other information in the following space or on a separate sheet.

第四部分 SECTION IV 個人資料收集聲明(2018-03a 版本)

申請人／成員明白及同意永明信託有限公司(「受託人」)可以將其所收集的任何個人資料(不論由此申請表所收集或由其他途徑取得)作以下用途: (i) 處理成員的此項申請及任何其他申請; (ii) 為申請人／成員參與本計劃; (iii) 管理成員於本計劃的供款和累算權益的事宜; (iv) 進行客戶調查; (v) 為客戶研究及設計金融、保險或退休金產品; (vi) 為申請人／成員甄選及參與獎賞、忠實或特選客戶計劃; (vii) 因上述目的與成員聯絡; (viii) 與上述目的直接有關的任何其他目的; 及 (ix) 為遵守適用的法例、法規或法庭命令。

受託人可為以上目的披露申請人／成員的個人資料予(a) 為協助受託人就上述用途(不論在香港或其他地方) 而提供服務的第三方, 包括計劃管理人(條件是有關承辦商須把所有個人資料保密並只會為提供有關服務而使用個人資料); (b) 申請人／成員的銀行作繳款用途; (c) 申請人／成員的保險經紀(如有); (d)申請人／成員的強積金中介人; (e) 受託人的關連公司(根據公司條例訂明)包括保險公司及金融服務機構; (f) 受託人及其關連公司(不論在香港與否) 為遵守監管當局或其他機構發出之指引或其就法例、法規或法庭頒令所約束或規定之責任而需向其作出披露的任何人士; (g) 有關僱主; 及(h) 按法例要求或准許的其他人仕。

受託人可就法例准許或於獲得申請人／成員的同意後披露或將申請人／成員的個人資料作其他用途。

申請人／成員明白申請人／成員所提供之個人資料均屬自願, 然而倘若未能提供所需個人資料, 可導致受託人無法處理申請人／成員的申請。申請人／成員有權查閱及要求更正受託人持有有關成員的個人資料, 有關要求可以書面形式郵寄至香港九龍紅磡德豐街 18 號海濱廣場一座 10 樓卓譽金融服務有限公司退休金管理部經理。受託人可就處理任何該等要求收取合理費用。

Applicant/Member(s) understand(s) and consent(s) that, any personal data collected by Sun Life Trustee Company Limited ("Trustee") (whether collected in this application form or otherwise) may be used by the Trustee for the following purposes: (i) processing this application and any other applications applicant/member(s) make(s); (ii) enrolling applicant/member(s) in the Scheme; (iii) administering and managing applicant/member(s)' contributions and accrued benefits under the Scheme; (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for customer use; (vi) selecting and participating in reward, loyalty or privileges program and related service for applicant/member(s); (vii) contacting applicant/member(s) for the above purposes; (viii) purposes which are directly related to the above purposes; and (ix) complying with applicable laws, regulation or court order.

The Trustee may disclose member(s)' personal data for the above purposes : (a) to third parties who provide services in Hong Kong or elsewhere which assist the Trustee to carry out the above purposes, including scheme administrator (provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services); (b) to applicant/member(s)' bank for payment purposes; (c) to applicant/member(s)' insurance broker (if any); (d) to applicant/member(s)' MPF intermediaries; (e) to the Trustee's related companies (as defined in the Companies Ordinance) including insurance companies and financial services companies; (f) to any person to whom the Trustee or its related companies (inside or outside Hong Kong) is under an obligation to make disclosure under the requirements of any law, regulation or court order binding on or applying to or to which the Trustee or its related companies (inside or outside Hong Kong) is subject to, or under and for the purposes of any guidelines issued by regulatory or other authorities with which the Trustee or its related companies (inside or outside Hong Kong) is expected to comply; (g) relevant employer(s) and (h) as otherwise required or permitted by law.

The Trustee may also use and disclose member(s)' personal data in other ways with applicant/member(s)' consent or as otherwise required or permitted by law.

Applicant/Member(s) understand(s) that the information applicant/member(s) gave is voluntary, but failure to provide the requested personal data may mean the Trustee is unable to process applicant/member(s)' application. Applicant/Member(s) has/have the right to seek access to and request correction of any personal data the Trustee holds by sending a written request to The Manager, Pensions Administration Department, BestServe Financial Limited, 10/F, One HarbourFront, 18 Tak Fung Street, Hung Hom, Hong Kong. The Trustee may charge a reasonable fee for the processing of any such requests.

第五部分 SECTION V 聲明及授權 DECLARATION AND AUTHORISATION

本公司(僱主)謹此確定以上細則及附上之資料(如有)皆為真實正確。

We, the Employer, hereby confirm that the above details and the attached information (if any) are true and correct.

公司蓋章及僱主簽署(或由授權人代行)
謹代表僱主
Company Chop and Signature of the Employer
(or signed by a duly authorised signatory)
For and on behalf of the Employer

姓名 Name : _____

職銜 Title : _____

日期 Date:

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 日/月/年
DD/MM/YYYY

請將填妥表格交予:

永明彩虹強積金計劃行政管理人 — 卓譽金融服務有限公司
香港九龍紅磡德豐街 18 號海濱廣場一座 10 樓

電話: 3183 1888 傳真: 3183 1889 網址: www.sunlife.com.hk

Please send the completed form to :

Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited
10/F, One Harbourfront, 18 Tak Fung Street, Hunghom, Kowloon, Hong Kong

Tel: 3183 1888 Fax: 3183 1889 Website: www.sunlife.com.hk