

**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  
 or place to the MPF drop-in box at designated HSBC branches  
 或投放於指定滙豐分行的強積金寄存辦理箱  
 HSBC MPF Employer Hotline 滙豐強積金僱主熱線: 2583 8033  
 HSBC MPF Member Hotline 滙豐強積金成員熱線: 3128 0128



|      |
|------|
| IN05 |
|------|

**HSBC MANDATORY PROVIDENT FUND  
 CHANGE OF EMPLOYER DETAILS FORM  
 滙豐強積金: 更改僱主資料表格**

**Note 注意:**

- Please complete in CAPITAL and BLOCK LETTERS and tick ✓ the appropriate box(es). 請用大楷及正楷填寫, 並於適當的方格內加上「✓」號。
- If you need to add or delete the signature specimen of your authorised person(s), please complete an 'Authorised Signatures Specimen' form (INY1). 如你需要新增或終止授權人簽名, 請另行填寫「授權人簽名式樣」表格 (INY1)。
- Please provide the business and/or correspondence address proof (if applicable). 請提供營業及/或通訊地址證明 (如適用)。
- Certified true copies should be certified by any of the following personnel 提交認證副本可經由下列人士核證:
  - A certified public accountant/lawyer/banker/notary public acceptable to entities of HSBC Group; or 任何滙豐集團成員認可的執業會計師/律師/往來銀行/公證人; 或
  - A member of Hong Kong Institute of Chartered Secretaries (HKICS); or 任何香港特許秘書公會會員; 或
  - A MPF specialist at HSBC designated branches – You may bring along your HKID card/Passport and proof of your residential address and permanent address to any one of HSBC designated branches for verification purpose. For the information about the HSBC designated branches, please visit www.hsbc.com.hk/mpf. 指定滙豐分行強積金職員 – 你可攜同你的香港身分證/護照及住宅地址及永久地址證明文件親臨任何一間指定滙豐分行, 以便我們核實你的身分。查詢指定滙豐分行詳情, 請瀏覽www.hsbc.com.hk/mpf。
- Your written instruction will normally be processed within five business days after the administrator of HSBC MPF scheme receives your properly completed form. This processing time is for reference only. Your instruction will be processed as soon as possible. 你在表格上的指示一般會在滙豐強積金計劃行政管理人收到你填妥的表格後五個工作天內處理。有關處理時間僅供參考。你的指示將會盡快被處理。
- 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 HSBC Mandatory Provident Fund" ("PICS"). The PICS can be obtained through HSBC MPF website www.hsbc.com.hk/mpf or MPF hotline 2583 8033 (Employer) or 3128 0128 (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 HSBC 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《滙豐強積金的收集個人資料聲明》(「聲明」)處理。該聲明可透過以下滙豐強積金網站www.hsbc.com.hk/mpf或強積金熱線2583 8033(僱主)或3128 0128(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。如你希望更新在滙豐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. DETAILS OF SCHEME 計劃資料**

|  |   |       |  |  |  |        |         |       |  |
|--|---|-------|--|--|--|--------|---------|-------|--|
| 1. Employer ID 僱主編號                                | 2. Effective date of change 更改生效日期<br><div style="text-align: right; margin-top: 10px;"> <table style="border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Year 年</td> <td style="text-align: center; font-size: 8px;">Month 月</td> <td style="text-align: center; font-size: 8px;">Day 日</td> <td></td> </tr> </table> </div> |       |  |  |  | Year 年 | Month 月 | Day 日 |  |
|  |   |       |  |  |  |        |         |       |  |
| Year 年   | Month 月   | Day 日 |  |  |  |        |         |       |  |
| 3. Company name of participating employer 參與僱主公司名稱 |   |       |  |  |  |        |         |       |  |

**B. CHANGE DETAILS OF SCHEME 更改計劃資料 (Please complete only those details to be changed. 只需填寫所需更改的資料。)**

|  |  |  |                         |                       |  |
|--|--|--|-------------------------|-----------------------|--|
| 1. Change of preferred language for correspondence 更改通訊的語言 <input type="checkbox"/> English 英文 <input type="checkbox"/> Chinese 中文   |  |  |                         |                       |  |
| <b>2. Change of company name 更改公司名稱</b><br>Please notify us within 30 days for the change of company name and provide a certified true copy of valid Business Registration Certificate and/or Certificate of Incorporation on Change of Name and/or other relevant registration documents. If change the registration type and registration number, a new employer scheme may be required to set up. 請於公司名稱更改後的30天內通知我們, 並請提供有效的商業登記證及/或公司註冊更改名稱證書及/或其他有關的登記證之認證副本。如更改註冊類別及註冊號碼, 新的僱主計劃可能需要重新設立。 |  |  |                         |                       |  |
| a. New company name of participating employer 參與僱主之新公司名稱   |  |  |                         |                       |  |
| English name 英文名稱: _____   |  |  |                         |                       |  |
| Chinese name 中文名稱: _____   |  |  |                         |                       |  |
| b. New Business Registration/Certificate of Incorporation no. 新商業登記/公司註冊證書號碼 <sup>1</sup>  | <sup>1</sup> Registration types are listed below 註冊證明類別如下: (any other registration number should be given only if you do not process a Business Registration Certificate. 只在沒有商業登記證的情況下, 才可填報其他註冊證號碼。)<br>BR - Business Registration 商業登記<br>IR - Inland Revenue Department (Charitable Organisations) 稅務局(慈善機構)<br>ED - Education Department 教育署<br>SO - Society Office of HK Police (Societies) 香港警務處社團事務處(社團)<br>TU - Registry of Trade Unions 職工會登記局<br>OT - Others 其他 |  |                         |                       |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;"></td> <td style="border-bottom: 1px solid black; width: 70%;"></td> </tr> <tr> <td style="font-size: 8px;">Registration types 註冊證明</td> <td style="font-size: 8px;">Registration no. 登記號碼</td> </tr> </table>   |  |  | Registration types 註冊證明 | Registration no. 登記號碼 |  |
|  |  |  |                         |                       |  |
| Registration types 註冊證明  | Registration no. 登記號碼  |  |                         |                       |  |
| <b>3. Change of trading as name(s) 更改營業名稱 (Please provide a certified true copy of evidence. 請提供證明文件之認證副本。)</b>  |  |  |                         |                       |  |
| English name 英文名稱: _____   |  |  |                         |                       |  |
| Chinese name 中文名稱: _____   |  |  |                         |                       |  |

**B. CHANGE DETAILS OF SCHEME (CONT'D) 更改計劃資料(續)****4. Change of contact information 更改聯絡資料**

Please tick ✓ if you want to apply below contact information to existing pay centre(s). 如欲將以下資料同時更改為現有付款中心的聯絡資料，請於方格內加上「✓」號。

a. Business address (in English) 營業地址(英文) (as shown on Business Registration/Certificate of Incorporation 必須與商業登記/公司註冊證書相同)

Room/Flat 室 Floor 樓 Block 座 Name of building 大廈名稱

Name of estate 屋邨名稱 Number and name of street/road 門牌號碼及街道名稱

District/Postal code 地區/郵政編號  HK 香港  KLN 九龍  NT 新界  Others 其他 City 城市 Country/Region 國家/地區

b. Name of contact person 聯絡人姓名

Mr 先生  Ms 女士 Surname 姓氏 Given name 名字

c. Position of contact person 聯絡人職銜

d. Telephone no.<sup>2</sup> 聯絡電話<sup>2</sup> Country/Region code 國家/區域編號 Area code 地區號碼 Phone no. 電話號碼

e. Facsimile no.<sup>2</sup> 傳真號碼<sup>2</sup>

f. E-mail address 電郵地址

<sup>2</sup> If you are providing overseas contact details outside Hong Kong SAR, please also include the correct Country/Region Code and Area Code. However, for overseas mobile numbers, usually there is no need to add an Area Code and you may check with your telecommunications service provider for details. 如你所提供的是香港特別行政區以外的海外聯絡資料，請包括正確的國家/區域及地區編號；然而，海外手提電話號碼一般毋須加上地區編號，詳情請向你的電訊服務供應商查詢。

**C. CHANGE DETAILS OF PAY CENTRE 更改付款中心資料**

Please make the change to 請更改下列的資料於：

ALL pay centres under the Employer ID stated in section A1 所有於A1欄之僱主編號下的付款中心

Only the pay centre ID 只適用於付款中心編號 \_\_\_\_\_

**1. Change of contact information 更改聯絡資料**

a. Correspondence address (in English) 通訊地址(英文)

Room/Flat 室 Floor 樓 Block 座 Name of building 大廈名稱

Name of estate 屋邨名稱 Number and name of street/road 門牌號碼及街道名稱

District/Postal code 地區/郵政編號  HK 香港  KLN 九龍  NT 新界  Others 其他 City 城市 Country/Region 國家/地區

b. Correspondence Address (in Chinese) 通訊地址(中文) 如更改此欄，請確保同時填寫付款中心的英文通訊地址。

室 樓 座 大廈名稱

屋邨名稱 門牌號碼及街道名稱

地區/郵政編號  香港  九龍  新界  其他 City 城市 Country/Region 國家/地區

c. Name of contact person 聯絡人姓名

Mr 先生  Ms 女士 Surname 姓氏 Given name 名字

d. Position of contact person 聯絡人職銜

### C. CHANGE DETAILS OF PAY CENTRE (CONT'D) 更改付款中心資料(續)

|  | Country/Region code<br>國家／區域編號 | Area code<br>地區號碼    | Phone no.<br>電話號碼    |
|--|--------------------------------|----------------------|----------------------|
| e. Telephone no. <sup>2</sup> 聯絡電話 <sup>2</sup>  | <input type="text"/>           | <input type="text"/> | <input type="text"/> |
| f. Facsimile no. <sup>2</sup> 傳真號碼 <sup>2</sup>  | <input type="text"/>           | <input type="text"/> | <input type="text"/> |
| g. E-mail address <sup>3</sup> 電郵地址 <sup>3</sup>   |                                |                      |                      |
| <b>2. Change of the instruction for distributing the relevant MPF documents to employee 更改分發相關強積金法例文件予僱員的指示</b><br>Please make <b>ONE</b> choice below and tick ✓ the appropriate box. If this section is left blank, the choice given previously will not be changed. 請作出下列其中一項選擇，並於適當的方格內加上「✓」。如留空此部分，則之前給予的選擇不會改變。  |                                |                      |                      |
| <input type="checkbox"/> Pursuant to section 143A(1)(c) of the Mandatory Provident Fund Schemes (General) Regulation, I/we hereby provide our consent for us to distribute the relevant MPF documents (including but not limited to Notice to Participation of employees together with scheme information related to the above scheme, member benefit statement of employee and notice about change of business particulars of the trustee or changes to the procedure related to making payment of voluntary contributions) as required under the MPF legislation to the employees who have not provided you with a valid address. I/We understand that I am/we are obliged to ensure that such MPF documents will be distributed to these employees within 7 working days after receiving the documents from you. 根據強制性公積金計劃(一般)規則第143(A)(1)(c)條，本人／吾等特此同意向沒有提供有效地址的僱員分發相關強積金法例文件(包括但不限於僱員的參與通知及有關於以上計劃的資料、強積金成員權益報表、有關信託人業務詳情的改變或有關自願性供款的支付作出改變的程序的書面通知)。本人／吾等明白有責任確保在收到文件後的7個工作天內，將這些強積金文件轉交給有關僱員。 |                                |                      |                      |
| <input type="checkbox"/> Pursuant to section 143A(1)(c) of the Mandatory Provident Fund Schemes (General) Regulation, I/we would like to revoke the consent given previously for us to distribute the relevant MPF documents (including but not limited to Notice to Participation of employees together with scheme information related to the above scheme, member benefit statement of employee and notice about change of business particulars of the trustee or changes to the procedure related to making payment of voluntary contributions) as required under the MPF legislation to the employees who have not provided you with a valid address. 請撤銷本人／吾等先前根據強制性公積金計劃(一般)規則第143(A)(1)(c)條給予向沒有提供有效地址的僱員分發相關強積金法例文件(包括但不限於僱員的參與通知及有關於以上計劃的資料、強積金成員權益報表、有關信託人業務詳情的改變或有關自願性供款的支付作出改變的程序的書面通知)的同意。   |                                |                      |                      |
| <b>3. Change of MPF contribution overpayment instruction 更改強積金多繳供款處理指示</b><br><b>(only applicable for contributions by cheque and uninvested overpaid contributions 只適用於以支票作供款及未被投資的多繳供款)</b>  |                                |                      |                      |
| <input type="checkbox"/> <b>Refund overpaid contributions 退還多繳供款</b><br>The uninvested overpaid contributions will be refunded by cheque 未被投資的多繳供款將以支票退還   |                                |                      |                      |
| <input type="checkbox"/> <b>Offset future contributions and/or contribution surcharges 抵銷將來供款及／或供款附加費</b><br>If the amount on the cheque falls short of the related total contribution amount and/or surcharge amount from the related remittance statement and/or discrepancy bill, the accumulated uninvested overpaid contribution (if any) will be used to settle the shortfall by the administrator of the scheme for offsetting future contributions and/or contribution surcharges. 如支票上的款額不足以支付有關付款結算書及／或差額賬單的有關總供款額及／或供款附加費時，已累積的未被投資的多繳供款(如有)將會被計劃行政管理人用以抵銷將來供款及／或供款附加費。   |                                |                      |                      |
| <b>4. Preprinted paper remittance statement 郵寄預印付款結算書</b><br>Receive the preprinted paper remittance statement 收取郵寄預印的付款結算書 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否   |                                |                      |                      |

<sup>2</sup> If you are providing overseas contact details outside Hong Kong SAR, please also include the correct Country/Region Code and Area Code. However, for overseas mobile numbers, usually there is no need to add an Area Code and you may check with your telecommunications service provider for details. 如你所提供的是香港特別行政區以外的海外聯絡資料，請包括正確的國家／區域及地區編號；然而，海外手提電話號碼一般毋須加上地區編號，詳情請向你的電訊服務供應商查詢。

<sup>3</sup> If you are an employer who have already chosen to receive and submit the electronic remittance statement and would also like to register the new email address for the said electronic remittance statement service as well, please complete and submit 'Authorised E-mail address for Electronic Communication (Employer)' form (INYC) 10 working days before the contribution day for any change of e-mail address. 如果你是已選擇接收及遞交電子付款結算書的僱主，並想將新電郵地址也登記為可接收及遞交電子付款結算書，請於供款日前10個工作天填寫及遞交「用作電子通訊的授權電郵地址(僱主)」表格(INYC)用作更改電郵地址。

### D. DECLARATION AND AUTHORISATION 聲明及授權書

|  |   |
|--|---|
| 1. I/We confirm that the information given in the form is correct and complete. 本人／吾等確認本表格所提供的資料為正確及完整。  |   |
| 2. 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。   |   |
| <b>X</b><br>Authorised signature of employer <sup>4</sup> 僱主授權簽署 <sup>4</sup><br>(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。) | <b>X</b><br>Authorised signature of employer <sup>4</sup> 僱主授權簽署 <sup>4</sup> |
| Full name 全名   | Full name 全名  |
| Position 職銜  | Position 職銜   |
| Date 日期  | Date 日期   |

<sup>4</sup> If you wish to make changes under Section C 'CHANGE DETAILS OF PAY CENTRE', the authorised signatory of the related pay centre specified in Section C has to sign the form. Otherwise, the change request in Section C may not be processed. 如你欲更改C部「更改付款中心資料」，請用C部所指的有關付款中心的獲授權人士簽署本表格，否則C部的更改指示可能不獲處理。