

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



**HSBC MANDATORY PROVIDENT FUND
DUPLICATE STATEMENT REQUISITION FORM**
滙豐強積金: 索取報表副本申請表



Note 注意:

1. Please complete in CAPITAL and BLOCK LETTERS. 請用大楷及正楷填寫。
2. This form is for the purpose of requesting duplicate statement(s). 本表格適用於索取報表副本。
3. Duplicate statements can be requested for any previous scheme financial years up to 7 years (from 1 July to 30 June). 您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)的報表, 最多為7年。
4. The handling charge is HKD50 for each copy per scheme financial year. 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。
5. Please return the completed form and cheque to the Administrator – The Hongkong and Shanghai Banking Corporation Limited. 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。
6. The personal data provided will be treated in the same manner as set out in the “Personal Information Collection Statement for HSBC Mandatory Provident Fund” (“Statement”). A copy of the Statement can be obtained through HSBC MPF website www.hsbc.com.hk/mpf or MPF hotline 2583 8033 (Employer) or 3128 0128 (Member). 所有個人資料均按照《滙豐強積金的收集個人資料聲明》(「聲明」)處理。該聲明可透過滙豐強積金網站www.hsbc.com.hk/mpf或強積金熱線2583 8033(僱主)或3128 0128(成員)索取。

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

1. Company name of participating employer 參與僱主公司名稱		
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**計劃成員**填寫 (Request for MPF member 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 card/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 period(s) 請郵寄以下年度的報表副本給本人:

Scheme financial year 計劃財政年度	
From 由 (YYYY 年/MM 月/DD 日)	To 至 (YYYY 年/MM 月/DD 日)
(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
(4.) 0 7 0 1	0 6 3 0
(5.) 0 7 0 1	0 6 3 0

	HKD 港元		No. of financial years 財政年度數目		HKD 港元
Total handling charge 手續費合共:	50	X	<input type="text"/>	=	<input type="text"/>

Please enclose a crossed cheque payable to **'The Hongkong and Shanghai Banking Corporation Limited'** and provide details below 請附上劃線支票，抬頭祈付「香港上海滙豐銀行有限公司」並填寫以下詳情：

5. Bank number 銀行編號	6. Branch number 分行編號	7. Cheque number 支票編號
8. Cheque amount 支票金額 HKD 港元 _____		

To be completed by employer only 只供僱主填寫

Declaration and authorisation 聲明及授權書

I/We have read and understood and agree with the "Personal Information Collection Statement for HSBC Mandatory Provident Fund" ^{Note 6} . 本人／吾等已細閱及明白並同意《滙豐強積金的收集個人資料聲明》 ^{注意6} 。	
Authorised signature of employer 僱主授權簽署 X	Authorised signature of employer 僱主授權簽署 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

Declaration and authorisation 聲明及授權書

I have read and understood and agree with the "Personal Information Collection Statement for HSBC Mandatory Provident Fund" ^{Note 6} . 本人已細閱及明白並同意《滙豐強積金的收集個人資料聲明》 ^{注意6} 。	
Signature 簽署* X	Date 日期

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