

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



INMT

**HSBC MANDATORY PROVIDENT FUND
DUPLICATE REMITTANCE STATEMENT REQUISITION FORM
(EMPLOYER / SELF-EMPLOYED)**

滙豐強積金: 索取付款結算書副本申請表(僱主/自僱人士)

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 use by employer/self-employed person for the purpose of requesting duplicate remittance statement(s). 本表格適用於僱主/自僱人士索取付款結算書副本。
3. The handling charge for each copy is HKD50 per contribution period up to 7 years and the minimum charge per request is HKD200. 索取過往每個供款期的付款結算書副本之手續費為每份港幣 50 元，最多為 7 年。每次申請之最低收費為港幣 200 元。
4. 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。
5. 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。

1. Company name of participating employer/Full name of self-employed person 參與僱主公司名稱/自僱人士全名 (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 (To be completed by self-employed person only 供自僱人士填寫)	3. Employer ID/Scheme ID 僱主編號/計劃編號	

Please send us/me a duplicate remittance statement for the following period(s) 請郵寄以下供款期的付款結算書副本給本公司/本人:

Contribution period 供款期		Pay centre ID/Name 付款中心編號/名稱	Bill number (if known) 賬目號碼(如知道)
From 由 (YYYY 年/MM 月/DD 日)	To 至 (YYYY 年/MM 月/DD 日)		
(1.)			
(2.)			
(3.)			
(4.)			
(5.)			

Total handling charge 手續費合共: HKD 港元 50 X No. of contribution periods 供款期數目 = HKD 港元

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：

4. Bank number 銀行編號	5. Branch number 分行編號	6. Cheque number 支票號碼
<p>7. Cheque amount 支票金額 (The minimum charges is HKD200 最低收費為港幣 200 元)</p> <p>HKD 港元 _____</p>		

Declaration and authorisation 聲明及授權書

<p>I/We have read and understood and agree with the "Personal Information Collection Statement for HSBC Mandatory Provident Fund"^{Note 5}. 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》^{註5}。</p>	
<p>Authorised signature of employer/Signature of self-employed* 僱主授權簽署／自僱人士簽署*</p> <p>X</p>	<p>Authorised signature of employer 僱主授權簽署</p> <p>X</p>
<p>Full name 全名</p>	<p>Full name 全名</p>
<p>Date 日期</p>	<p>Date 日期</p>

* 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。