

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



INY1

**HSBC MANDATORY PROVIDENT FUND
AUTHORISED SIGNATURES SPECIMEN (EMPLOYER)
滙豐強積金: 授權人簽名式樣(僱主)**

Note 注意:

- Please complete in CAPITAL and BLOCK LETTERS. 請用大楷及正楷填寫。
- 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 HK permanent ID card/passport 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 – 你可攜同你的香港永久性居民身分證/護照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。
- 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. Pay centre ID 付款中心編號	3. Effective date 生效日期 <table border="1"><tr><td>Year 年</td><td>Month 月</td><td>Day 日</td></tr></table>	Year 年	Month 月	Day 日
Year 年	Month 月	Day 日			
4. Company name of participating employer 參與僱主公司名稱					

B. AUTHORISED INSTRUCTION 授權指示

Newly added authorised personnel 新增之授權人士								
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)								
Other name (in English) (if any) 別名 (英文)(如有)								
Date of birth 出生日期	<table border="1"><tr><td>Year 年</td><td>Month 月</td><td>Day 日</td></tr></table>	Year 年	Month 月	Day 日	<table border="1"><tr><td>Year 年</td><td>Month 月</td><td>Day 日</td></tr></table>	Year 年	Month 月	Day 日
Year 年	Month 月	Day 日						
Year 年	Month 月	Day 日						
Nationality (Country/Region) 國籍(國家/地區)								
HKID card/Passport no. 香港身分證/護照號碼 (please provide a certified true copy 請附上認證副本)								
Passport number should be given if you do not possess a valid HKID card. 在沒有有效的香港身分證情況下才填寫護照號碼。								
Position 職銜								
Residential address (The main address the majority of the time is spent or resided) (in English) 住宅地址(大部分時間居住在這個主要地址)(英文)	City 城市 _____ Country/Region 國家/地區 _____	City 城市 _____ Country/Region 國家/地區 _____						
Specimen signature 簽署式樣	X	X						

B. AUTHORISED INSTRUCTION (CONT'D) 授權指示(續)

Cancellation of authorised personnel 終止之授權人士		
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)		
Position 職銜		

C. DECLARATION AND AUTHORISATION 聲明及授權書

This form should be signed by an authorised person with his/her signatory previously submitted to The Hongkong and Shanghai Banking Corporation Limited. Otherwise, please send us supporting documents and specify reason in below. 本表格須由已於早前向香港上海滙豐銀行有限公司提交其簽名式樣之授權人士簽署。否則，請遞交證明文件及於下列註明原因。

Reason 原因 _____

- (a) I/We confirm that the identities of the above newly added authorised personnel had been verified and the information given in the form is correct and complete. 本人／吾等確認上述新增之授權人士的身分已被核實和本表格所提供的資料為正確及完整。
- (b) 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。

X _____
 Authorised signature of employer 僱主授權簽署

X _____
 Authorised signature of employer 僱主授權簽署

 Full name 全名

 Full name 全名

 Position 職銜

 Position 職銜

 Date 日期

 Date 日期