

**計劃成員資料更改表 Notice of Change of Scheme Member's Particulars**

MY EE CHG

注意 Note:

1. 請以正楷填寫。 Please complete in BLOCK LETTERS.  
 2. \*請刪除不適用者。 \* Please delete whichever is inappropriate.  
 3. 請於適當位置加上'✓'號。 Please ✓ the appropriate box.

**(I) 成員資料及更改資料生效日期 MEMBER'S DETAILS & EFFECTIVE DATE OF CHANGES**

計劃編號 Scheme No.	成員姓名 Member Name 中文  English  *先生/女士 *Mr/Ms
香港身份證/護照*號碼 HKID Card/Passport* No	僱主名稱 Name of Employer (如適用 If applicable)
成員類別 Type of member <input type="checkbox"/> 僱員成員 Employee Member <input type="checkbox"/> 自僱成員 SEP Member <input type="checkbox"/> 個人賬戶成員 Personal Account Member <input type="checkbox"/> 特別自願性供款成員 SVC Member	更改生效日期 Effective Date of Changes  日 DD / 月 MM / 年 YYYY

**(II) 資料更改詳情 PARTICULARS OF CHANGE(S)**

<input type="checkbox"/> 成員姓名 Member Name (須提供有關法定證明文件 Must provide copy of statutory document(s)) 中文 English			
<input type="checkbox"/> *香港身份證/護照號碼 *HKID Card/Passport No. (須提供有關法定證明文件 Must provide copy of statutory document(s))		<input type="checkbox"/> 出生日期 Date of Birth (須提供有關法定證明文件 Must provide copy of statutory document(s))  日 DD / 月 MM / 年 YYYY	
<input type="checkbox"/> 地址 Address   如屬自僱成員，請指示上述改變將適用於 For SEP Member, please indicate the above change will be applied to: <input type="checkbox"/> 通訊地址 Correspondence Address <input type="checkbox"/> 住宅地址 Residential Address <input type="checkbox"/> 上述兩者皆是 Both of the above			
<input type="checkbox"/> *住宅/公司電話號碼 *Residential/Company Phone No.	<input type="checkbox"/> 流動電話號碼 Mobile Phone No.	<input type="checkbox"/> 傳真號碼 Fax No.	<input type="checkbox"/> 電郵地址 Email Address
<input type="checkbox"/> 供款方式 Contribution Frequency (只適用於自僱成員 Only applicable to SEP Member) <input type="checkbox"/> 年供 Yearly <input type="checkbox"/> 月供 Monthly		<input type="checkbox"/> 付款方法 Payment Method (只適用於自僱成員 Only applicable to SEP Member) <input type="checkbox"/> 自動轉賬 Autopay (請填妥隨附“直接付款授權書” Please complete the attached “Direct Debit Authorization Form”) <input type="checkbox"/> 支票 Cheque (請填妥隨附“取消直接付款通知書 Please complete the attached “Direct Debit Request Cancellation Form”)	

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更改成員簽名式樣<sup>^</sup> Change of Member's Specimen Signature

<sup>^</sup> 本人此後將使用新的簽署式樣簽署任何與本計劃有關之文件、書信及其他書面指示，由生效日期起直至本人另行通知為止。此簽署安排將取替以往的簽署式樣。

以往的簽署式樣必須與之前遞交至中銀國際英國保誠信託有限公司的式樣相同。如閣下尚未提供或忘記以往的簽署式樣，請同時提供香港身份證/護照副本，並於該副本上簽署新的簽署式樣並註明“僅供身份確認及更新本人資料之用”。

*I, hereby adopt the new specimen signature to sign any documents, correspondences & written instructions with regard to the Scheme in future, which shall remain valid until further notification is given. This signing arrangement will supersede the previous specimen signature submitted by me.*

*Previous specimen signature must be the same as the latest one submitted to BOCI-Prudential Trustee Limited. If you have not yet provided or forget your previous signature, please also provide a copy of your HKID Card/ Passport with your new specimen signature, and mark "For the purposes of identification & updating my particulars only".*

以往的簽署式樣 Previous Specimen Signature	新的簽署式樣 New Specimen Signature
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**(III) 個人資料收集聲明 PERSONAL DATA COLLECTION STATEMENT**

我的強積金計劃（「本計劃」）之成員提供的個人資料及該等人士的交易詳情可用作處理本計劃的申請、處理及管理本計劃下的供款、累算權益、申索和轉移的用途，及/或用作進行直接促銷、改善或進一步提供本公司有關強積金產品及/或服務的用途。提供個人資料屬自願性質，唯未能向受託人提供所需資料，可能導致受託人不能處理有關申請及指示。如受託人或其他服務供應商認為有需要，他們可（在香港特別行政區及以外地區）使用、披露及轉移個人資料予有關人士，包括任何司法管轄區的監管機構和政府機關，以及受託人的母公司、聯營公司及其他集團成員，以便向成員提供有關本計劃的服務或任何與本計劃直接有關的用途，及/或核對該名成員的其他個人資料。成員有權查閱及更正任何其個人資料，或要求不得使用其個人資料作直接促銷用途。如有此需要，請致函香港銅鑼灣威非路道 18 號萬國寶通中心 12 字樓，向中銀國際英國保誠信託有限公司資料保障主任提出。

Personal data provided by members of My Choice Mandatory Provident Fund Scheme ("the Scheme") and details of transactions or dealings by such members may be used for the purposes of processing the application, administering and managing contributions, accrued benefits, claims and transfers under the Scheme, and/or for the purpose of conducting direct marketing of, improving, or furthering the provision of MPF related products and/or services of the company. The provision of personal data is voluntary, but failure to provide the information required may result in the Trustee being unable to process the application and instructions. These information may be used, disclosed and transferred (in and outside the Hong Kong Special Administrative Region) to such persons as the Trustee or any service providers may be considered necessary, including regulators and government authorities in any jurisdiction and any parent and affiliated companies and other group companies of the Trustee for the purpose in connection with the services of the Scheme and any purposes directly related to the Scheme and/or in connection with data matching with other personal data concerning the relevant member. Members have a right to access to and correct any personal data or to request that personal data about them not be used for direct marketing purposes. Such request should be in writing to the Data Protection Officer of BOCI-Prudential Trustee Limited at 12/F, Citicorp Centre, 18 Whitfield Road, Causeway Bay, Hong Kong.

如閣下不欲個人資料用作上述直接促銷用途，請在方格內填上剔號。  
Please tick if you do not wish your personal data to be used for the above direct marketing purpose.

**(IV) 聲明及簽署 DECLARATION AND SIGNATURE**

我以簽署此通知書作為聲明此通知書內所提供之資料為真實及正確。  
I declare that all information given in this Notice is true and correct by signing of this Notice.

我確認已閱讀、明白及同意(III)部內的個人資料收集聲明。  
I confirm that I have read, understood and agreed to the Personal Data Collection Statement in Part III.

成員簽署 Signature of Member



日期 Date

公司專用 For Official Use Only

Input by :	Date :	Verified by :	Date :
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