

僱主授權簽字人員通知書 NOTICE OF AUTHORISED SIGNATORIES FOR EMPLOYERS

注意 Note:

- 請以英文正楷填寫。Please complete in BLOCK LETTERS.
- *請刪除不適用者。* Please delete whichever is inappropriate.
- 核證身份證明文件副本須經由合適之證明人認證為真確的副本，合適之證明人包括認可的執業律師/執業會計師/公證人或強積金中介人。是否接納核證副本將取決於本公司的最終決定。The certified copy of identification document must be certified as a true copy by a professional person such as a recognized lawyer/certified public accountant/notary public or MPF Intermediary. The acceptance of the certified true copy will be subject to our Company's final decision.


(I) 僱主資料及授權生效日期 EMPLOYER'S DETAILS & EFFECTIVE DATE OF AUTHORISATION

僱主名稱 Name of Employer	
參與計劃編號 Participating Scheme No.	

(II) 授權資料 AUTHORISATION DETAILS

本公司現授權以下人員代表本公司簽署任何本參與計劃之文件、書信及其他通知書，由生效日期起直至本公司另行通知為止。
We, hereby authorize the following persons to sign on the employer behalf any Scheme documents, letters, notification & other correspondences related to the Participating Scheme. This authorization shall remain valid till further notification is given.

註:所有授權簽字人必須提供身份證明文件的核證副本。如非持有香港永久性居民身分證，請提供護照之核證副本。
Remark: All authorized signatories **MUST** provide **certified true copies** of identification documents. If NOT holders of HK permanent ID card, please provide a **certified true copy** of Passport.

# 全名 Full Name (必須與香港身份證/護照相同 as shown on HKID card/Passport)	*先生 Mr. /女士 Ms.	簽署式樣 Specimen Signature
香港身份證/護照號碼 HKID/Passport No.		
國籍(國家/地區) Nationality (Country/ Region)		
職銜/職位 Title/Position		
住宅地址 Residential Address		
# 全名 Full Name (必須與香港身份證/護照相同 as shown on HKID card/Passport)	*先生 Mr. /女士 Ms.	簽署式樣 Specimen Signature
香港身份證/護照號碼 HKID/Passport No.		
國籍(國家/地區) Nationality (Country/ Region)		
職銜/職位 Title/Position		
住宅地址 Residential Address		
授權簽署及公司印章 Authorized Signature(s) & Company Chop		簽署人姓名(全名) Name of Signatory(ies) in full name
 <p>注意：授權簽署人必須為董事/獨資經營者/合夥人(非法人團體)最終擁有人或管理人。 Note: The authorized signatory MUST be the director/sole proprietor/partner/(for unincorporated body) ultimate owner or controller.</p>		職銜/職位 Title/Position
		日期 Date

公司專用 For Official Use Only

Input by:	Date:	Verified by :	Date :
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