

- 請以正楷填寫。Please complete in BLOCK LETTERS.
- 請於適當位置加上“✓”號。Please “✓” the appropriate box.
- 中銀國際英國保誠信託有限公司(「受託人」)於收到閣下填妥的表格後十四天內處理閣下的指示。Your instructions will be processed with 14 days after BOCI-Prudential Trustee Limited (the “Trustee”) receives your duly completed form.

(I) 僱主/申請人資料 EMPLOYER / APPLICANT DETAILS

1. 申請人姓名(全名) Applicant Name (Full Name)	英文 English
	中文 Chinese
2. 香港身份證/護照號碼(如適用) HKID Card/Passport No.(If Applicable)	
3. 僱主名稱(如適用) Employer Name (If Applicable)	

閣下授意披露及轉移的資訊將包括但不限於 Information that you wish to be disclosed and transferred shall include but not limited to:

- 個人資訊 Personal Information: 電話號碼、電郵地址及傳真號碼 Telephone number, email address and fax number
- 戶口資訊 Account Information: 計劃生效日期、合約狀況、合約編號、累算權益、總戶口結餘、基金戶口結餘、基金交易詳情、計劃轉移金額、投資分佈、供款紀錄及任何關於賬戶的操作 Scheme effective date, contract status, contract number, accrued benefits, total account balance, account balance by fund, details of fund transaction, transfer-in amount, investment allocation, contribution history and any operations of the Accounts

(II) 撤銷強積金中介人資料 REVOCATION OF MPF INTERMEDIARY PARTICULARS

本人/本公司現申請撤銷之前的披露資料予強積金中介人同意書 I/We request to revoke my previous consent of disclosure of particulars to MPF Intermediary in respect of:

1. 強積金中介人名稱 Name of MPF Intermediary	
2. 強積金中介人註冊編號及代理編號 MPF Intermediary Registration No. & Agent Code	
3. 主事中介人名稱 Name of Principal Intermediary	

(III) 授權賬戶類別 MPF ACCOUNT(S) TO BE AUTHORIZED

賬戶類別 Account Type	僱主/成員帳戶號碼 Employer/Member Account No.
<input type="checkbox"/> 個人賬戶 Personal Account	
<input type="checkbox"/> 自僱人士賬戶 Self-Employed Person Account	
<input type="checkbox"/> 僱主供款賬戶 Employer Contribution Account	
<input type="checkbox"/> 特別自願性供款賬戶 Special Voluntary Contribution Account	
<input type="checkbox"/> 可扣稅自願性供款賬戶 Tax Deductible Voluntary Contribution Account	

(IV) 僱主/申請人聲明及簽署 EMPLOYER/APPLICANT DECLARATION AND SIGNATURE

本人/本公司撤銷有關同意受託人披露及轉移上列指定之個人資訊及戶口資訊予(II)部提及之強積金中介人以協助管理本人/本公司之強積金戶口之同意書。I/We revoke the consent to give authorization to the Trustee, to disclose and transfer personal information and account information as specified above (“Information”) to the MPF intermediary mentioned in Part (II) in order to assist me/us to manage MPF Accounts.

申請人/授權簽署及公司印章
Applicant/Authorized Signature(s) with
Company Chop

申請人/簽署人姓名
Name of Applicant/Signatory(ies)

日期 Date (日 DD/月 MM/年 YYYY)

公司專用 For Official Use Only			
Input by :	Date :	Verified by :	Date :