

SUN LIFE RAINBOW MPF SCHEME
EMPLOYER INFORMATION CHANGE FORM
永明彩虹強積金計劃
僱主資料更改表格

Notes:

- The changes filled in this form will supersede any previous information / form(s) which has/have been submitted to the Administrator. 本表格所列之更改將取代所有其他之前已遞交行政管理人的資料/表格。
- All sections below should be completed in English BLOCK letters except the Chinese name of the Employer. 除了僱主的中文名稱外，所有部份須以英文正楷填寫。

Part I Employer Details 第一部份 僱主資料

Employer Name (English) 僱主名稱 (英文)	(Chinese, if any) (如有中文)
Employer Number 僱主編號	Reporting Centre Number 隸屬中心編號

Part II New Details (Only Complete Sections Which Have Changed) 第二部份 新資料 (只需填上更改部份)

(Please put a tick ✓ in the appropriate box 請在適當的方格上填上 ✓ 號)

Change of Employer Name / Address / Company Chop Specimen 更改僱主名稱 / 地址 / 公司印章式樣

New Employer Name (English)*
新僱主名稱 (英文)* _____
(Chinese, if any)*
(如有中文)* _____

New Registered Address*
新註冊辦事處* _____

New Correspondence Address (if different from the registered address)
新通訊地址 (如與註冊辦事處不同) _____

*Note: Please attach copy of the new Business Registration Certificate and/or the Certificate of Incorporation on Change of Name for the above changes, new company chop must be approved by existing company chop. 注意: 請提供新的商業登記之副本及 / 或公司更改名稱註冊證書以更改以上資料, 及由現公司印章核准新公司印章式樣之申請。

Change of Reporting Center Name 更改隸屬中心名稱

Change of Contact 更改聯絡資料

Name of Contact Person 聯絡人姓名	Position 職銜	Title 稱銜	Mr/Ms/Miss/Others# 先生/女士/小姐/其他#
New Telephone No. 新電話號碼	New Fax No. 新傳真號碼	New Email Address 新電郵地址	

Change of Participation Date to the Plan 更改參與計劃日期 _____ (dd 日/mm 月/yyyy 年)

Change of Payroll Frequency 更改發放薪金形式 (The change will be applied to all members, otherwise, please specify affected Category of Employees or names of the affected Employees 此修改將適用於所有成員, 否則請列明受影響之僱員類別或受影響之僱員姓名: _____)
(The Payroll Frequency will be applied both to Mandatory and Voluntary Contribution, if any. 發放薪金形式將適用於強制性及自願性供款 (如適用))

IMPORTANT NOTES 重要事項:
This request may be subject to the approval of the Mandatory Provident Fund Schemes Authority (the "Authority"). If the Authority's approval is required, the Final Effective Date of the change stated on this form will be taken as the later of the below stated Effective Date of Change or the final Approved Effective Date as authorised by the Authority. 有關修改或需經強制性公積金計劃管理局批核, 需經由強制性公積金計劃管理局批核之有關修改的最終生效日期將以下列生效日期或強制性公積金計劃管理局授權的批准生效日期兩者中較後者為準。
(Effective Date of Change 生效日期 _____ (dd 日/mm 月/yyyy 年))

New Payroll Frequency 新發放薪金形式	<input type="checkbox"/> Yearly 每年	<input type="checkbox"/> Monthly 每月	<input type="checkbox"/> Semi-Monthly 每半個月	New Payroll Period 新薪金週期	From 由	To 至
	<input type="checkbox"/> Fortnightly 每兩星期	<input type="checkbox"/> Weekly 每星期				

Change of Contribution Payment Method 更改供款方法

DIRECT DEBIT 直接付款 (PLEASE COMPLETE DIRECT DEBIT AUTHORIZATION FORM IF YOU HAVE NOT PROVIDED IT PREVIOUSLY. 若閣下以往未曾遞交有關授權書, 請另行填寫直接付款授權書。)

PAYMENT BY CHEQUE 支票付款 (THE CHEQUE SHOULD BE MADE PAYABLE TO "SUN LIFE TRUSTEE COMPANY LIMITED - SUN LIFE RAINBOW MPF SCHEME") 支票抬頭人為「永明信託有限公司-永明彩虹強積金計劃」)

Remittance Statement Arrangement 供款通知書安排

Prepared by Employer 由僱主自備

Prepared by Employer via ePayroll 由僱主使用 e 發薪電腦系統列印

Prepared by Sun Life Hong Kong Limited (Incorporated in Bermuda) 由香港永明金融有限公司 (於百慕達註冊成立) 列印



Update Authorised Signatories 更新授權簽署人 (Please complete the following or provide an updated full authorised signatories list on a separate sheet, the update of authorised signatories should be approved by existing authorised signer(s). 請填妥以下資料或另附紙張提供全部授權人之簽署名單，及由現任授權簽署人核准更新授權簽署人之申請。)

Name of Authorised Signatory 獲授權人姓名(if applicable 如適用)

Official Title 職銜 (if applicable 如適用)

Specimen of added Signature 新增簽署式樣

Add / Delete#
1. 新增 / 取消#

Add / Delete#
2. 新增 / 取消#

Please delete whichever is inappropriate 請刪除不適用者

PART III OTHER INFORMATION 第三部份 其他資料 PLEASE PROVIDE OTHER INFORMATION IN THE FOLLOWING SPACE OR ON A SEPARATE SHEET. 請於以下空白位置或另附紙張提供其他更改資料。

Part IV Declaration 第四部份 聲明

We, the Employer, hereby confirm that the above details and the attached information (if any) are true and correct.
本公司(僱主)謹此確定以上細則及附上之資料(如有)皆為真實正確。

For and on behalf of the Employer 謹代表僱主
Authorised Signature(s) with Company Chop 授權人簽署及公司印章

Date 日期(dd 日/mm 月/yyyy 年)

Please send the completed form to: Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited
22/F, China Resources Building, 26 Harbour Road, Wanchai, Hong Kong Tel 3183 1888 Fax 3183 1889

請將填妥表格交予: 永明彩虹強積金計劃行政管理人-卓譽金融服務有限公司
香港灣仔港灣道 26 號華潤大廈 22 樓 電話 3183 1888 傳真 3183 1889