

請將本表格連同所需文件一併遞交。  
Please return this form with the required document(s).

## 永明彩虹強積金計劃 — 僱主資料更改表格

### SUN LIFE RAINBOW MPF SCHEME – EMPLOYER INFORMATION CHANGE FORM

本表格所列之更改將取代所有之前已遞交行政管理人的指示。如需要更新授權人士及 / 或其資料，請填寫及遞交「更新授權人及資料表格」。This form will supersede any previous instruction(s) which has/have been submitted to the Administrator. For any update to authorised signatories and / or their information, please complete and submit "UPDATE AUTHORISED SIGNATORIES AND INFORMATION FORM".

所有部分須以英文正楷填寫。 All sections below should be completed in English in Block letters.

#### 第一部分 Section I 僱主資料 EMPLOYER DETAILS

僱主名稱(英文)  
Employer Name (English) \_\_\_\_\_

中文名稱(如有)  
Chinese Name (if any) \_\_\_\_\_

僱主編號  
Employer No. \_\_\_\_\_

隸屬中心編號  
Reporting Centre No. \_\_\_\_\_

#### 第二部分 Section II 更新資料 CHANGE OF INFORMATION

請在適當方格加上剔號 (✓)。 Please check (✓) the appropriate boxes.

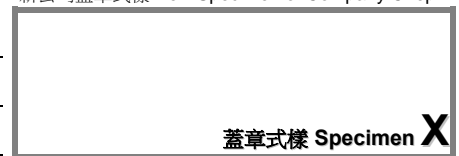
更改僱主名稱 / 地址 / 公司蓋章式樣 Change of Employer Name / Address / Company Chop Specimen

新公司蓋章式樣 New Specimen of Company Chop

新僱主名稱(英文)<sup>1</sup>  
New Employer Name (English)<sup>1</sup> \_\_\_\_\_

中文名稱(如有)<sup>1</sup>  
Chinese Name (if any)<sup>1</sup> \_\_\_\_\_

新註冊辦事處<sup>1</sup>  
New Registered Address<sup>1</sup> \_\_\_\_\_



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

更改隸屬中心名稱 Change of Reporting Centre Name \_\_\_\_\_

更改聯絡資料 Change of Contact

聯絡人姓名  
Name of Contact Person \_\_\_\_\_

職銜  
Job Title \_\_\_\_\_

稱謂 先生/女士/小姐/其他\*  
Title Mr/Ms/Miss/Other\* \_\_\_\_\_

新電話號碼  
New Telephone No. \_\_\_\_\_

新傳真號碼  
New Fax No. \_\_\_\_\_

新電郵地址  
New Email Address \_\_\_\_\_

更改參與計劃日期 Change of Participation Date to the Plan \_\_\_\_\_ (日/月/年 DD/MM/YYYY)

更改發放薪金形式<sup>2</sup> Change of Payroll Frequency<sup>2</sup>

此修改將適用於所有成員，否則請列明受影響之成員類別或受影響之成員姓名：  
The change will be applied to all members, otherwise, please specify affected Category of Members or names of the affected Members: \_\_\_\_\_

**重要事項 IMPORTANT NOTES:**

有關修改或需經強制性公積金計劃管理局(「積金局」)批核，需經由積金局批核之有關修改的最終生效日期將以下列生效日期或積金局授權的批准生效日期兩者中較後者為準。

This request may be subject to the approval of the Mandatory Provident Fund Schemes Authority (the "MPFA"). If the MPFA'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 MPFA.

生效日期 Effective Date of Change \_\_\_\_\_ (日/月/年 DD/MM/YYYY)

新發放薪金形式  
New Payroll Frequency

每年 Yearly     每月 Monthly     每半個月 Semi-Monthly     每兩星期 Fortnightly     每星期 Weekly

新薪金週期  
New Payroll Period

由 From \_\_\_\_\_ 至 To \_\_\_\_\_  
(日/月 DD/MM) (日/月 DD/MM)

\* 請刪除不適用者。 Please delete whichever is inappropriate.

**備註 Notes:**

1 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，新公司蓋章式樣之申請須由現任授權簽署人核准並附上現公司蓋章。  
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 authorised signer(s) with existing company chop.

2 發放薪金形式將適用於強制性及自願性供款(如適用)。  
The Payroll Frequency will be applied both to Mandatory and Voluntary Contribution (if any).



更改供款方法 Change of Contribution Payment Method

直接付款 Direct Debit

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。Please complete Direct Debit Authorization Form if you have not provided it previously.

支票付款 Payment by cheque

支票抬頭人為「永明信託有限公司－強積金」。  
The cheque should be made payable to "Sun Life Trustee Company Limited – MPF".

供款通知書安排 Remittance Statement Arrangement

由僱主自備 Prepared by Employer

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

### 第三部分 Section III 其他資料 OTHER INFORMATION

請於以下空白位置或另附紙張提供其他更改資料。Please provide other information in the following space or on a separate sheet.

### 第四部分 Section IV 個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

本人/吾等明白及同意永明信託有限公司(「受託人」)可以將其所收集的任何個人資料(不論由此申請表所收集或由其他途徑取得)作以下用途:

(i) 處理本人/吾等的此項申請及任何其他申請；(ii) 為本人/吾等參與本計劃；(iii) 管理本人/吾等於本計劃的供款和累算權益的事宜；(iv) 進行客戶調查；(v) 為客戶研究及設計金融、保險或退休金產品；(vi) 為本人/吾等甄選及參與獎賞、忠實或特選客戶計劃；(vii) 因上述目的與本人/吾等聯絡；(viii) 與上述目的直接有關的任何其他目的；及 (ix) 為遵守適用的法例、法規或法庭命令。

受託人可為以上目的披露本人/吾等的個人資料予 (a) 為協助受託人就上述用途(不論在香港或其他地方) 而提供服務的第三方，包括計劃管理人(條件是有關承辦商須把所有個人資料保密並只會為提供有關服務而使用個人資料)；(b) 本人/吾等的銀行作繳款用途；(c) 本人/吾等的保險經紀(如有)；(d) 本人/吾等的強積金中介人；(e) 受託人的關連公司(根據公司條例訂明)包括保險公司及金融服務機構；(f) 受託人及其關連公司(不論在香港與否) 為遵守監管當局或其他機構發出之指引或其就法例、法規或法庭頒令所約束或規定之責任而需向其作出披露的任何人士；及(g) 按法例要求或准許的其他人士。

受託人可就法例准許或於獲得本人/吾等的同意後披露或將本人/吾等的個人資料作其他用途。

本人/吾等明白本人/吾等所提供之個人資料均屬自願，然而倘若未能提供所需個人資料，可導致受託人無法處理本人/吾等的申請。本人/吾等有權查閱及要求更正受託人持有有關本人/吾等的個人資料，有關要求可以書面形式郵寄至香港九龍紅磡德輔街 18 號海濱廣場一座 10 樓卓譽金融服務有限公司退休金管理部經理。受託人可就處理任何該等要求收取合理費用。

I/We understand and consent that, any personal data collected by Sun Life Trustee Company Limited ("Trustee") (whether collected in this application form or otherwise) may be used by the Trustee for the following purposes:

(i) processing this application and any other applications I/we make; (ii) enrolling me/us in the Scheme; (iii) administering and managing my / our contributions and accrued benefits under the Scheme; (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for customer use; (vi) selecting and participating in reward, loyalty or privileges program and related service for me/us; (vii) contacting me/us for the above purposes; (viii) purposes which are directly related to the above purposes; and (ix) complying with applicable laws, regulation or court order.

The Trustee may disclose my/our personal data for the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist the Trustee to carry out the above purposes, including scheme administrator (provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services); (b) to my/our bank for payment purposes; (c) to my/our insurance broker (if any); (d) to my MPF intermediaries; (e) to the Trustee's related companies (as defined in the Companies Ordinance) including insurance companies and financial services companies; (f) to any person to whom the Trustee or it's related companies (inside or outside Hong Kong) is under an obligation to make disclosure under the requirements of any law, regulation or court order binding on or applying to or to which the Trustee or its related companies (inside or outside Hong Kong) is subject to, or under and for the purposes of any guidelines issued by regulatory or other authorities with which the Trustee or its related companies (inside or outside Hong Kong) is expected to comply and (g) as otherwise required or permitted by law.

The Trustee may also use and disclose my/our personal data in other ways with my/our consent or as otherwise required or permitted by law.

I/We understand that the information I/we give is voluntary, but failure to provide the requested personal data may mean the Trustee is unable to process my/our application. I/We have the right to seek access to and request correction of any personal data the Trustee holds about me/us by sending a written request to The Manager, Pensions Administration Department, BestServe Financial Limited, 10/F, One HarbourFront, 18 Tak Fung Street, Hung Hom, Hong Kong. The Trustee may charge a reasonable fee for the processing of any such requests.

### 第五部分 Section V 聲明及授權 DECLARATION AND AUTHORISATION

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。

We, the Employer, hereby confirm that the above details and the attached information (if any) are true and correct.

謹代表僱主 For and on behalf of the Employer

授權人簽署及公司蓋章 Authorised Signature(s) with Company Chop

姓名 Name : \_\_\_\_\_

職銜 Title : \_\_\_\_\_

請簽署及蓋章 Please sign & chop here 

日期 Date : \_\_\_\_\_

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  
香港九龍紅磡德輔街 18 號海濱廣場一座 10 樓 電話 3183 1888 傳真 3183 1889

Please send the completed form to: Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited  
10/F, One Harbourfront, 18 Tak Fung Street, Hunghom, Kowloon, Hong Kong Tel 3183 1888 Fax 3183 1889