

MPF-EXEMPTED ORSO SCHEME 獲強積金豁免的職業退休計劃
MINIMUM MPF BENEFITS (MMB) TRANSFER FORM 最低強積金利益轉移表格

Note 注意:

- ◆ This form can **ONLY** be used by new members, who joined an MPF-exempted ORSO scheme after 1 December 2000, to transfer the Minimum MPF Benefits (MMB) accrued under that scheme to an MPF registered scheme. 此表格只適合在二零零零年十二月一日後參加獲強積金豁免的職業退休計劃的成員用作轉移在此計劃累積的最低強積金利益至註冊強積金計劃。
- ◆ Please use blue or black ball pen and complete this Form in BLOCK LETTERS. 請以藍色或黑色原子筆及正楷填寫此表格。
- ◆ All amendments should be signed. 如有任何刪改，必須在旁加簽。
- ◆ Should you have any question when completing this Form, please contact INVESCall Member Hotline at (852) 2842-7878. 如閣下於填寫表格時有任何疑問，請致電景順積金熱線 (852) 2842-7878 查詢。
- ◆ Please mail the completed Form to "Bank Consortium Trust Company Limited, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong". 請將填妥表格寄往香港皇后大道中 183 號中遠大廈 18 樓，銀聯信託有限公司收。

Section One – Member Information 第一部份 – 成員資料

Name of Employer 僱主名稱 (English 英文)			
Name of Employee 僱員姓名 (Must be identical to HKID Card / Passport 必須與香港身份證/護照相同)			
<input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Prof. 教授 <input type="checkbox"/> Dr. 醫生/博士			
English 英文		Chinese 中文	
Surname 姓 _____			
First Name 名 _____			
HKID Card/Passport* No. 香港身份證/護照*號碼	Date of Birth 出生日期		Sex 性別
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
DD 日	MM 月	YYYY 年	
Home Phone Number 住宅電話號碼		Office Phone Number 辦公室電話號碼	
Mobile Phone Number 手提電話號碼		Fax Number 傳真號碼	
E-mail Address 電郵地址			
Residential Address 住址 ^			
Flat /Rm. 室	<input type="text"/>	Floor 樓	<input type="text"/>
Block 座	<input type="text"/>		
Name of Building/ Estate 大廈/屋苑 <input type="text"/>			
Number & Name of Street 街名及街號 <input type="text"/>			
District 地區 <input type="text"/>			H.K. 香港 / Kln. 九龍 / N.T. 新界*

* Please circle as appropriate. 請圈出適當一項。

^ Pursuant to Section 91(2) of the MPF Schemes (General) Regulation, you are required to provide your residential address to the Scheme Trustee. 按強制性公積金計劃(一般)規例條次 91(2)所要求，閣下須向受託人提供閣下的住址資料。

Section Two – MMB Transfer Information 第二部份 – 最低強積金利益轉移資料

Details of the account(s) from which my MMB are to be transferred

要求轉移最低強積金利益所屬的帳戶資料：

Name of the ORSO scheme :

職業退休計劃名稱：

Section Three – MMB Transfer Options 第三部份 – 轉移最低強積金利益的選擇

(Please tick ONLY one box 請在其中一個空格填上✓號)

The MMB referred to in Section Two are to be transferred to the following MPF Scheme :

本人選擇把以上第二部份所註明的最低強積金利益轉移至以下強積金計劃：

Account with new employer 轉移至本人新僱主就本人開立的帳戶

Name of new employer 新僱主名稱：

New employer's participation number** 新僱主參與編號**：

Name of the trustee 受託人名稱：

Name of the MPF scheme 強積金計劃名稱：

Member's account number### 成員帳戶號碼###：

Existing / new# account in a master trust / industry scheme / employer sponsored scheme#

轉移至本人在集成受託計劃/行業計劃/僱主營辦計劃#內的現有/新#帳戶

Name of the trustee 受託人名稱：

Name of the MPF scheme 強積金計劃名稱：

Member's account number### 成員帳戶號碼###：

** The participation number is the number printed on the MPF Participation Certificate issued by the MPFA to the participating employer.
參與編號指強積金管理局發給參與僱主的強積金參與證明書上的編號。

Please circle as appropriate 請將適用者圈出

Leave it blank if you have newly joined the scheme and are not aware of your account number in the new scheme. 如閣下因新加入計劃而未知悉新帳戶的號碼，可留空不填。

Section Four – Declarations 第四部份 – 聲明

1. I confirm that I did not join the MPF-exempted ORSO scheme specified in Section Two until after 1 December 2000 and that to the best of my knowledge and belief I am entitled under the Mandatory Provident Fund Schemes (Exemption) Regulation to direct the Trustee to transfer my MMB to the MPF scheme specified in Section Three.

本人確認是在二零零零年十二月一日後才參與在第二部份所填寫的獲強積金豁免的職業退休計劃，並且根據本人所知及相信，已從強制性公積金計劃(豁免)規例中獲取資格指示受託人轉移本人最低強積金利益至第三部份填寫的強積金計劃。

2. I confirm that the information provided by me on this Form is accurate and complete. I authorize the Trustee to confirm this from any source the Trustee may choose. 本人確定在此表格上填寫的資料均屬正確無訛，並無缺漏。本人授權受託人用任何渠道確實資料的真確。

3. I understand that the Trustee **MAY NOT** be able to process this instruction if I fail to provide any information requested in this Form or submit this Form before the specified time. 本人明白倘若本人未能提供本表格所需的資料或未能在指定時間前遞交表格，受託人將可能無法處理有關指示。

Signature of Member 成員簽署

(Must be identical to the Trustee's record 必須與受託人的記錄相符)

Date 日期

BCT use only 銀聯信託專用：	Document Received Date:	Inputted By:	Checked By:	Remarks:
		Date Inputted:	Date Checked:	