

Personal Information Collection Statement 收集個人資料聲明

The personal data provided by or in respect of Members and Participating Employers of the AMTD MPF Scheme (the “Scheme”) (concerning application records and operational records and / or their dealing / transaction details records) will only be accessed and handled by properly authorised staff of Bank Consortium Trust Company Limited (“BCTC”, the trustee of the Scheme), the sponsor of the Scheme (currently oOo Securities (HK) Group Limited (formerly known as orientiert XYZ Securities Limited) (“orientiert”) and their properly authorised service providers, employees, officers, directors and agents, and auditors of the Scheme, and may be used, disclosed and / or transferred (whether in or outside Hong Kong) to such persons as BCTC or any of its service providers may consider necessary, including governmental authorities and regulators, for any of the following purposes: (i) exercising or performing the functions conferred or imposed by or under or for the purposes of the Mandatory Provident Fund Schemes Ordinance (“Ordinance”); (ii) providing services in respect of Mandatory Provident Fund and the Scheme including the processing, administering, managing, and analysing of their, as the case may be, contributions, accrued benefits and portfolios and direct marketing of Mandatory Provident Fund services; (iii) improving the provision of Mandatory Provident Fund services by BCTC to customers generally (including the facilitation of the provision of Mandatory Provident Fund services to enable the customers of BCTC generally to access Mandatory Provident Fund (or other) account details, for example, through the internet; (iv) compliance with applicable laws and regulations, and court order and / or (v) any other purposes for the exercise or performance of the above mentioned functions. If there is any change in the information provided, BCTC should be notified as soon as practicable. Failure to provide the information requested may result in BCTC being unable to process the instructions. All such information may be retained after Members and Participating Employers ceased to participate in the Scheme.

Members and Participating Employers have a right to request access to and correction of any personal data or to request that personal data about them not be used for direct marketing purposes. Requests can be made in writing to the Data Protection Officer at BCTC, 18/F Cosco Tower, 183 Queen’s Road Central, Hong Kong. Under the Personal Data (Privacy) Ordinance, Members and Participating Employers have the right to obtain a copy of information held about Members and Participating Employers and for which the Members and Participating Employers may be charged a fee.

由 AMTD 強積金計劃（「本計劃」）的成員及參與僱主所提供或相關之個人資料（有關申請及運作記錄）及 / 或他們的買賣 / 交易細節記錄僅供銀聯信託有限公司（「銀聯信託」，本計劃之受託人）、本計劃之保薦人（現為奧霸驚集團(香港)證券有限公司(前稱 orientiert XYZ Securities Limited)（「orientiert」）及它們正式授權之服務供應商、僱員、主任、董事及代理及本計劃之核數師使用及處理，及在銀聯信託或其任何服務供應商認為有需要時，或會被使用、披露及 / 或轉移（在香港境內或境外）予個別人士，包括政府機關及監管機構作以下列任何之目的：（一）行使或執行強制性公積金計劃條例（「條例」）下所授予或施加之職能或根據該條例的目的而行使或執行職能；（二）提供強制性公積金及本計劃的服務包括處理、掌管、管理及分析供款、累算權益及投資組合，視乎情況而定，及直銷強制性公積金服務；（三）改善銀聯信託提供予客戶一般之強制性公積金服務（包括協助提供強制性公積金服務以令銀聯信託之客戶可經例如互聯網處理強制性公積金(或其他)戶口資料)；（四）遵守適用之法律及規例及法院命令及 / 或（五）任何以行使或執行上述職能作目的之用途。如所提供資料有所變更，應在可行的情況下儘快通知銀聯信託。未能提供所需資料可能導致銀聯信託不能處理有關指示。於成員及參與僱主停止參與本計劃後，受託人仍可保留上述所有資料。

成員及參與僱主有權要求查閱或更改任何個人資料或要求個人資料不被用作直銷之用。可以書面聯絡銀聯信託之資料保護主任，香港皇后大道中 183 號中遠大廈 18 樓。根據個人資料(私隱)條例，成員及參與僱主有權在支付費用的情況下，索取一份有關成員及參與僱主的資料副本。

Notes 備註：

- (1) Employers should state clearly in this Remittance Statement the following information for each new employee:
僱主必須為每名新僱員在此付款結算書上清楚註明：
 - (a) The Relevant Income for each of the relevant contribution periods included in this statement;
此結算書所包括的每段有關供款期內的有關入息；
 - (b) The respective employer's and employee's contributions for each of these periods;
僱主及僱員在每段供款期的各自供款；
 - (c) Employees whose Relevant Income is zero (such as those on no-paid leave) should also be reported in this part, please specify “0” in the column of “Relevant Income”; and
沒有任何有關入息的僱員（如正支取無薪假期的僱員）仍須在此部分填報，請在「有關入息」項目下註明「0」；以及
 - (d) If there is employee termination, please complete and submit the “Employee Termination Notice”.
如有僱員離職，請填寫及遞交「僱員離職通知書」。
- (2) The Date of Employment in this statement should be the same as the Date of Employment in the “Member Enrolment Form”.
本結算書上所列明之受僱日期必須與「成員參加表格」之受僱日期相同。
- (3) Basic salary is used in the calculation of voluntary contributions only.
基本入息只適用於計算自願性供款。
- (4) “Relevant Income” has the meaning ascribed to the term by the Mandatory Provident Fund Schemes Ordinance as amended from time to time.
「有關入息」之定義已載於強制性公積金條例內並不時作出修訂。
- (5) After taking into account the contribution holiday.
不包括僱員受僱的免供期。（因毋須供款）
- (6) The surcharge shall be calculated according to the “Payment Notice” issued by the Mandatory Provident Fund Schemes Authority.
供款附加費之計算將根據強制性公積金計劃管理局所發出之「拖欠供款附加費通知書」為準。
- (7) The cheque should be made payable to “Bank Consortium Trust Company Limited as trustee of AMTD MPF Scheme”.
支票抬頭請註明為「銀聯信託有限公司 - AMTD 強積金計劃」。

I / We declare that to the best of my / our knowledge and belief, the information given in this statement and its attachments is correct and complete.

本人 / 吾等聲明，盡本人 / 吾等所知及所信，本結算書及隨附文件所提供的資料均屬正確無訛且並無缺漏。

S.V.

Authorised Signature(s) with Company Stamp 有效簽署及公司印章

Date 日期 (D 日 / M 月 / Y 年)

Trustee & Administrator 受託人及行政管理人 : Bank Consortium Trust Company Limited 銀聯信託有限公司

18/F Cosco Tower, 183 Queen’s Road Central, Hong Kong 香港皇后大道中 183 號中遠大廈 18 樓

To 致: Bank Consortium Trust Co. Ltd. 銀聯信託有限公司
 c/o oOo Securities (HK) Group Limited (formerly known as orientiert XYZ Securities Limited)
 奧霸驚集團(香港)證券有限公司 (前稱orientiert XYZ Securities Limited)
 Room 3301, Tower One, Lippo Centre, No.89 Queensway, Central, Hong Kong 香港金鐘道89號力寶中心1座33樓3301室

Fax 傳真: (852) 2172 0999 AMTD MPF Hotline AMTD 強積金熱線: (852) 2172 0909 Website 網址: www.oogroup.xyz

Name of Plan 計劃名稱 : AMTD MPF Scheme AMTD 強積金計劃

Scheme Registration No. 計劃註冊編號 : MT00539

Contributions for the contribution period from (Note A) : 供款期由 (註 A)

to

(D 日 / M 月 / Y 年)

(D 日 / M 月 / Y 年)

Name of Employer 僱主名稱

Name of Contact Person

聯絡人姓名

Telephone No. 電話號碼

Participating Plan No.

參與計劃編號

Part II - For Existing Employees (Note B)

第 II 部分 – 適用於現有僱員 (註 B)

No. 編號	Name of Employee (Surname first) 僱員姓名 (姓氏先行)	HKID Card No. or Membership No. 香港身份證號 碼 或 成員編號	Basic Salary (Note C) 基本入息 (註 C) (HK\$ 港元)	Relevant Income (Note D) 有關入息 (註 D) (HK\$ 港元)	Employer's Contributions 僱主供款		Employee's Contributions 僱員供款		Total 合計			Termination Details 離職詳情			
					(a) Mandatory Contributions 強制性供款 (HK\$港元)	(b) Voluntary Contributions 自願性供款 (HK\$港元)	(c) Mandatory Contributions 強制性供款 (HK\$港元)	(d) Voluntary Contributions 自願性供款 (HK\$港元)	(e) = (a) + (c) Mandatory Contributions 強制性供款 (HK\$港元)	(f) = (b) + (d) Voluntary Contributions 自願性供款 (HK\$港元)	(g) Surcharge For Mandatory Contributions (Note E) 供款附加費 (註 E) (HK\$港元)	Last Date of Employment (D-M-Y) 最後受僱日 期 (日-月-年)	Termination Reason (Note 1) 離職原因 (註 1)	Claim of LSP / SP Paid by Employer (Note 2) 申索僱主已 付之長期服 務金 / 遣散 費金額 (註 2) (HK\$港元)	Internal Use Only 內部專用
1															
2															
3															
4															
5															
6															
Sub-total 小計:															
					Sub-total 小計:										
					Total 合計:										

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Trustee & Administrator 受託人及行政管理人 : Bank Consortium Trust Company Limited 銀聯信託有限公司

18/F Cosco Tower, 183 Queen’s Road Central, Hong Kong 香港皇后大道中 183 號中遠大廈 18 樓

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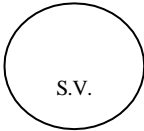
成員及參與僱主有權要求查閱或更改任何個人資料或要求個人資料不被用作直銷之用。可以書面聯絡銀聯信託之資料保護主任，香港皇后大道中 183 號中遠大廈 18 樓。根據個人資料(私隱)條例，成員及參與僱主有權在支付費用的情況下，索取一份有關成員及參與僱主的資料副本。

Notes 備註：

- (A) Each Remittance Statement is only for one contribution period.
每張付款結算書只適用於同一段供款期。
- (B) Employers should state clearly in this Remittance Statement the following information for each existing employee:
僱主必須為每名現有僱員在此付款結算書上清楚註明：
- (a) The Relevant Income for each of the relevant contribution periods included in this statement;
此結算書所包括的每段有關供款期內的有關入息；
- (b) The respective employer's and employee's contributions for each of these periods; and
僱主及僱員在每段供款期的各自供款；以及
- (c) Employees whose Relevant Income is zero (such as those on no-paid leave) should also be reported in this part, please specify “0” in the column of “Relevant Income”.
沒有任何有關入息的僱員 (如正支取無薪假期的僱員) 仍須在此部分填報，請在「有關入息」項目下註明「0」。
- (C) Basic salary is used in the calculation of voluntary contributions only.
基本入息只適用於計算自願性供款。
- (D) “Relevant Income” has the meaning ascribed to the term by the Mandatory Provident Fund Schemes Ordinance as amended from time to time.
「有關入息」之定義已載於強制性公積金條例內並不時作出修訂。
- (E) The surcharge shall be calculated according to the “Payment Notice” issued by the Mandatory Provident Fund Schemes Authority.
供款附加費之計算將根據強制性公積金計劃管理局所發出之「拖欠供款附加費通知書」為準。
- (1) It is required to provide the termination reason if the employer requests to offset Long Service Payment / Severance Payment (“LSP / SP”) against the accrued benefits derived from employer’s contributions or there are accrued benefits attributable to employer’s voluntary contributions in the employee’s account.
如僱主要求把長期服務金 / 遣散費與僱主供款部份的累算權益對沖或僱員戶口內的累算權益包含有僱主自願性供款，僱主需要提供離職原因。
- | | |
|---|--|
| Termination Reason 離職原因 | |
| ‘01’ – Retirement 退休 | ‘04’ – Resignation / Contract Completion 辭職 / 合約完結 |
| ‘02’ – Total Incapacity 完全喪失行為能力 | ‘05a’ – Dismissal (Forfeiture of ERVC’s vested benefit) ^{Note 3}
解僱 (喪失已歸屬之僱主自願性供款權益) ^{註 3} |
| ‘03’ – Death 死亡 | ‘05b’ – Dismissal (Non-forfeiture of ERVC’s vested benefit)
解僱 (保留已歸屬之僱主自願性供款權益) |
| ‘07’ – Early Retirement 提早退休 | |
| ‘14’ – Redundancy 裁員 / 遣散 | ‘06’ – Transfer to Associated Company / Transfer due to Change of Business Ownership ^{Note 4}
聯繫公司之轉職 / 因業務擁有權變動之轉職 ^{註 4} |
| ‘T1’ – Terminal Illness 罹患末期疾病
(only if known to employer 只適用於僱主知悉下填寫) | |
- (2) Employer MUST complete this part for claiming reimbursement of Long Service Payment / Severance Payment (LSP / SP) amount from employer's contribution account. In addition, please provide supporting documents, e.g. original LSP / SP Receipt duly signed by employee and employer.
僱主若申請從僱主之供款戶口中發還已付之長期服務金 / 遣散費，必須填寫此欄。此外，請提供有關文件，如：僱員及僱主簽妥之長期服務金 / 遣散費收款證明書之正本。
- (3) This termination reason is only applicable to member who has been dismissed by the employer because of fraud, dishonesty or gross misconduct against the employer.
此離職原因只適用於如因欺詐、不誠實或行為粗鄙失當而遭僱主解僱之僱員。
- (4) For transfer between associated companies or due to change of business ownership, please complete the “Transfer of Accrued Benefits Upon Intra-group Transfer / Change of Business Ownership” form and submit the required documents to us.
如屬於聯繫公司或因業務擁有權變動之轉職，請填妥「聯繫公司 / 更改業務擁有權之成員累算權益轉移」及遞交所需之文件。
- (5) In order to expedite the process to reimburse LSP / SP amount from employer's contribution account, please submit the completed “Payment of Accrued Benefits Form (For Scheme Member)” or “Request for Fund Transfer Form (For Scheme Member)” of the relevant employee(s) against whom LSP / SP amount(s) is / are claimed; otherwise, the reimbursement will be paid in approximately 120 days from the date the “Employee Termination Notice” is received.
為加快處理發還長期服務金 / 遣散費中僱主供款之歸屬部份，請遞交有關僱員已填妥之「累算權益申索表格 (計劃成員適用)」或「資金轉移表格 (計劃成員適用)」，否則，退款將於收到「僱員離職通知書」當日計起約 120 日內付清。
- (6) Employee should not be terminated if there is residual payment to be made to the employee. Employer should submit “Employee Termination Notice” for the relevant employee(s) when all the residual payment(s) and relevant contribution(s) have been made accordingly.
若尚欠剩餘付款未繳付予僱員，僱員之記錄不應包括在此表格內。僱主應在清繳所有剩餘款項及有關供款後才遞交有關僱員之「僱員離職通知書」。
- (7) The cheque should be made payable to “Bank Consortium Trust Company Limited as trustee of AMTD MPF Scheme”.
支票抬頭請註明為「銀聯信託有限公司 - AMTD 強積金計劃」。

Trustee & Administrator 受託人及行政管理人 : Bank Consortium Trust Company Limited 銀聯信託有限公司
18/F Cosco Tower, 183 Queen’s Road Central, Hong Kong 香港皇后大道中 183 號中遠大廈 18 樓

I/ We declare that to the best of my / our knowledge and belief, the information given in this statement and its attachments is correct and complete.
本人 / 吾等聲明，盡本人 / 吾等所知及所信，本結算書及隨附文件所提供的資料均屬正確無訛且並無缺漏。



Authorised Signature(s) with Company Stamp 有效簽署及公司印章

Date 日期 (D 日 / M 月 / Y 年)

Internal Use Only 內部專用							
< 60 days			With VC / ORSO		MP	MT	LSP/SP
No Cont.	With MC	With MT	Withdraw	Transfer	MA	Other Trustee	O/S Cont
Date Received:			Doc. Completion Date:				
Processed By:			Approved By:				