

To 致: Bank Consortium Trust Co. Ltd. 銀聯信託有限公司  
 c/o AMTD Global Markets Limited (formerly known as AMTD Asset Management Limited)  
 尚乘環球市場有限公司(前稱尚乘資產管理有限公司)

**FORM: AP(ER)-TCM**

23/F - 25/F Nexxus Building, 41 Connaught Road Central, Hong Kong 香港中環干諾道中41號盈置大廈23-25樓  
 Fax 傳真: (852) 3163-3493 AMTD MPF Hotline AMTD 強積金熱線: (852) 3163-3260 Website 網址: www.amtdgroup.com

## AMTD MPF Scheme – Application Form – Employer (and CRS Self-Certification) AMTD 強積金計劃 – 僱主申請書 (及共同匯報標準的自我證明)

**Note 注意**

- Please read the principal brochure (and any addendum thereto) of the AMTD MPF Scheme carefully before completing this form.  
 You can download the MPF Scheme Brochure at [www.amtdgroup.com](http://www.amtdgroup.com) or by scanning the QR code.  
 填寫此申請書前，請先細閱AMTD強積金計劃總說明書及任何其附錄的條款(如適用)。  
 您可透過瀏覽[www.amtdgroup.com](http://www.amtdgroup.com)或掃描二維碼以下載本計劃之強積金計劃說明書。
- Please mark “✓” in the appropriate box. 請於適用的方格內填上「✓」號。
- Please countersign any alterations made in this form. 如須作出任何刪改，請於刪改之位置旁簽署。



Part I. Employer Details 第I部份 僱主資料	
Name of Plan 計劃名稱	<b>AMTD MPF Scheme</b> <b>AMTD 強積金計劃</b>
Participating Plan No. (Internal Use Only) 參與計劃編號(內部專用)	
Name of Company 公司名稱	English <hr/> 中文
Business Registration No. (Please provide a copy of BR Certificate, where applicable) 商業登記證編號(如適用，請附上商業登記證副本)	
Registered Address 註冊地址	(“In-care-of” address and P.O. Box address will not be accepted. All correspondence will be sent to the following address. 「轉交」地址及郵政信箱恕不接受。所有通訊將寄往以下地址。) Flat / Room 室 _____ Floor 樓 _____ Block 座 _____ Building / Estate Name 大廈 / 屋苑名稱 _____ Street / Road 街道 _____ District 地區 _____ <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界    Overseas (Country and <sup>▽</sup> 海峽)(國家及城市) <sup>▽</sup> <input type="checkbox"/> China 中國 _____ (City 城市) <input type="checkbox"/> Others 其他 (Please specify 請說明) _____ (Country 國家) _____ (City 城市) <sup>▽</sup> For overseas address 適用於海外地址
Correspondence Address 通訊地址 (If different from Registered Address 如與註冊地址不同)	Flat / Room 室 _____ Floor 樓 _____ Block 座 _____ Building / Estate Name 大廈 / 屋苑名稱 _____ Street / Road 街道 _____ District 地區 _____ <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界    Overseas (Country and <sup>▽</sup> 海峽)(國家及城市) <sup>▽</sup> <input type="checkbox"/> China 中國 _____ (City 城市) <input type="checkbox"/> Others 其他 (Please specify 請說明) _____ (Country 國家) _____ (City 城市) <sup>▽</sup> For overseas address 適用於海外地址



**Part I. Employer Details 第 I 部份 僱主資料 (Continued 續)**

Contact Details 聯絡資料	Contact Person (Mr / Ms / Mrs*) 聯絡人(先生 / 女士 / 太太*)				
	Telephone No. 電話號碼	Country Code 國家號碼	Area Code 地區號碼	Phone No. 電話號碼	Ext. 內線
	Business 辦公室				
	Other Contact No. 其他聯絡號碼				
	E-mail Address 電郵地址				
Fax No. 傳真號碼			Company Website (if any) 公司網址(如有)		

Participating Plan Commencement Date  
參與計劃開始日期/ /  
D 日 / M 月 / Y 年Jurisdiction of Incorporation or Organization  
實體成立為法團或設立所在的稅務管轄區

Industry Classification 行業分類	<input type="checkbox"/> 001 Catering 飲食業	<input type="checkbox"/> 002 Building & Construction 建造業
	<input type="checkbox"/> 003 Manufacturing / Factories / Engineering 製造業 / 工廠 / 工程	<input type="checkbox"/> 004 Finance / Insurance / Business Services 金融 / 保險 / 商用服務業
	<input type="checkbox"/> 005 Real Estate / Property Management / Cleaning 地產業 / 物業管理 / 清潔	<input type="checkbox"/> 006 Entertainment / Retail / Personal Services / Media 娛樂 / 零售 / 個人服務業 / 傳媒
	<input type="checkbox"/> 007 Information Technology 資訊科技	<input type="checkbox"/> 008 Wholesale / Import & Export Trades 批發 / 出入口貿易
	<input type="checkbox"/> 009 Social Services / Education / Charities / Government Agencies 社會服務 / 教育 / 慈善 / 政府部門	<input type="checkbox"/> 010 Transportation & Logistics Services 運輸及物流服務
	<input type="checkbox"/> 998 Others 其他	

Is the company a regulated entity?  
公司是否受監管機構監管? No 否 Yes 是 (Please specify 請說明): SFC 證監會 HKEx 香港交易所 HKMA 金管局 Others 其他**Directors / Principals 董事 / 主事人**Please list the details of two directors / principals. Should you need to list more, please continue on a separate sheet and attach for submission.  
請列明兩位董事 / 主事人之詳情。如須列出其他董事 / 主事人，請於另紙作出補充並一併遞交。

1	Name 姓名	
	HKID Card / Passport* No. (Must provide a copy) 香港身份證 / 護照 * 號碼 (必須附上副本)	
2	Name 姓名	
	HKID Card / Passport* No. (Must provide a copy) 香港身份證 / 護照 * 號碼 (必須附上副本)	

\* Delete as appropriate 請刪去不適用者

**Part II. MPF Asset Transfer-in (If Any) 第 II 部份 強積金計劃轉入資產(如有)**

Is there any MPF / ORSO asset transfer-in? 是否有強積金 / 職業退休計劃之資產轉入?

 Yes 有 No 沒有 For MPF asset transfer-in, please complete the "Request for Fund Transfer Form (For Participating Employer)".  
強積金資產轉入，請填寫「資金轉移申請表格(參與僱主適用)」。 For ORSO asset transfer-in, please notify AMTD Global Markets Limited (formerly known as AMTD Asset Management Limited) or Bank Consortium Trust Company Limited separately.  
職業退休計劃資產轉入，請另行通知尚乘環球市場有限公司(前稱尚乘資產管理有限公司)或銀聯信託有限公司。**Part III. Details of Voluntary Contribution (If Any) 第 III 部份 自願性供款資料(如有)**  
(Basis of voluntary contribution of employer and employee must be the same 僱主及僱員之自願性供款基準必須相同)**Retirement Age 退休年齡**Normal Retirement Age  
正常退休年齡Early Retirement Age  No  Yes (Attaining the age of \_\_\_\_\_)  
提早退休年齡 沒有 有 (年滿 \_\_\_\_\_ 歲)Employer continues to make contributions in respect of members who are still in employment after they have reached the Normal Retirement Age. 在成員於到達正常退休年齡後的僱用期內，僱主仍會繼續為其成員供款。  No  Yes  
否 是

**Part III. Details of Voluntary Contribution (If Any) 第 III 部份 自願性供款資料(如有) (Continued 續)**  
 (Basis of voluntary contribution of employer and employee must be the same 僱主及僱員之自願性供款基準必須相同)

**Member Category and Vesting Scale of Contribution Rates 成員類別及供款比率歸屬表**

Member Category 成員類別	Description 描述	Employer Contribution Rate % 僱主供款率 %	Voluntary Contribution Commencement Date <sup>▲</sup> 自願性供款開始日期 <sup>▲</sup>	Vesting Scale Option 歸屬比例選擇 (Please refer to the table) (請參考附表)
A				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
B				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
C				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

▲ (i) Date employed 受僱日期 (ii) Date joined the Plan 參與計劃日期 (iii) Date after completion of three months' probation 完成三個月試用期  
 (iv) Others (Please specify) 其他(請註明)

**Basis of Voluntary Contribution 自願性供款基準**

- % x Basic Salary 供款率 x 基本入息
- (% x Basic Salary) minus Employer's Mandatory Contribution (供款率 x 基本入息) 減去僱主強制性供款
- % x (Basic Salary in excess of maximum level of Relevant Income\*\*) 供款率 x (基本入息超過最高有關入息\*\*)
- % x Relevant Income\*\* 供款率 x 有關入息\*\*
- (% x Relevant Income\*\*) minus Employer's Mandatory Contribution (供款率 x 有關入息\*\*) 減去僱主強制性供款
- % x (Relevant Income\*\* in excess of the maximum level of Relevant Income\*\*) 供款率 x (有關入息超過最高有關入息\*\*)

\*\* "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。

**Vesting Scale for Leaving Service (Not Applicable to Early Retirement, Retirement, Death, Total Incapacity or Dismissal)**

離職歸屬表(不適用於因提早退休、退休、死亡、完全喪失行為能力或解僱)

Completed Year Based On 完整年期基準	<input type="checkbox"/> Completed Years of Membership in the Participating Plan 參與計劃會籍整年期 <input type="checkbox"/> Completed Years of Service with the Employer 為僱主服務整年期											
Vesting Scale Option 歸屬比例選擇  (Please select an option where appropriate or specify at option 4) (請揀選適用的選擇或在「選擇4」註明)	Option 選擇	Completed Year 完整年期										
		0	1	2	3	4	5	6	7	8	9	10+
	1 %	0	10	20	30	40	50	60	70	80	90	100
	2 %	0	0	0	30	40	50	60	70	80	90	100
	3 %	0	0	0	0	0	50	60	70	80	90	100
4 %												

**Part IV. Administration Preference 第 IV 部份 行政指示**
**1. Payroll Details 糧期資料:**

Does the Payroll Cycle mentioned below apply to all members or not?  Yes  No (Please specify on the "Member Enrolment Form")  
 以下出糧周期是否適用於所有成員?  是  否 (請於「成員參加表格」上註明)

Payroll Cycle 出糧周期	Payroll Period End Date 糧期的最後一天	
<input type="checkbox"/> Monthly 每月	<input type="checkbox"/> Month-end 每月最後一天	<input type="checkbox"/> Others : Please specify 其他 : 請註明 _____
<input type="checkbox"/> Semi-monthly 每半月	<input type="checkbox"/> 15 <sup>th</sup> of the month and month-end 每月 15 日及最後一天	<input type="checkbox"/> Others : Please specify 其他 : 請註明 _____
<input type="checkbox"/> Weekly 每星期	Day of the week 星期 _____	
<input type="checkbox"/> Others 其他	Please specify 請註明 _____	

**Part IV. Administration Preference 第IV部份 行政指示 (Continued 續)**2. Payment Method 付款方法:

- By Cash Deposit; Cheque Deposit; or Transfer via Designated Banks  
經特定銀行存入現金、存入支票或轉帳；
- By Direct Debit Authorisation service  
直接付款授權服務  
(Please complete the "Direct Debit Authorisation Form – Employer")  
(請填寫「僱主直接付款授權書」)

3. Remittance Statement Arrangement 付款結算書安排: (Please choose 1 item from below 請選擇下列其中一項)

- Prepared by Employer  
由僱主自備
- Prepared by Bank Consortium Trust Company Limited  
("BCTC") via Autobill#  
由銀聯信託有限公司(「銀聯信託」)製備之自動帳單#
- Others, please specify:  
其他，請指示：
- \_\_\_\_\_

# For monthly payroll cycle and with month-end as payroll period end date only 只適用於以曆月為出糧周期及以每月月底為糧期的最後一天

**Part V. Authorised Signatories 第V部份 授權人簽署**

Any [one / two\*] of the following signatories (and Authorised Signatories appearing at the bottom of Part VIII) is / are authorised (if there is no instruction given of the number of Authorised Signatories [i.e. one / two], it represents any of the Authorised Signatories listed below or any of the Authorities Signatories listed at the bottom of Part VIII) to enter into or issue any documents or give instructions related to the scheme on behalf of the Employer. If the following list of Specimen Signature is not filled in, then any [one / two\*] of the Authorised Signatories appearing at the bottom of Part VIII shall, on its own, be deemed to be authorised for the same purposes and matters as referred above.

下列任何 [一位 / 兩位\*] 簽署人 (及列在第 VIII 部份底部的授權簽署人) 獲授權代表僱主 (若未有指示簽署人人數 [即一位或兩位]，則代表下列任何一位簽署人或列在第 VIII 部份底部的任何一位授權簽署人) 處理、簽署任何文件及發出任何有關該參與計劃之指示。若下列簽名式樣表沒有填寫，則第 VIII 部份底部的任何 [一位 / 兩位\*] 授權簽署人將被視為獲授權處理以上之目的及事項。

Name 姓名	HKID Card / Passport No. 香港身份證 / 護照號碼 (Must provide a copy 必須附上副本)	Title 職銜	Specimen Signature 簽名式樣
(1)			
(2)			
(3)			
(4)			

If you need to update the signature specimen of your authorised signatories and their authorities in the future, please complete an "Authorised Signature Specimen Form" [FORM: AS (ER)-TCM] to BCTC.

如日後需更新上述獲授權人士的資料，請填妥並交回「授權簽署式樣表格」[FORM: AS (ER)-TCM] 至銀聯信託以作記錄更新。

The ID documents of the above authorised signatories have been verified by a department or person (eg. compliance, audit or human resources) which is independent to the authorised signatories.  Yes 是  No 是  
上述獲授權人士的身份證明文件已被獨立部門或認可人士 (例如合規管理、審計或人力資源) 核實。

\* Delete as appropriate 請刪去不適用者

**Part VI. Tax Residency Self-Certification (Mandatory) 第VI部份 稅務居民身份自我證明(必須填寫)****Important Notes 重要提示:**

- This Part VI, together with the other parts, sections and items of this form which is relevant to the purposes served by the "Self-Certification" (as defined below), including (a) the relevant "Employer Details" set out in Part I (including: name, business registration number, jurisdiction of incorporation or organization, registered address, correspondence address etc.) and (b) the relevant parts, sections and items of Part VIII below (including the relevant acknowledgment, undertaking and certification, and the signature section (and the warning underneath)), constitute the self-certification provided by you to Bank Consortium Trust Company Limited ("BCTC") for the purpose of Automatic Exchange of Financial Account Information ("AEOI") in compliance with tax law and regulations (including but not limited to the Inland Revenue Ordinance (Cap.112) and regulations based on the Organisation for Economic Co-operation and Development (OECD) Common Reporting Standard (CRS) for automatic exchange of information ("Self-Certification"). The data collected may be transmitted by BCTC to the Inland Revenue Department for transfer to the tax authority of another country / jurisdiction.

此第VI部份，與本表格內跟「自我證明」(定義如下)的目的有關之其他部分、章節及項目，包括(a)本表格內第I部份之「僱主資料」(包括名稱、商業登記證號碼、實體成立為法團或設立所在的稅務管轄區、註冊地址、通訊地址等)及(b)以下第VIII部份裏的部分、章節及項目(包括有關的確認、承諾及證明，及簽署的部分(和在其下的警告))將構成您向銀聯信託有限公司(「銀聯信託」)提供的自我證明，作為自動交換財務帳戶資料(「AEOI」)用途以遵守稅務法律及規例(包括但不限於《稅務條例》(第112章)和根據自動交換資料有關的經濟合作與發展組織(OECD)《共同匯報標準》(CRS)的規則)的「自我證明」。銀聯信託可把收集所得的資料交給稅務局，稅務局會將資料交到另一國家/司法管轄區的稅務當局。

- This Self-Certification will remain valid unless there is any change in circumstances relating to the status of tax residency(ies) of the Entity. You must notify BCTC within 30 days if there is any change in circumstances that makes any of the information provided in the Self-Certification incorrect or incomplete and provide an updated Self-Certification.

除非實體的稅務居民身份有任何改變，否則此自我證明將被視為有效。如情況有所改變，以致本自我證明所載的資料不正確或不完整，您必須在改變後的30天內通知銀聯信託有關的改變並提供最新的自我證明。

- BCTC **MUST** obtain the complete and valid tax residency Self-Certification for the setting up of employer record. To avoid any delay in the setting up of employer record and contribution settlement (if any), please read and complete all the appropriate parts below.

銀聯信託在開立僱主帳戶前，**必須**取得完整及有效的稅務居民身份自我證明。為避免僱主帳戶開立及供款處理(如有)有任何延誤，請細閱並完成以下所有適用部分。

- All relevant identification / verification documentation for AEOI / CRS purposes will be provided to BCTC upon request. Failure to provide us with the information and other personal data as requested may result in your application / instruction not being able to be processed.

銀聯信託有權要求您提供就AEOI / CRS的目的所有相關的身份證明 / 驗證文件。如未能提供所需資料及其他個人資料，可能導致您的申請 / 指示不獲處理。

- As a financial institution, BCTC is not allowed to give tax or legal advice. If you have any questions regarding your tax residency, please consult your tax adviser or visit the OECD and Inland Revenue Department's AEOI website at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/> and [http://www.ird.gov.hk/eng/tax/dta\\_aeoi.htm](http://www.ird.gov.hk/eng/tax/dta_aeoi.htm) respectively, or simply scan the QR code, for more CRS and related information.

作為財務機構，銀聯信託不獲允許提供稅務或法律意見。若您對您的稅務居民身份存有任何疑問，請諮詢專業稅務顧問或瀏覽OECD (<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/>)及稅務局 ([http://www.ird.gov.hk/chi/tax/dta\\_aeoi.htm](http://www.ird.gov.hk/chi/tax/dta_aeoi.htm))有關AEOI的網頁，或掃描此二維碼，以獲取更多CRS及相關資料。



OECD



IRD (稅務局)

The Entity mentioned in this section refers to a corporation, partnership, a body of persons or a trust (excluding sole proprietors). If you are a sole proprietor, please complete Part VI (1), (2) and (5) only (as applicable).

此部分所指之「實體」為法團、合夥、任何其他團體或信託(獨資經營者除外)。如您是獨資經營者，只需填寫(適用的)第VI部份第(1)、(2)及(5)項。

**(1) Entity / Sole Proprietor Tax Residence is 實體 / 獨資經營者之稅務居住地為**

- Hong Kong ONLY with no tax residence in any other jurisdictions or countries (the respective Taxpayer Identification Number (TIN) is as noted in Remark below).

只有香港，及沒有處於任何其他司法管轄區或國家的稅務居住地(其稅務編號如以下註所述)。

[If the box above does not apply, please proceed to Part VI (2) which **MUST** be filled in for tax residence of either (a) Hong Kong and also some other jurisdictions or countries or (b) not Hong Kong, but instead some other jurisdictions or countries.

如果上面的方格不適用，請填寫第VI部份第(2)項。該部份為稅務居住地是(甲)香港及其他司法管轄區或國家或(乙)不是香港而是其他司法管轄區或國家的稅務居民必須填寫的部份。]

**(2) Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")**

居留司法管轄區及稅務編號或具有等同功能的識別編號(以下簡稱「稅務編號」)

Please list all countries / jurisdictions (including Hong Kong (where applicable)) where the Entity is a resident for tax purposes and Taxpayer Identification Number or its Functional Equivalent (TIN) for each country/jurisdiction. If the space provided is insufficient, please provide it in the below format on additional sheet(s). Please refer to OECD website at: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency> or simply scan the QR code for tax residency related information.

請在以下列明實體作為稅務居民的所有國家 / 司法管轄區(包括香港(如適用))及相關的稅務編號或具有等同功能的識別編號(稅務編號)。如下列位置不敷應用，請按以下格式另加新頁。請參考經合組織網站的稅務居民：<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency> 或掃描此二維碼的稅務居民相關資料。



(OECD-TR)

**Part VI. Tax Residency Self-Certification (Mandatory) 第VI部份 稅務居民身份自我證明(必須填寫) (Continued 續)**

Country / Jurisdiction of Tax Residency 稅務居民所在國家 / 司法管轄區	TIN (Remark 1) 稅務編號(備註1)	If no TIN is available, please indicate Reason A, B or C below (Remark 2) 若未能提供稅務編號, 請於下方填上理由A、B或C(備註2)	Please explain why you are unable to obtain a TIN if you have selected Reason B. 若您選擇理由B, 請在下方解釋無法取得稅務編號的原因。
1			
2			
3			

**Remarks 備註**

1. If the account holder is a tax resident of Hong Kong, the TIN is

- Entity: First 8 digits of the Hong Kong Business Registration Number
- Sole proprietor: HKID Card No.

如帳戶持有者是香港稅務居民, 稅務編號是

- 實體: 香港商業登記號碼前八位數字
- 獨資經營者: 香港身份證號碼

2. If a TIN is unavailable, please provide the appropriate reason A, B or C:

若未能提供稅務編號, 請提供合適的理由A、B或C:

Reason A – The country / jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.

理由A – 帳戶持有人所屬的稅務居民的國家/司法管轄區沒有向其居民發出稅務編號。

Reason B – The account holder is unable to obtain a TIN. (Please explain why you are unable to obtain TIN in the above table if you have selected this reason.)

理由B – 帳戶持有人無法獲得稅務編號。(若您選擇這理由, 請在上表解釋您無法獲得稅務編號的原因。)

Reason C – No TIN is required. (Note: Only select this reason if the authorities of the relevant jurisdiction of residence do not require the TIN to be disclosed.)

理由C – 需稅務編號。(註: 只有在相關司法管轄區的主管機關不需要披露該司法管轄區發出的稅務編號方可選擇這理由。)

If Employer is a **sole-proprietorship**, please skip Part VI (3) & (4) and complete Part VI (5).

如僱主屬**獨資經營者**, 請略過第VI部份第(3)及(4)項並填寫第VI部份第(5)項。

**(3) Entity Type (Not applicable to sole-proprietorship) 實體類別 (不適用於獨資經營者)**

Please put a "✓" in the appropriate box and fill in the information. 請在適當的方格上填上「✓」及填寫所需資料。

Financial Institution 財務機構 (You can skip item 4 您可略過第4項)	<input type="checkbox"/> Custodial Institution, Depository Institution or Specified Insurance Company 託管機構、存款機構或指明保險公司  <input type="checkbox"/> Investment Entity, except an investment entity that is managed by another financial institution (e.g. with discretion to manage the entity's assets) and located in a non-participating jurisdiction 投資實體, 但不包括由另一財務機構管理(例如: 擁有酌情權管理投資實體的資產)並位於非參與稅務管轄區的投資實體
Active Non-Financial Entity ("NFE") 主動非財務實體 (You can skip item 4 您可略過第4項)	<input type="checkbox"/> NFE the stock of which is regularly traded on _____, which is an established securities market 該非財務實體的股票經常在 _____ (一個具規模證券市場) 進行買賣  <input type="checkbox"/> Related entity of _____, the stock of which is regularly traded on _____, which is an established securities market 為 _____ 的有關連實體, 該有關連實體的股票經常在 _____ (一個具規模證券市場) 進行買賣  <input type="checkbox"/> NFE is a governmental entity, an international organization, a central bank, or an entity wholly owned by one or more of the foregoing entities 政府實體、國際組織、中央銀行或由前述的實體全權擁有的其他實體  <input type="checkbox"/> Active NFE other than the above (Please specify _____) 除上述以外的主動非財務實體(請說明 _____)
Passive NFE 被動非財務實體 (Please complete item 4 請填寫第4項)	<input type="checkbox"/> Investment entity that is managed by another financial institution and located in a non-participating jurisdiction 位於非參與稅務管轄區並由另一財務機構管理的投資實體  <input type="checkbox"/> NFE that is not an active NFE 不屬主動非財務實體的非財務實體

**(4) Controlling Persons (Complete this part if the entity account holder is a passive NFE) 控權人(如實體帳戶持有者是被动非財務實體, 填寫此部)**

Indicate the name of all controlling person(s) of the entity account holder in the table below. If no natural person exercises control over an entity which is a legal person, the controlling person will be the individual holding the position of senior managing official. Complete **Self-Certification – Controlling Person** for each controlling person. 請填寫實體之所有控權人的姓名在列表內。就法人實體, 如沒有自然人行使控制權, 控權人將會是該法人實體的高級管理人員。每名控權人須分別填寫一份**自我證明 – 控權人**。

**Part VI. Tax Residency Self-Certification (Mandatory) 第VI部份 稅務居民身份自我證明(必須填寫) (Continued 續)**

(1)	(5)
(2)	(6)
(3)	(7)
(4)	(8)

**(5) Sole-proprietor Information (For Sole Proprietorship Only) 獨資經營者之資料(只適用於獨資經營者)**

Name

姓名:

Surname 姓 (English 英文)

First Name 名 (English 英文)

Chinese Name 中文名

HKID Card No.

香港身份證號碼:

Date of Birth (D / M / Y)

出生日期(日 / 月 / 年):

Passport No. (NOT applicable to Hong Kong permanent resident)

護照號碼(不適用於香港永久性居民):

Current Residential Address 現時住址: ("In-care-of" address and P.O. Box address will not be accepted. All correspondence will be sent to the following address. "轉交"地址及郵政信箱恕不接受,所有通訊將寄往以下地址。)

Flat / Room 室

Floor 樓

Block 座

Building / Estate Name 大廈 / 屋邨名稱

Street / Road 街道

District 地區

 Hong Kong 香港
 Kowloon 九龍
 New Territories 新界
 Overseas (Country and City) 海外(國家及城市)

 China 中國 (City 城市)

 Others 其他 (Please specify 請說明)

Country 國家

City 城市

▽ For overseas address 適用於海外地址

**WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a Self-Certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. HK\$10,000).**

**警告: 根據《稅務條例》第80(2E)條,如任何人在作出自我證明時,在明知一項陳述在要項上屬具誤導性、虛假或不正確,或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下,作出該項陳述,即屬犯罪。一經定罪,可處第3級(即HK\$10,000)罰款。**

**Part VII. Personal Information Collection Statement 第VII部份 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 AMTD Global Markets Limited (formerly known as AMTD Asset Management Limited) ("AMTD")) 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 or other means; (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, without any charge, 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(現為尚乘環球市場有限公司(前稱尚乘資產管理有限公司)(「尚乘」))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或其他途徑處理強制性公積金(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。

成員及參與僱主在不設收費下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。

**Part VIII. Authorisation, Declaration and Consent 第VIII部份 授權、聲明及同意**

By signing this document:

- (1) Unless otherwise stated, words and expressions used in this Form shall have the meanings given to them in the trust deed constituting the AMTD MPF Scheme (including any deed of amendment thereof from time to time) (hereinafter, the "Deed").
- (2) I / We confirm that I / we have received and read the latest version of the principal brochure (and any addendum thereto) of the AMTD MPF Scheme. I / We accept and agree to be bound by the terms of such principal brochure (and addendum thereto, if any), the Deed, the rules thereof and any other notification sent to me / us from time to time pursuant to the terms of the Deed.
- (3) I / We hereby establish a Participating Plan, to be governed by the terms of the Deed. I / We acknowledge that any form completed by us and by our employees in respect of the application for participation in the AMTD MPF Scheme (including this application form) and the details provided therein shall constitute and form part of the Participating Plan.
- (4) I / We undertake that if there is any change in the information so provided, I / we shall notify BCTC c/o AMTD as soon as reasonably practicable.
- (5) I / We agree to comply with the obligations imposed on me / us as an employer under the Deed and the Mandatory Provident Fund Schemes Ordinance (Cap. 485) and its related regulations.
- (6) I / We further agree to comply with the obligations imposed on us as an employer under the Mandatory Provident Fund Schemes Ordinance (Cap. 485) and their related regulations, if applicable. I / We understand that the Participating Plan does not enable any person, without any consent of the Participating Plan's member concerned and any approval of the Mandatory Provident Fund Schemes Authority, to alter to the member's detriment either his accrued rights or his vested benefits under the Participating Plan. I / We further undertake that whenever this circumstance occurs, I / we shall notify BCTC & AMTD, c / o AMTD as soon as reasonably practicable for Mandatory Provident Fund Schemes Authority's approval.
- (7) I / We understand and agree to the terms of the Personal Information Collection Statement as set out in this form.
- (8) I / We declare that to the best of my / our knowledge and belief, the information given in this form and / or its attachment(s), regarding contributions and as to the age, salary, length of service, benefits, or otherwise in relation to each Employee Member will be correct and complete in all aspects.
- (9) I / We undertake and agree to pay all fees and expenses payable by me / us under the terms of the Deed, Principal Brochure and this Application Form.
- (10) I / We further undertake and agree to make Voluntary Contribution (if applicable) in respect of our Employee Members in accordance with the provision of the Deed and the information specified in this form. I / We also agree that, in respect of Voluntary Contribution, it shall not be the duty of BCTC to see that any contributions or other monies payable under the Deed or this Application Form or as they shall direct are in fact paid, that any applicable definition of earnings (however expressed) is properly applied or that the calculation of contribution is correct. This clause does not override any requirements of the trustee set out under the MPF Ordinance or the Deed.
- (11) I / We hereby authorized and appoint AMTD as the MPF Corporate Intermediary to provide MPF-related advisory service to me / us and to handle my / our inquiries (the performance of which function by AMTD shall be assisted by the provision by BCTC (in discharge of its obligations to assist in the answering of inquiries) of the necessary account and / or scheme information to AMTD). I / We further agree that AMTD shall have the right to terminate such appointment without cause by giving 30 days notice in advance to me / us.
- (12) This Application Form shall be governed by the laws of Hong Kong.
- (13) I / We certify that I am / We are authorized to sign for the account holder of all the account(s) to which this form relates and / or currently held with BCTC (if any).
- (14) I / We acknowledge and agree that (a) the information contained in the parts of this form constituting the Self-Certification is collected and may be kept by BCTC for the purpose of AEOI, and (b) such information and information regarding the account holder and any reportable account(s) may be reported by BCTC to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another country / countries and / or jurisdiction(s) in which the account holder may be resident for tax purposes pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112), and (c) I / We agree to the obligation that the account holder must comply with requests made by BCTC to comply with the CRS (AEOI) requirements under the Inland Revenue Ordinance and / or applicable law and regulation, and such obligation forms the basis of the account to be opened.
- (15) I / We undertake to advise BCTC of any change in circumstances which affects the tax residency status of the entity identified in the parts of this form constituting the Self-Certification or causes the information contained herein to become incorrect or incomplete, and to provide BCTC with a suitably updated Self-Certification within 30 days of such change in circumstances.
- (16) I / We expressly consent to the use of my / our personal data (name, telephone no., fax no., e-mail address, address and account records) for the purpose of direct marketing of Mandatory Provident Fund Services (and ancillary MPF products) by AMTD (or their employees or agents); but I / we understand that AMTD cannot make such use of my / our personal data without my / our consent and will cease upon my / our written or verbal request. I / We further understand that if I / we do not wish to consent to my / our personal data being used for the said direct marketing purpose, I / we should indicate that no consent is given, by ticking this box.
- (17) I declare that to the best of my knowledge and belief, the information given and statements made in this form and / or its attachment(s), if any, are true, correct and complete.



**Part VIII. Authorisation, Declaration and Consent 第VIII部份 授權、聲明及同意 (Continued 續)**

經簽署本文件：

- (1) 本表格內之文字及語彙(另有規定的除外)，應採用有關成立AMTD強積金計劃之信託契約(包括其後之修訂契約)(以下作「該契約」)列明之涵意。
- (2) 本人 / 吾等確認已收到並閱讀最新版本之AMTD強積金計劃總說明書及其附錄(如有)。本人 / 吾等接受及同意受此總說明書及其附錄(如有)之條款、該契約、該契約內之規則及日後根據有關信託契約之條款向本人 / 吾等不時發出有關之通知所約束。
- (3) 本人 / 吾等現成立一個參與計劃，並由該契約條文規限。本人 / 吾等確認，就申請參與AMTD強積金計劃而由本人 / 吾等填寫的任何表格(包括本表格)及由本人 / 吾等的僱員填寫之表格，將成為本參與計劃之一部份，而這些文件所提供之資料應適用於有關本參與計劃。
- (4) 本人 / 吾等承諾若所提供之資料有任何更改，將儘快通知銀聯信託c/o尚乘。
- (5) 本人 / 吾等同意遵守該契約和《強制性公積金計劃條例》(香港法例第485章)及其有關規例中作為僱主之責任之規定。
- (6) 本人 / 吾等並同意遵守《強制性公積金計劃條例》(香港法例第485章)及其有關規例中作為僱主之責任之規定，如適用。本人 / 吾等明白本參與計劃的條款不會令任何人能夠未經本參與計劃的有關成員同意及任何在未經強制性公積金計劃管理局的批准下、以對該成員不利的方式更改該成員在本參與計劃下的累算權益或既有利益。如有上述情況，本人 / 吾等並承諾會儘快通知銀聯信託及尚乘c/o尚乘，以便向強制性公積金計劃管理局申請批核。
- (7) 本人 / 吾等明白及同意闡明於此表格之收集個人資料聲明條款。
- (8) 本人 / 吾等聲明，盡本人 / 吾等所知及所信，本表格及隨附之文件所提供的資料及其他有關供款、年齡、薪金、任職時期、福利或有關每一個僱員成員之其他資料，均屬正確無訛且無缺漏。
- (9) 本人 / 吾等承諾並同意支付就該契約及本申請書之條款需繳付之所有費用及開支。
- (10) 本人 / 吾等進一步承諾並同意按照該契約之條款及本申請書指明的資料就有關其僱員成員作出「自願性供款」(如適用)。本人 / 吾等亦同意就「自願性供款」而言，銀聯信託並沒有責任檢定任何供款或該契約或本申請書規定需要支付的其他款項已確實支付，亦沒有責任檢定任何適用的入息定義(不論如何表達)已適當引用或供款額已作準確計算。本條文並不凌駕《強積金條例》或該契約所載有關受託人的規定。
- (11) 本人 / 吾等授權及委任尚乘為本人 / 吾等之強積金公司中介人為本人 / 吾等提供有關強積金計劃之諮詢服務及處理本人 / 吾等的查詢(尚乘在履行此職能時，銀聯信託應協助提供所需要之帳戶及 / 或計劃資料，以履行其協助解答查詢之義務)。本人 / 吾等並同意尚乘可以在不須提出原因的情況下，在給予本人 / 吾等30天預先通知之後終止有關委任。
- (12) 本申請書應受香港法律約束。
- (13) 本人 / 吾等證明，就與本表格所有相關的帳戶及 / 或現於銀聯信託持有的帳戶(如有)，本人 / 吾等獲本帳戶持有人所授權代其簽署。
- (14) 本人 / 吾等確認及同意，銀聯信託可根據《稅務條例》(第112章)有關交換財務帳戶資料的法律條文，(a)收集本表格構成自我證明的部份所載資料並可備存作AEOI用途及(b)把該等資料和關於帳戶持有人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報。從而把資料轉交到帳戶持有人的居留司法管轄區的稅務當局及(c)本人 / 吾等同意帳戶持有人必須遵守銀聯信託的要求以便遵守《稅務條例》及 / 或適用法律及規例的CRS(AEOI)規定，並為日後開立帳戶之基礎。
- (15) 本人 / 吾等承諾，如情況有所改變，以致影響本表格構成自我證明表格構成所述的實體的稅務居民身份，或引致本自我證明所載的資料不正確或不完整，本人 / 吾等會通知銀聯信託，並會在情況發生改變後30日內，向銀聯信託提交一份已適當更新的自我證明表格。
- (16) 本人 / 吾等即明確表示同意尚乘(及其僱員或代理)使用本人 / 吾等的個人資料(姓名、電話號碼、傳真號碼、電郵地址、地址及戶口記錄)作直銷強制性公積金服務(及有關強積金的產品)的目的，但本人 / 吾等明白倘本人 / 吾等不同意尚乘不能如此使用本人 / 吾等的個人資料及倘接獲本人 / 吾等之書面或口頭要求，該使用將停止。本人 / 吾等亦明白如本人 / 吾等不欲將本人 / 吾等的個人資料用作上述直銷用途，本人 / 吾等應在末段的方格內加上“✓”號，以表示不同意。
- (17) 本人 / 吾等聲明，盡本人所知及所信，本表格及隨附之文件(如有)，所提供的資料和聲明均屬真實、正確無訛且無缺漏。

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

Date (D / M / Y) 日期(日 / 月 / 年)

Name 姓名

: (1) \_\_\_\_\_

(2) \_\_\_\_\_

Title 職銜

: (1) \_\_\_\_\_

(2) \_\_\_\_\_

**WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a Self-Certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. HK\$10,000).**

**警告：根據《稅務條例》第80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第3級(即HK\$10,000)罰款。**

Remarks 備註

1. For Corporation, this form needs to be signed by the director(s). 倘為法人公司，本表格必須由董事簽署。
2. For Sole Proprietorship, this form needs to be signed by the Sole Proprietor. 倘為獨資經營公司，本表格必須由獨資經營者簽署。
3. For Partnership, this form needs to be signed by the partner(s). 倘為合伙經營公司，本表格必須由合夥人士簽署。

**Internal Use Only 內部專用**

Date Received:

Input By:

Verified By:

Remarks:

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