

To 致: Bank Consortium Trust Co. Ltd. 銀聯信託有限公司  
 c/o orientiert XYZ Securities Limited (formerly known as AMTD Global Markets Limited)  
 orientiert XYZ Securities Limited (前稱尚乘環球市場有限公司)

FORM: DDA-IU (TVC) - TCM

Room 3301, Tower One, Lippo Centre, No. 89 Queensway, 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.orientiertgroup.com](http://www.orientiertgroup.com)

**AMTD MPF Scheme – Change of Direct Debit Instruction Notification Form - Tax Deductible Voluntary Contribution (TVC)**  
**AMTD 強積金計劃 - 更改直接付款指示通知書 - 可扣稅自願性供款**

Please read the principal brochure (and any addendum thereto) of the AMTD MPF Scheme carefully before completing this form.

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。

**NOTE 注意:**

1. Please write in BLOCK LETTERS. 請以英文正楷填寫。
2. This Form is used by TVC Account Member for the purpose of informing Bank Consortium Trust Company Limited (“BCTC”) change of or application for direct debit instructions.  
 本表格適用於可扣稅自願性供款帳戶成員通知銀聯信託有限公司(「銀聯信託」)更改或申請直接付款指示。
3. Please fill in details of the new direct debit bank account.  
 請寫上新直接付款銀行帳戶的資料。
4. Please be advised that it may take four to six weeks for processing your instruction. This instruction will be effective only after BCTC has issued a confirmation letter of the new direct debit arrangement to the applicant.  
 處理有關指示需時四至六星期。有關直接付款指示將會於銀聯信託向有關申請人士發出確認通知書後方會生效。
5. To avoid the direct debit dishonor situation, please do not cancel your old bank account until direct debit from this new bank account takes effect.  
 為避免付款被拒的情況發生, 請於新銀行帳戶之直接付款生效後, 才取消舊銀行帳戶。
6. Please consult your banking officer for applicable service fee, if any, charged by your bank.  
 請聯絡您的銀行主任以便了解銀行在此服務上會否收取任何費用。
7. Please mark “✓” in the appropriate box. 請於適用的方格內填上“✓”號。
8. 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. MEMBER DETAILS 成員資料		
Name of Scheme 計劃名稱	AMTD MPF Scheme AMTD 強積金計劃	Participating Plan No. 參與計劃編號
Name of Member 成員姓名	HKID Card / Passport* No. 香港身份證號碼 / 護照*號碼	
Contact Phone No. 聯絡電話號碼	E-mail Address 電郵地址	

PART II. REGULAR CONTRIBUTION DETAILS 定期供款資料											
Please complete the details below and Direct Debit Authorisation Form attached. 請填妥以下資料及附上的直接付款授權書。											
Monthly Regular Contribution Amount <sup>▲</sup> 每月定期供款金額 <sup>▲</sup>	First Direct Debit Month (for new application only) 首次直接付款月份 (只適用於首次申請)	Monthly Direct Debit Date on <sup>#</sup> 每月直接付款日期 <sup>#</sup>									
HKS _____ 港元	<table border="1"> <tr> <td>Month 月</td> <td></td> <td>Year 年</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Month 月		Year 年						<input type="checkbox"/> Day of each month 日, 於每月	<input type="checkbox"/> Last day of each month 每月最後一天
Month 月		Year 年									
The source of funds for captioned application is from 上述申請的資金來源是從: <input type="checkbox"/> Salary 薪金 <input type="checkbox"/> Personal savings 個人存款 <input type="checkbox"/> Inheritance 遺產 <input type="checkbox"/> Sale of property 出售物業 <input type="checkbox"/> Investment return 投資回報 <input type="checkbox"/> Investment matured 已到期的投資產品 <input type="checkbox"/> [Others — please specify 其他 — 請說明: _____ ].											
<small>▲ The minimum amount of monthly regular contribution is HK\$300. 每月定期最低供款額為 300 港元。</small> <small># If not specified or if 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup> is selected, the Monthly Direct Debit Date will be the last day of each month. If the direct debit day is a public holiday, Saturday, gale warning day or black rainstorm warning day, it will be the following business day. If the direct debit day falls on a Saturday which is also the last date of the month, it will be the preceding business day. 如沒指示或選擇每月之 29 日、30 日或 31 日為直接付款日, 「每月直接付款日期」將會設定為每月最後一天。如直接付款日為公眾假期、星期六、烈風警告日或黑色暴雨警告日, 則順延至隨後的工作日。如直接付款日為每月最後一天並為星期六, 則提早一個工作日。</small>											
<input type="checkbox"/> Cancellation of Direct Debit Authorisation Service <input type="checkbox"/> 取消直接付款授權服務											

\*Delete as appropriate 請刪去不適用者

**PART III. 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 orientiert XYZ Securities Limited (formerly known as AMTD Global Markets 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; (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 orientiert XYZ Securities Limited（前稱尚乘環球市場有限公司）（「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。

**PART IV. AUTHORISATION AND DECLARATION 授權及聲明**

- (1) I understand and agree to the terms of the Personal Information Collection Statement as set out in this form.
- (2) I undertake that if there is any change in the information so provided, I shall notify BCTC and orientiert XYZ Securities Limited as soon as reasonably practicable.
- (3) I declare that to the best of my knowledge and belief, the information given in this form and / or its attachment(s), if any, is correct and complete and that the contribution amount is derived from my relevant income.
- (4) I / We understand that I / we will be required to provide evidence required by applicable laws and regulations relating to anti-money laundering checks. If BCTC and orientiert XYZ Securities Limited does not receive satisfactory evidence, further documentation may be requested, and shall not be processed until such documentation is received. BCTC reserves the right not to accept the TVC and / or the captioned application.

- (1) 本人明白及同意於此表格之收集個人資料聲明條款。
- (2) 本人承諾若所提供之資料有任何更改，將儘快通知銀聯信託及 orientiert XYZ Securities Limited。
- (3) 本人聲明，盡本人所知及所信，本表格及隨附之文件（如有）所提供的資料均屬正確無訛且無缺漏，及此供款金額乃由本人之有關入息衍生而來。
- (4) 本人 / 吾等明白如本人 / 吾等須就現行打擊清洗黑錢的有關法例及規則的要求而提供證明。倘若銀聯信託及 orientiert XYZ Securities Limited 未能收到滿意之證明，則可要求提供進一步資料，而有關交易謹在接獲有關資料後方可進行。銀聯信託保留不接受可扣稅自願性供款及 / 或上述之申請的權利。

○  
S.V.

Signature of Applicant 申請人簽署

Date (D / M / Y) 日期 (日 / 月 / 年)

**Internal Use Only 內部專用**

Date Received:

Input By:

Verified By:

Remarks:

**AMTD MPF Scheme - Direct Debit Authorisation Form (Tax Deductible Voluntary Contribution Savings Plan)**

**AMTD 強積金計劃 - 直接付款授權書 (可扣稅自願性供款儲蓄計劃)**

Name of Party to be Credited (the Beneficiary) 收款人(受益人)名稱	Bank Code 銀行編號	Branch Code 分行編號	Account No. to be Credited 收款帳戶號碼
Bank Consortium Trust Co Ltd as trustee of AMTD MPF Scheme	0 0 6	3 9 1	6 1 5 3 8 9 5 7

**Direct Debit Authorisation Declaration:**

- I / We authorise my / our below-named bank ("the Bank") to effect transfers from my / our account to that of the above-named Beneficiary in accordance with such instructions as the Bank may receive from the Beneficiary and / or its banker from time to time.
- I / We agree that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me / us.
- I / We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my / our account which may arise as a result of any such transfer(s).
- I / We confirm that my / our signature(s) on this Form is / are the same as that / those for the operation of my / our savings / current account to be debited for the transfer.
- I / We agree to notify BCTC, c/o orientiert XYZ Securities Limited of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my / our account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may levy the usual service charge to be paid by me / us.
- This authorisation shall have effect until further notice.
- I / We agree that any notice of cancellation or variation of this authorisation which I / we may give to the Bank shall be given at least seven business days prior to the date on which such cancellation / variation is to take effect and at the same time such notice shall be given to BCTC and orientiert XYZ Securities Limited in writing.
- I / We authorise BCTC, to initiate and arrange for contributions to be debited from my / our bank account according to the following specification, in favour of BCTC, itself.
- I / We understand that BCTC, may cancel this direct debit service at any time on one week's written notice without recourse.
- In consideration of BCTC's agreeing to accept and act upon my / our instructions to initiate the making of direct debits from my / our designated account to BCTC's designated accounts with Citibank, I / we agree to indemnify BCTC and hold BCTC harmless against all actions, claims, proceedings, loss, damages, costs and expenses of whatever nature which may be brought against BCTC or suffered or incurred by BCTC and which shall have arisen either directly or indirectly out of or in connection with this direct debit authorisation arrangement.
- I / We understand and agree to the terms and conditions above.

**直接付款指示聲明：**

- 本人 / 吾等現授權本人 / 吾等下述的銀行(「付款銀行」)按上述受益人不時給予之指示由本人 / 吾等的銀行帳戶將款項轉帳予上述受益人之銀行帳戶。
- 本人 / 吾等同意付款銀行並無義務於每次轉帳時對本人 / 吾等作出通知。
- 如因該等轉帳而引致本人 / 吾等的帳戶出現透支(或引致現時之透支增加), 本人 / 吾等願共同及個別承擔全部責任。
- 本人 / 吾等確認本人 / 吾等於本表格上之簽署, 與本人 / 吾等運作付款銀行儲蓄或支票帳戶之簽署完全相符。
- 本人 / 吾等同意更改付款帳戶或取消付款方式而向銀聯信託及 orientiert XYZ Securities Limited 作出通知, 並同意付款銀行可在本人 / 吾等帳戶存款不足的情況下毋須完成有關轉帳, 以及因此而產生之一般銀行服務費用亦由本人 / 吾等負責繳付。
- 此項付款授權將持續有效直至另行通知為止。
- 本人 / 吾等同意必須於七個工作天前就此項付款授權之任何轉變或取消通知本人 / 吾等之付款銀行作出通知, 並同時以書面通知銀聯信託及 orientiert XYZ Securities Limited。
- 本人 / 吾等現授權銀聯信託從本人 / 吾等下述的銀行帳戶提出及安排扣除供款, 以支付有關金額予銀聯信託。
- 本人 / 吾等明白銀聯信託可於一星期前發出書面通知取消此直接付款服務, 並毋須負追索之責任。
- 因銀聯信託同意接受及遵從本人 / 吾等之指示由本人 / 吾等指定之銀行戶口直接將款項轉入銀聯信託在花旗銀行指定之戶口, 本人 / 吾等同意就此項直接付款授權安排中所有直接或間接向銀聯信託提出或引致銀聯信託蒙受損害之一切訴訟、申索、法律程序、損失、賠償、訟費及任何性質的開支對銀聯信託作出彌償。
- 本人 / 吾等明白及同意上述的條款及條件。

My / Our Bank and Branch Name 本人 / 吾等之銀行及分行名稱	Bank Code 銀行編號	Branch Code 分行編號	Account No. 帳戶號碼
Details of Account Holder(s) as on Statement / Passbook* 帳戶持有人於結單 / 存摺*上所記錄的資料			
Name of Account Holder 帳戶持有人姓名 (Must be the same as the name stated in Part I 必須與第 I 部份填寫的姓名相符)	Signature of Account Holder 帳戶持有人簽署 (Please sign in the same specimen that you sign on your Bank Account 請以銀行帳戶的簽署式樣簽署)		
HKID Card / Passport* No. (Please provide a copy) 香港身份證 / 護照*號碼 (請附上副本)	Date (D / M / Y) 日期 (日 / 月 / 年):		
Name of Joint Account Holder(s) (if applicable) 聯名帳戶持有人姓名 (如適用)	Signature(s) of Joint Account Holder(s) 聯名帳戶持有人簽署 (Please sign in the same specimen that you sign on your Bank Account 請以銀行帳戶的簽署式樣簽署)		
HKID Card / Passport* No. (Please provide a copy) 香港身份證 / 護照*號碼 (請附上副本)	Date (D / M / Y) 日期 (日 / 月 / 年):		
Debtor's Reference (Internal Use Only) 債務人參考(內部專用)	Limit for each Month (Optional) 每月限額 (如適用) HK\$ 港元		

\* Delete as appropriate 請刪去不適用者