

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)

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AMTD MPF Scheme - Authorised Signature Specimen Form
AMTD 強積金計劃 - 授權簽署式樣表格

FORM: AS(ER) - TCM

Note 注意

- 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 僱主資料		
Name of Plan 計劃名稱	AMTD MPF Scheme AMTD 強積金計劃	Participating Plan No. 參與計劃編號
Name of Company 公司名稱	English	
	中文	

Please either complete Part II or Part III. 請選擇填寫第 II 或第 III 部份。

Part II. New / Updated [#] Authorised Signature Specimen 新 / 更新 [#] 授權人簽署式樣		
Signing Arrangement 簽署形式		
<input type="checkbox"/> Any one authorised signatory signing singly 任何 一位 獲授權簽署人簽署		<input type="checkbox"/> Any two authorised signatories signing jointly 任何 兩位 獲授權簽署人簽署
Effective Date 生效日期	: _____ / _____ / _____	(D 日 / M 月 / Y 年)
(1) Name 姓名	: _____	
Title 職銜	: _____	Specimen Signature 簽署式樣 : _____
<input type="checkbox"/> HKID Card No. 香港身份證號碼 <input type="checkbox"/> Passport No. 護照號碼	: _____	
(Must provide a copy 必須附上副本)		
(2) Name 姓名	: _____	
Title 職銜	: _____	Specimen Signature 簽署式樣 : _____
<input type="checkbox"/> HKID Card No. 香港身份證號碼 <input type="checkbox"/> Passport No. 護照號碼	: _____	
(Must provide a copy 必須附上副本)		
(3) Name 姓名	: _____	
Title 職銜	: _____	Specimen Signature 簽署式樣 : _____
<input type="checkbox"/> HKID Card No. 香港身份證號碼 <input type="checkbox"/> Passport No. 護照號碼	: _____	
(Must provide a copy 必須附上副本)		
(4) Name 姓名	: _____	
Title 職銜	: _____	Specimen Signature 簽署式樣 : _____
<input type="checkbox"/> HKID Card No. 香港身份證號碼 <input type="checkbox"/> Passport No. 護照號碼	: _____	
(Must provide a copy 必須附上副本)		
Remark 備註		
# This update authorised signature specimen will supersede all previous version. 此更新授權人簽署式樣將取替原有之授權簽名式樣。		

Part III. Addition / Removal of Authorised Signatory(ies) 增加 / 刪除授權人

Effective Date 生效日期 : _____ / _____ / _____ (D日 / M月 / Y年)

The following person(s) is / are added to the latest authorised signatory list. 下列人士被獲准包括在最近期之授權簽名表內。

A. Addition 增加

(1) Name 姓名 : _____

Title 職銜 : _____

HKID Card No. 香港身份證號碼 : _____

Passport No. 護照號碼 : _____

(Must provide a copy 必須附上副本)

Specimen Signature 簽署式樣 : _____

(2) Name 姓名 : _____

Title 職銜 : _____

HKID Card No. 香港身份證號碼 : _____

Passport No. 護照號碼 : _____

(Must provide a copy 必須附上副本)

Specimen Signature 簽署式樣 : _____

The following person(s) is / are removed from the latest authorised signatory list. 下列人士被刪除於最近期之授權簽名表內。

B. Removal 刪除

(1) Name 姓名 : _____ (2) Name 姓名 : _____

Title 職銜 : _____ Title 職銜 : _____

(3) Name 姓名 : _____ (4) Name 姓名 : _____

Title 職銜 : _____ Title 職銜 : _____

Part IV. 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 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 them, 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, 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.

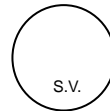
由 AMTD 強積金計劃（「本計劃」）的成員及參與僱主所提供或相關之個人資料（有關申請及運作記錄）及 / 或他們的買賣 / 交易細節記錄僅供銀聯信託有限公司（「銀聯信託」，本計劃之受託人）、本計劃之保薦人（現為尚乘環球市場有限公司（前稱尚乘資產管理有限公司）（「尚乘」）及它們正式授權之服務供應商、僱員、主任、董事及代理及本計劃之核數師使用及處理，及在銀聯信託或其任何服務供應商認為有需要時，或被使用、披露及 / 或轉移（在香港境內或境外）予個別人士，包括政府機關及監管機構作以下列任何之目的：（一）行使或執行強制性公積金計劃條例（「條例」）下所授予或施加之職能或根據該條例的目的而行使或執行職能；（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 V. Authorisation and Declaration 授權及聲明

1. I / We confirm that I / we have obtained the consent of the above person(s) with regard to the information provided herein above to BCTC c/o AMTD.
2. I / We confirm that the updated particulars of the authorised signatory(ies) provided under Part II of this form will supersede that of the authorised signatory lists previously provided to BCTC c/o AMTD.
3. I / We understand and agree to the terms of the Personal Information Collection Statement as set out in this form.
4. I / We further undertake to indemnify BCTC and keep BCTC, as trustee, indemnified against all claims, demands, actions, proceedings, losses, damages, liabilities, cost and expenses of whatever nature which may be brought against BCTC c/o AMTD arising out of or in connection with BCTC's & AMTD's reliance on the information herein provided.
5. I / We declare that to the best of my / our knowledge and belief, the information given in this form and / or its attachment(s), if any, is correct and complete.
6. I hereby authorize and appoint AMTD as the MPF Corporate Intermediary of my MPF Scheme. I further agree that AMTD shall have the right to terminate such appointment without cause by giving 30 days notice in advance to me.

1. 本人 / 吾等確認本人 / 吾等已獲上述人士之同意向銀聯信託 c/o 尚乘提供有關上述人士的資料。
2. 本人 / 吾等並確認在此表格第 II 部份內所提供的授權簽署者之更新資料將取代以往提供予銀聯信託 c/o 尚乘之授權簽名表之有關資料。
3. 本人 / 吾等明白及同意於此表格之收集個人資料聲明條款。
4. 本人 / 吾等並承諾，倘若銀聯信託作為受託人，因上述申報之資料而招致任何形式的損失、損害及支出，或因此而涉及任何申索、要求、法律程序以及需要負上任何責任，我們均會即時賠償銀聯信託 c/o 尚乘的一切有關開支及損失。
5. 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（如有）所提供的資料均屬正確無訛且無缺漏。
6. 本人授權及委任尚乘為本人強積金計劃之強積金公司中介人。本人並同意尚乘可以在不須提出原因的情況下，在給予本人 30 天預先通知之後終止有關委任。



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) _____

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，本表格必須由合伙人士簽署。

Internal Use Only 內部專用

Date Received:

Input By:

Verified By:

Remarks: