

Please refer to the Employer Plan No. printed on the Notice of Participation

Remember to fill in the Date of Employment for the new employee(s) and submit the ORIGINAL Member Enrolment Form(s) of the respective member(s) to AIAPT if you have not done so

REMITTANCE STATEMENT 供款結算書
With pre-filled information 附有相關資料
(New Enrolled Members 新成員)

MPF
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PRIVATE & CONFIDENTIAL 私人密件

Ref. No. 參考編號 : MF452

Employer Name 僱主名稱 : ABC COMPANY LIMITED

Plan No. 計劃編號 : A00R08

Trustee Name 受託人名稱 : AIA Company (Trustee) Limited
 友邦 (信託) 有限公司

Scheme Name 計劃名稱 : AIA MPF – Prime Value Choice
 友邦強積金優選計劃

Contribution Period 供款期 : 01 MAY 2014 – 31 MAY 2014

Contribution Period

Item No. 項目編號	Name of Employees ⁽¹⁾ (Surname first) 僱員姓名 (請先填上姓氏) ⁽¹⁾	HKID Card No. /Member Account No. 香港身份證號碼/ 成員賬戶編號	Relevant Contribution Period 有關供款期 (日/月/年)		Relevant Income 有關入息 HKD 港元	Employer's Contributions 僱主供款		Employee's Contributions 僱員供款		Total 總計		Date of Employment (dd/mm/cyy) 受僱日期 (日/月/年)	Last Day of Employment ⁽²⁾ (dd/mm/cyy) 最後在職日期 (日/月/年)	Termination Reason Code ⁽³⁾ 離職原因 代號 ⁽³⁾
			From 由	To 至		Mandatory Contributions (a) 強制性供款 (甲)	Voluntary Contributions (b) 自願性供款 (乙)	Mandatory Contributions (c) 強制性供款 (丙)	Voluntary Contributions (d) 自願性供款 (丁)	Mandatory Contributions (a+c) 強制性供款 (甲) + (丙)	Voluntary Contributions (b+d) 自願性供款 (乙) + (丁)			
1	WONG ALEX 王力	00245678901	03/03/2014	31/03/2014								03/03/2014		
1	WONG ALEX 王力	00245678901	01/04/2014	30/04/2014								03/03/2014		
1	WONG ALEX 王力	00245678901	01/05/2014	31/05/2014								03/03/2014		
2	NG KI KI 吳琪琪	00512345801	20/03/2014	31/03/2014								20/03/2014		
2	NG KI KI 吳琪琪	00512345801	01/04/2014	30/04/2014								20/03/2014		
2	NG KI KI 吳琪琪	00512345801	01/05/2014	31/05/2014								20/03/2014		
sub-total 小計														

Contribution data

We confirm that we have read, understood and agreed to the Important Notice and Declaration clauses stated overleaf.
 吾等確認已參閱、瞭解及同意於背面之重要事項及聲明。

Signature is required only if this is the last page of Remittance Statement
 只需在本供款結算書的最後一頁上簽署

6
Chan Tai Man
 Company Chop

Authorized signature and company chop
 授權人簽署及公司印鑑

03/06/2014
 Date (dd/mm/cyy)
 日期 (日/月/年)

7

CHEQUE NUMBER(S)
 (if applicable)
 支票號碼 (如適用)

8

Note for Payment Arrangement 繳款安排備註:
 For cheque payment, please write down the **cheque number(s)** on **last page of Remittance Statement**.
 若以支票付款, 請於供款結算書之最後一頁填上支票號碼。
 For other payment methods, please refer to the Payment Stub for details.
 有關其他繳款方式, 詳情請參閱付款回條。

Remember to fill in the Last Day of Employment for the new employee(s) if their employment was terminated during the contribution period included in this Form

Remember to fill in the Termination Reason Code according to the reason for cessation of employment. Please refer to Notes (3) printed on the back of the Form

For contribution payment made by cheque, please fill in the cheque number(s)

Please ensure that the Authorised Signature and the Company Chop are the same as per Authorised Signatory List filed with AIAPT

Recommended to submit this Form and the first contribution for new enrolled members on the first business day after the end of the contribution period in which the 60-day permitted period ends

Remarks :
 If the Statement cannot meet your submission requirement, please submit a separate Remittance Statement.