



To 致: AIA International Limited 友邦保險(國際)有限公司
 (Incorporated in Bermuda with limited liability 於百慕達註冊成立之有限公司)
 8/F, AIA Financial Centre, 712 Prince Edward Road East, Kowloon, Hong Kong
 香港九龍太子道東 712 號友邦九龍金融中心 8 樓
 Employer Hotline 僱主熱線: 2100 1888
 Member Hotline 成員熱線: 2200 6288
 Fax No. 傳真號碼: 2565 0001

MPF

Change of Authorized Signatory List
授權人簽名式樣清單之修訂

Plan No. 計劃編號 : _____

Employer Name 僱主名稱 : _____

Part A 甲部分: Addition of Authorized Persons and Signature Specimens 新增獲授權人士及簽署式樣 (fields marked with * are mandatory 附有*-之欄目必須填寫)

I/We hereby confirm to add the authorized signature(s) of the following person(s) to the existing Authorized Signatory List.
 本人/吾等現確定於現有之授權人簽名式樣清單中加入下列獲授權人士之簽署。

Either one of the following signatories is authorized to enter into correspondences (including e-mail) and give instructions on behalf of the Employer.
 下列任何一位人士獲授權代表僱主簽署所有文件(包括電郵)及發出指示。

	*Name 姓名 (as shown in HK Permanent ID Card / Passport 與香港永久性居民身份證 / 護照相同) <i>please attach copy(ies)</i> 請附上副本	*Nationality 國籍	*Job Title 職銜	*Signature Specimen 簽署式樣
*1.				
2. (if any 如有)				
3. (if any 如有)				
4. (if any 如有)				
5. (if any 如有)				

Effective Date 生效日期 : _____

Part B 乙部分: Deletion of Authorized Persons 刪除授權人士

I/We hereby confirm to void the authorization of the signature(s) by the following persons(s).
本人/吾等現確定取消下列授權人士之簽署。

(1) Name 姓名 : _____ Job Title 職銜 : _____

(2) Name 姓名 : _____ Job Title 職銜 : _____

(3) Name 姓名 : _____ Job Title 職銜 : _____

(4) Name 姓名 : _____ Job Title 職銜 : _____

Effective Date 生效日期 : _____

Part C 丙部分: Declaration 聲明

I/We hereby confirm that any one of the person(s) under Part A above is authorized to sign on behalf of the Employer for all MPF related matters including any correspondences and forms etc., and any documents signed by any of the (these) authorized person(s) has binding effect on the Employer.
本人/吾等謹此確定授權甲部分列明的任何一位人士代表僱主簽署所有有關強積金事宜，包括信件及表格等，並同意對上述獲授權人士所簽署之有關文件負責。

I/We undertake to the Trustee to comply with all relevant provisions of the documentation governing the AIA MPF – Prime Value Choice to the extent applicable to the Employer and, in particular to:
本人/吾等向受託人承諾遵守所有有關適用於僱主的友邦強積金優選計劃的計劃條款，包括：

- notify the Trustee in writing of any changes to the information given by me/us in this form as soon as reasonably practicable;
在合理切實可行範圍內，儘快以書面通知受託人有關任何本人/吾等於本表格作出的資料改動；
- provide the Trustee with such / additional information and assistance as the Trustee may reasonably require in order to enable the Trustee to comply with the Anti-Money Laundering and Counter-Terrorist Financing Ordinance and relevant requirements under the MPF Legislation.
在合理情況下向受託人提供一切所需/額外資料及協助，使受託人能遵守《打擊洗錢及恐怖分子資金籌集條例》及強積金法例下的有關規定。

I/We have read and understood the AIA Personal Information Collection Statement (“AIA PIC”). I/We declare and agree, and my/our employees agree, that any personal data and other information relating to me/us, or my/our employees or my/our policy(ies) or investments contained in this form or collected, obtained, compiled or held by the Trustee by any means from time to time may be collected and utilized in accordance with the AIA PIC. I/We acknowledge and consent, and I/we confirmed that I/we have been duly authorized to make such consents on behalf of my/our employees, to the transfer of the personal data relating to me/us or my/our employees in or outside of Hong Kong for the purposes and to the types of transferee as set out in the AIA PIC.

本人/吾等已閱讀及明白友邦保險收集個人資料聲明（「收集個人資料聲明」）。本人/吾等聲明及同意以及本公司僱員同意在此表格所載或受託人不時以任何方式收集所得、編製或持有的任何個人資料及關於本人/吾等或本公司僱員的保單或投資的其他資料，可根據收集個人資料聲明收集及使用。本人/吾等確認及同意以及本人/吾等確認本人/吾等已獲正式授權代表本公司僱員表示同意就收集個人資料聲明所述目的在香港境內轉移本人/吾等或本公司僱員的個人資料或轉移有關資料至香港境外，及轉移予收集個人資料聲明所載的資料承讓人。

I/We declare and confirm that the information provided by me/us to the Trustee in this form is true and correct, and hereby instruct the Trustee to amend their records accordingly.

本人/吾等謹此聲明及確認，本人/吾等在此表格上提供予受託人之所有資料均為正確無誤，並謹此要求受託人在其記錄中作出相應之修改。

I/We agree to indemnify and keep the Trustee and its affiliates indemnified against any and all losses, costs, expenses, actions, proceedings and liabilities suffered by the Trustee and/or its affiliates as a result of any inaccurate information provided by me/us or my/our agent or intermediary, and/or upon the Trustee's or its affiliates' execution of any such instructions except where there is proven (to the satisfaction of the Trustee or its relevant affiliate) willful default, gross negligence or fraud on the part of the Trustee or its relevant affiliate.

除因受託人或其相關關聯公司被證明故意失責、嚴重疏忽或欺詐外（此證明須得受託人或其相關關聯公司信納），倘若本人/吾等或本人/吾等之代理人或中介人所提供之資料錯誤及/或受託人或其關聯公司因執行相關指示，而導致受託人及/或其關聯公司需要承擔任何損失、支出、責任或需要進行任何行動或訴訟，本人/吾等同意作出有關賠償予受託人及其關聯公司。

I/We confirm that I/we have read, understood and agreed to the declaration clauses stated under Part C of this form.

本人/吾等確認已參閱，瞭解及同意本表格丙部分所述的聲明條款。

Authorized Signature ^

授權人簽署

Company Chop

公司印鑑

Name 姓名 : _____

Job Title 職銜 : _____

Date 日期 : _____

^ This form must be signed by the following person(s) and submit along with following required documents:

本表格必須由下列人士簽署及連同以下相關文件一併遞交：

- the Company Director(s) for Limited Company (Please provide a copy of Annual Return which should be issued within 1 year at submission or equivalent document(s));
就有限公司而言，由公司董事簽署（請提供最近一年之周年報表副本或相關文件）；
- the Partner(s) for Partnership (Please provide Certified Extract of Information on the Business Register issued by the Business Registration Office which should be issued within 1 year at submission);
合夥經營，須由合夥人簽署（請提供最近一年之由商業登記署發出之商業登記冊內資料的摘錄的核證本）；
- the Sole Proprietor for Sole Proprietorship (Please provide Certified Extract of Information on the Business Register issued by the Business Registration Office which should be issued within 1 year at submission);
獨資經營，須由獨資經營者簽署（請提供最近一年之由商業登記署發出之商業登記冊內資料的摘錄的核證本）；
- the ultimate owner/controller for other types of organization (Please provide a copy of Constitution / Board Resolution / meeting minutes / relevant supporting documents showing the appointment of the newly added authorized person(s)).
其他類別的機構，則須由最終擁有人/管理人簽署（請提供組織章程/董事會決議/會議記錄/相關證明文件顯示新獲授權人士副本）。