

Form Guide for Application Form – Employer (and CRS Self-Certification)

如何填寫「僱主申請書（及共同匯報標準的自我證明）」


Note: For the meaning of the terms and expressions used in Self-Certification Forms, please refer to below document.

註：有關自我證明表格內採用的名詞及措辭釋義，請參閱以下文件。
<https://www.ird.gov.hk/eng/pdf/2016/terms.pdf> (English version/英文版本)
<https://www.ird.gov.hk/chi/pdf/2016/terms.pdf> (Chinese version /中文版本)

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BCT (MPF) Pro Choice / BCT (MPF) Industry Choice
 BCT積金之選 / BCT(強積金)行業計劃
Application Form – Employer (and CRS Self-Certification)
 僱主申請書(及共同匯報標準的自我證明)

FORM: AP (ER)

Note: 注意

- Please read the MPF Scheme Brochure (and any addendum thereto) for BCT (MPF) Pro Choice / BCT (MPF) Industry Choice (as appropriate) carefully before completing this form. 填寫此申請書前，請先細閱BCT積金之選 / BCT(強積金)行業計劃積金計劃說明書及任何其附錄的條款(如適用)。
- Please mark "✓" in the appropriate box. 請於適用的方格內填上"✓"。
- Please counter-sign any alterations made in this form. 如須作出任何更改，請於更改之位置簽名。
- Please send the completed form to "Pension Services, Bank Consortium Trust Company Limited, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong". 請將填妥表格寄往「香港皇后大道中183號中環大廈18樓·銀聯信託有限公司·退休金服務部」。

Part I. Employer Details 僱主資料		
Name of Plan 計劃名稱	<input type="checkbox"/> BCT (MPF) Pro Choice BCT積金之選 <input type="checkbox"/> BCT (MPF) Industry Choice BCT(強積金)行業計劃	Participating Plan No. (Internal Use Only) 參與計劃編號(內部專用)
Name of Company 公司名稱	English 中文	Group Participating Plan No. (Internal Use Only) 集團參與計劃編號(內部專用)
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，所有通訊將會往以下地址。)		
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 <input type="checkbox"/> Overseas (Country and City) 海外(國家及城市) [†]		
<input type="checkbox"/> China 中國 _____ (City 城市) <input type="checkbox"/> Others 其他 (Please specify 請說明) _____		
[†] For overseas address 適用於海外地址 _____ (Country 國家) _____ (City 城市)		
Correspondence Address 通訊地址 (if different from the above, 如與以上不同 -)		
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 <input type="checkbox"/> Overseas (Country and City) 海外(國家及城市) [†]		
<input type="checkbox"/> China 中國 _____ (City 城市) <input type="checkbox"/> Others 其他 (Please specify 請說明) _____		
[†] For overseas address 適用於海外地址 _____ (Country 國家) _____ (City 城市)		

Plan Sponsor 計劃保薦人: BCT Financial Limited 銀聯金融有限公司
 Trustee & Administrator 受託人及行政管理人: Bank Consortium Trust Company Limited 銀聯信託有限公司
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Part I. Employer Details 僱主資料

1. Select the Participating Plan. For the BCT (MPF) Industry Choice, submit the "Industry Classification Form" together.
 請選擇參加計劃名稱。如選擇 BCT (強積金) 行業計劃，請一併提交「行業分類表格」。
2. Fill in your company name and Business Registration No. (The information should be the same as that stated in the BR Certificate).
 請填寫公司名稱及商業登記證編號(須與商業登記證之資料相同)。
3. Fill in the registered address and correspondence address (if different from the registered address).
 請填寫註冊地址及通訊地址(如與註冊地址不同)。

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The image shows a portion of the 'FORM AP (ER)' application form, specifically 'Part I. Employer Details'. Numbered callouts point to the following sections:

- 4:** Contact Details (聯絡資料) section, including fields for Contact Person, Telephone No., Country Code, Area Code, Phone No., Fax No., E-mail Address, and Company Website.
- 5:** Participating Plan Commencement Date (參與計劃開始日期).
- 6:** Jurisdiction of Incorporation or Organization (實體成立為法團或設立所在的稅務管轄區).
- 7:** Industry Classification (行業分類) section, featuring a grid of industry categories with checkboxes.
- 8:** Directors / Principals (董事 / 主事人) section, including a table for listing names and identification numbers (HKID Card / Passport No.).

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

- Fill in the company contact details.
請填寫公司聯絡資料。
- For Newly set up company, Participation Plan Commencement Date should be earlier than or same as the date of employment of the 1st employee participating in the Plan. If the Company is transferred from another MPF Plan to our Plan, this Commencement Date should follow the end date of the previous plan.
若為新成立公司，此參與計劃開始日期須在首位參加計劃的僱員的受僱日期之前或同日。如從其他強積金計劃轉移到本計劃，此開始日期須銜接舊計劃的結束日期。
- Fill in the Jurisdiction of Incorporation or Organization.
請填寫公司成立或設立之所在的稅務管轄區。
- Select the Industry Classification.
請選擇「行業分類」。
- Fill in the name and HKID Card / Passport No. of the Directors / Principals and attach a copy of their personal identification documents.
請填寫董事 / 主事人的姓名及身份證 / 護照號碼及附上有關董事 / 主事人之身份證明文件副本。

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Part II. MPF Asset Transfer-in (If Any) 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)" and "Letter of Confirmation" (If applicable).
強積金資產轉入，請填寫「資金轉移申請表格（參與僱主適用）」及「確認書」（如適用）。

For ORSO asset transfer-in, please complete the "ORSO Asset Transfer Form".
職業退休計劃資產轉入，請填寫「職業退休計劃資產轉入表格」。

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Part III. Details of Voluntary Contribution (If Any)* 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

Early Retirement Age* No Yes (Attaining the age* of _____)
提早退休年齡* 沒有 有 (年滿 _____ 歲*)

Normal Retirement Age**
正常退休年齡**

* Please fill in the age below the "Normal Retirement Age" 請填寫少於「正常退休年齡」之年齡。
** Please fill in the age of 65 or below. If you have not specified the age, the statutory retirement age which is age 65 will be applied. 請填寫65歲或以下之年齡。如您沒有訂明年齡，正常退休年齡將預設為法定之65歲。)

And other conditions, if any 及其他條件，如有

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

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

9. Select "Yes" if there is asset transfer-in and "No" if no. Once selected "Yes", please specify and fill in information in the relevant Form and provide a list of employees. If the transfer of assets includes MPF voluntary contributions, please also submit the "Letter of Confirmation".
如有資產轉入，請註明並填寫相關表格及提供僱員名單。如資產轉入包括強積金自願性供款，請連同「確認書」一併提交。

Part III. Details of Voluntary Contribution (If Any) 自願性供款資料 (如有)

10. If the employer makes voluntary contribution, please complete this Part. (e.g. Early Retirement Age, Normal Retirement Age, Member Category, Contribution Details, Vesting Scale Option, etc.)
如僱主作出自願性供款，請填寫此欄。（如提早退休年齡、正常退休年齡、成員類別、供款資料、歸屬比例選擇等）。

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FORM AP (ER)

Part III. Details of Voluntary Contribution (If Any)* 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* 自願性供款開始日期*	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 Service² 離職歸屬表²

Completed Year Based On 完整年期基準
 Completed Years of Membership in the Participating Plan 參與計劃會籍整年期
 Completed Years of Service with the Employer 為僱主服務整年期

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	%											

(Please select an option where appropriate or specify at option 4) (請按適當的選擇或在「選擇4」註明)

* Employer confirmed that there is no reduction of any MPF accrued rights and vested benefits as a result of the transfer of benefits to the BCT (MPF) Pro Choice / BCT (MPF) Industry Choice. 僱主確認強積金的累積權利和歸屬權益並不會因利益轉移至BCT(強積金)行業計劃而有所減少。

† If an employee has reached the specified early retirement age and has fulfilled other conditions if specified by his employer, he shall be fully vested with the value of the balance of his employer's voluntary contribution (including the benefits transferred from ORSO scheme, if any). If the early retirement age is not specified and the employee is under the normal retirement age (if specified) or age 65 (if the normal retirement age is not specified), the percentage of the value of the balance attributable, for the purpose of vesting, to the employer's voluntary contributions (including the benefits transferred from ORSO scheme, if any) shall be calculated according to the above vesting scale. 若僱員已達到以上訂明之提早退休年齡並且已履行僱主訂明的其他條件(如有), 僱主自願性供款部份(包括從職業退休計劃轉入的權益, 如有)將全數100%歸屬予該僱員所有。若僱主沒有訂明提早退休年齡或僱員未滿正常退休年齡(如訂明)或未滿65歲(如沒有訂明正常退休年齡), 僱主自願性供款部份(包括從職業退休計劃轉入的權益, 如有)的歸屬百分比, 就歸屬的目的而言, 將根據上述之歸屬表計算。

** If an employee has reached the normal retirement age (if specified) or age 65 (if the normal retirement age is not specified) (irrespective of whether the employee has ceased employment with the employer), the value of the balance of his employer's voluntary contributions (including the benefits transferred from ORSO scheme, if any) shall be fully vested in him. For the avoidance of doubt, if this field is not filled in and the employee is older than age 65, the employee shall also be fully vested with the value of the balance of his employer's voluntary contributions (including the benefits transferred from ORSO scheme, if any). 當僱員已達到正常退休年齡(如訂明)或65歲(如沒有訂明正常退休年齡)(不論僱員是否已辭去僱用), 僱主自願性供款部份(包括從職業退休計劃轉入的權益, 如有)將全數100%歸屬予該僱員所有。為免生疑問, 若該填寫此欄及僱員年齡大於65歲, 僱主自願性供款部份(包括從職業退休計劃轉入的權益, 如有)亦會全數100%歸屬予該僱員。

† When an employee ceases the employment with his employer, the employee will be entitled to receive the value of his balance attributable to the member's voluntary contribution and, except for the circumstances set out under item (ii) below, a percentage of the value of the balance attributable to the employer's voluntary contributions (including the benefits transferred from MPF scheme and / or ORSO scheme, if any) according to the above vesting scale. If the vesting scale of the ORSO scheme is deviated from the above, please specify in the ORSO Asset Transfer Form (ORSO / TV). 當僱員離職時, 僱員可獲僱員自願性供款部份及(下文第4欄所列情況除外)根據以上歸屬表所得出僱主自願性供款部份(包括從強積金計劃及/或職業退休計劃轉入的權益, 如有)的歸屬百分比。如職業退休計劃之歸屬百分比與以上不同, 請在職業退休計劃資產轉入表格(ORSO / TV)列明。

(ii) Each member shall become fully vested with the value of the balance of his employer's voluntary contribution (including the benefits transferred from MPF scheme and / or ORSO scheme, if any) on the first of the following: 如符合下列任何一節情況, 僱員應可全數獲得其僱主之自願性供款部份(包括從強積金計劃及/或職業退休計劃轉入的權益, 如有):

(a) Attaining Normal Retirement Age (if specified above) or age 65 (if the normal retirement age is not specified) 達到正常退休年齡(如上述訂明)或年滿65歲(如沒有訂明正常退休年齡)
 (b) Attaining Early Retirement Age (if specified above) and fulfilling other conditions if specified by the relevant employer in relation thereto 達到提早退休年齡(如上述訂明), 僱員並且已履行僱主訂明的其他條件(如有)
 (c) Termination of employment due to total incapacity 因完全失行為能力而終止僱用
 (d) Termination of employment due to terminal illness 因罹患末期疾病而終止僱用
 (e) Death 死亡

(iii) If a member is dismissed from the employment, the percentage of the value of the balance attributable to the employer's voluntary contributions (including the benefits transferred from MPF scheme and / or ORSO scheme, if any) will be subject to the Employer's discretion being either zero percent (where supporting document is required, if necessary) or following the applicable percentages specified in the above vesting scale. 如成員被僱主解僱, 僱主自願性供款部份(包括從強積金計劃及/或職業退休計劃轉入的權益, 如有)的歸屬百分比將由僱主決定為零(如需要請提供有關證明文件)或按附上述歸屬表適用的歸屬百分比計算。

Part III. Details of Voluntary Contribution (If Any) 自願性供款資料 (如有) (Continued 續)

- Please select the right calculation basis of voluntary contribution of your plan. 請選擇自願性供款基準。
- Please select the "Completed Year Based On" for calculating the vesting % of the Employer Voluntary Contribution. 請選擇有關計算僱主自願性供款的「完整年期基準」。
- Please select or fill in the Vesting Scale % of your plan. 請選擇或填寫歸屬權益的百分比。

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FORM: AP (ER)

Part V. Authorised Signatories 授權人簽署

Any [one / two*] of the following Signatories (and 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 Signatories listed below or any of the Signatories listed at the bottom of Part VIII) to enter into or issue any documents or give instructions related to the scheme administration on behalf of the Employer (but not including employer voluntary contribution set-up and changes to Authorised Signatories). If the following list of Specimen Signature is not filled in, then any [one / two*] of the 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 Part VIII 底部的簽署人) 獲授權代表僱主 (若未有指示授權簽署人人數 [即一位或兩位])，則代表下列任何一位簽署人或列在 Part VIII 底部的任何一位簽署人處理、簽署任何文件及發出任何有關該參與計劃行政之指示 (但不包括設立僱主自願性供款及更改授權人簽署)。若下列簽名式樣沒有填寫，則 Part VIII 底部的任何 [一位 / 兩位*] 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)] to BCTC.
如日後需要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)] 至銀聯信託以作記錄更新。

* Delete as appropriate 請刪去不適用者

Part V. Authorised Signatories 授權人簽署

17. Signatories authorised by the Employer to enter into or issue any documents or give instructions related to the scheme administration on behalf of the Employer (but not including employer voluntary contribution set-up and changes to Authorised Signatories) to BCTC, must provide specimen signature in this Part and attach a copy of his / her personal identification document to BCTC to verify his / her authorised signature in the future.
獲僱主授權代表僱主處理、簽署任何文件及發出任何有關該參與計劃行政之指示 (但不包括設立僱主自願性供款及更改授權人簽署) 予銀聯信託的簽署人，需在此欄簽署及附上身份證明文件副本，作為銀聯信託日後核對簽署式樣之用。

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Part VI. Tax Residency Self-Certification (Mandatory) 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 Part VI 與本表格內「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 Part I 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 Part VIII 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)的規例)「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。

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

18. This part is related to tax residency self-certification. Please read the Important Notes before going to complete following section.
這部份是有關於稅務居民身份自我證明。請先閱讀重要提示，再完成以下部份。

Form Guide for Application Form – Employer (and CRS Self-Certification)

如何填寫「僱主申請書（及共同匯報標準的自我證明）」

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FORM AP (ER)

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

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_aeo.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_aeo.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。




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)Part VI (1)、(2)及(5)部份。

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

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 Part VI (2)。該部份為稅務居住地位是(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。]

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

19. If the Entity/Sole Proprietor's tax residence is "Hong Kong ONLY with no other jurisdictions or countries", please check the **box** and skip the point 2. If the tax residence of Entity/Sole Proprietor is (i) Hong Kong and also some other jurisdictions or countries; or (ii) not Hong Kong, but instead some other jurisdictions or countries, please skip this point and complete point 2. 如實體/獨資經營者的稅務居住地位是"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位"，請在空格中加上✓並可跳過第2點。如實體/獨資經營者的稅務居住地位為(i)香港及其他司法管轄區或國家或(ii)不是香港而是其他司法管轄區或國家的稅務居民，請跳過此部份及完成第2點。

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(2) Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")
屬住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 sheets. 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。請參閱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。



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.

如帳戶持有人是香港稅務居民,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 - 無需稅務編號。(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。)

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

20. If the tax residence of Entity/Sole Proprietor is (i) Hong Kong and also some other jurisdictions or countries; or (ii) not Hong Kong, but instead some other jurisdictions or countries, please fill in all jurisdictions or countries (including Hong Kong (where applicable)) and Taxpayer Identification Number ("TIN") in the table.

如實體/獨資經營者的稅務居住地是 (i) 香港及其他司法管轄區或國家; 或 (ii) 不是香港而是其他司法管轄區或國家的稅務居民,請於表格中填報所有國家 / 司法管轄區(包括香港(如適用))及相關的稅務編號。

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

- (a) Entity: First 8 digits of the Hong Kong Business Registration Number
 - (b) Sole proprietor: HKID Card No.
- 如帳戶持有人是香港稅務居民,稅務編號是
- (a) 實體: 香港商業登記號碼前八位數字
 - (b) 獨資經營者: 香港身份證號碼

The OECD has provided information on TIN of certain jurisdictions (English version only).

For details, please refer to the following website

就某些司法管轄區,經合組織已提供相關稅務編號的資訊(只有英文版本)。詳情請參閱以下網站

<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

If a TIN is unavailable, please provide the appropriate reason A, B or C with according to the form's description.

若未能提供稅務編號,請根據備註的說明提供適當的原因A、B或C。

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FORM AP (ER)

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

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，請跳過 Part VI (3) 及 (4) 部分並填寫 Part VI (5) 部分。

(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。

<p>Financial Institution 財務機構 (You can skip item 4 您可略過第4部分)</p>	<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：擁有對債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
<p>Active Non-Financial Entity ("NFE") 主動非財務實體 (You can skip item 4 您可略過第4部分)</p>	<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 _____)
<p>Passive NFE 被動非財務實體 (Please complete item 4 請填寫第4部分)</p>	<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

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

21. [NOT applicable to sole-proprietorship] Please tick **ONE** of the appropriate boxes and provide the relevant information. Following table is some of examples of CRS Entity Type:
[不適用於獨資經營者] 請在適當的方格上填上「✓」及填寫所需資料。下表是《共同匯報標準》實體類別例子以作參考：

Disclaimer: Below table is for reference only and it is not exhaustive. It aims to illustrate examples of the CRS entity types. It should not be considered as tax or legal advice. BCTC will not be held liable for any action taken (or refrained from being taken) in connection with the information concerned. Please note that you are fully responsible for confirming your CRS entity type. In case of uncertainty, please seek professional tax or legal advice.
免責聲明：下表只供參考之用及並非涵蓋一切情況。旨在舉例說明《共同匯報標準》的實體類別，此等不應視為稅務或法律建議。銀聯信託概不就有關資料採取（或避免採取）的相關行動負責。請留意，確認《共同匯報標準》實體類別全屬客戶的責任。如有疑問，請尋求專業稅務或法律意見。”

CRS Entity Types 實體類別	Examples 例子
Financial Institutions 財務機構 (FI)	Banks, security dealing companies, investment management services, insurance companies, fund managers, trusts & trustees 金融/財務機構一般包括銀行、證券買賣公司、投資管理服務機構、保險公司、基金管理公司、信託和受託人公司
Active Non-Financial Entity 主動非財務實體 (Active NFE)	An entity with trading activities including manufacturers, wholesalers, retailers, restaurants, and bars, hotels, construction companies health and social work 一般指有業務往來的實體，包括製造商、批發商、零售商、餐館和酒吧、酒店、建築公司、醫療保健及社會工作機構
Passive Non-Financial Entity 被動非財務實體 (Passive NFE)	Entity with no trading activities and receive income or dividend generated from its assets including properties and shares etc. 一般指沒有活躍商業活動的實體，收入主要由其資產（包括物業和股票等）產生之收益或股息

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(4) Controlling Persons (Complete this part if the entity account holder is a passive NFE) 控權人(如實體帳戶持有人是被动非財務實體，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。

(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都不接受，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 海外[†]

City 城市[†] _____ Country 國家[†] _____

[†] 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，在明知一項陳述在實質上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在實質上屬具誤導性、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。

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

22. [NOT applicable to sole-proprietorship] Complete this part only if you have ticked the box **Passive NFE** in above **point 3 “Entity Type”**. Please provide the name of each controlling person(s) of the entity, and complete the “Self-Certification Form – Controlling Person” for each controlling person. [不適用於獨資經營者] 如於上述第3點實體類別中剔選“被動非財務實體”，則必須完成此部份。請提供實體之所有控權人的姓名在列表內，及每名控權人須分別填寫一份“自我證明 – 控權人”。
23. [For Sole Proprietorship ONLY] - please fill in the information of Sole Proprietor. [只適用於獨資經營者] - 請填寫獨資經營者的資料。

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FORM AP (ER)

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

(9) 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.
 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，並為日後獨立帳戶之基礎。

(10) 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.
 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，或可致本自我證明表格的資料不正確或不完整，本人 / 吾等會通知銀聯信託有限公司，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。

(11) 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 BCTC and BCTF (or their employees or agents); but I / we understand that BCTC and BCTF 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:
 本人 / 吾等即明確表示同意銀聯信託及銀聯金融(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 / 吾等不同意銀聯信託及銀聯金融如此使用本人 / 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。

Signature(s) and Company Stamp (if applicable) 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) _____

HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼 (Must provide a copy 必須附上副本) : (1) _____ (2) _____

Only applicable to all non-board director signatories 只適用於非董事會董事簽署人

Nationality 國籍 : (1) _____ (2) _____

Residential Address 住址 : (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，可處最高級(即HK\$10,000)罰款。

Remarks 備註

- For corporation, this form needs to be signed by the director(s) or such other person(s) acceptable to BCTC and / or BCTF. In the latter case, documentary evidence (e.g. board resolution or similar written authorization) will be required. 倘為法人公司，本表格必須由董事或銀聯信託及 / 或銀聯金融所接受的其他人士簽署。如屬後者，則須提供證明文件(例如，董事會決議或同類書面授權)。
- 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。
- 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。

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

- If you do not consent to having your personal data being used for direct marketing of MPF services (and ancillary MPF products), please mark “✓” in the box.
如不同意將個人資料用作直銷強制性公積金服務(及有關強積金的產品)，請在此方格內填上“✓”號。
- For the signatories, please sign in this Part with company stamp (if applicable). Please refer to “Remarks” for the definition of signatories (Corporation, Sole Proprietorship and Partnership).
簽署人士請於此欄簽署及蓋章(如適用)。簽署人(有限公司、獨資經營公司及合伙經營公司)的定義，請參閱相關「備註」。
- Fill in the completion date of this Form.
請填寫填表日期。
- Fill in the name and title of signatories.
請填寫簽署人士之姓名及職銜。
- Fill in the HKID Card No. / Passport No. of signatories.
請填寫簽署人士之身份證 / 護照號碼。
- If the signatories are non-board director, please provide his/her nationality and address.
如簽署人並非董事會董事，請提供簽署人之國籍及其住址。

Internal Use Only 內部專用

Classification Code 項目編號:

Date Received: _____ Input By: _____ Verified By: _____ Remarks: _____

Broker Code: _____ Agent Code: _____ Campaign Code: _____ BD Code: _____

Flexi 2 Approval: _____

18F Cosco Tower, 183 Queen's Road Central, Hong Kong 18樓皇后大道中183號中環大廈18樓

Member Hotline 成員熱線: 2298 9333 Fax 傳真: 2992 0507
 Employer Hotline 僱主熱線: 2298 9368 Website 網址: www.bcthk.com

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Form Guide for Application Form – Employer (and CRS Self-Certification)

如何填寫「僱主申請書（及共同匯報標準的自我證明）」

Note: There are two language versions of the “Participation Agreement – Employer” (i.e. English and Chinese). Please complete and sign one of the version.

註：「僱主參加協議」分為英文版及中文版，請選擇一個語言版本及簽署。

Participation Agreement – Employer 僱主參加協議

bct BCT (MPF) Pro Choice / BCT (MPF) Industry Choice
BCT積金之選 / BCT(強積金)行業計劃
Participation Agreement – Employer 僱主參加協議

FORM AP (ER)

THIS PARTICIPATION AGREEMENT is made on the ____ day of _____, 20 ____.

BETWEEN:
(1) BANK CONSORTIUM TRUST COMPANY LIMITED whose registered office is at 18th Floor Cosco Tower, 183 Queen’s Road Central, Hong Kong (the “Trustee”); and

(2) _____ whose registered office is at _____ (the “Employer”).

RECITALS:
(A) The Trustee is the Trustee of the following plan: (Please mark “✓” in the appropriate box)
 the BCT (MPF) Pro Choice (the “Plan”) which was established by a deed dated 31 January 2000 made by the Trustee (as amended from time to time, the “Deed”).
 the BCT (MPF) Industry Choice (the “Plan”) which was established by a deed dated 12 April 2000 made by the Trustee (as amended from time to time, the “Deed”).
(B) The Employer wishes to join the Plan in order to establish a retirement benefits scheme (the “Participating Plan”) for the benefit of its employees.
(C) The Participating Plan shall be governed by the Deed and this Participation Agreement.
(D) The Trustee shall notify the Employer of the Plan Commencement Date.

PROVISIONS:
1. Unless otherwise stated, words and expressions used in this Participation Agreement shall have the meanings given to them in the Deed.
2. The Employer hereby establishes a Participating Plan, to be governed by the terms of the Deed and this Participation Agreement. The Employer acknowledges that (i) any Application Form completed by the Employer and Member Enrolment Forms completed by the employees of the Employer in respect of the application for participation in the Plan shall form part of this Participation Agreement and the details provided therein shall apply for the purposes of the Participating Plan and (ii) subject to the relevant applicable law and in respect of Voluntary Contributions, it shall not be the duty of the Trustee to oversee or ensure that any contributions or other monies payable under the Deed, the Rules, the Participation Agreement or any other applicable directions, are in fact paid, that any applicable definition of earnings or income (howsoever expressed) is properly applied or that the calculation of contributions is correct.
3. The Employer hereby covenants with the Trustee to comply with and be bound by the provisions of the Deed and this Participation Agreement and all applicable laws and regulations.
4. The Employer warrants that the information from time to time to be provided by the Employer in the Application Form and any other information to be provided by the Employer in relation to each Employee Member will be correct in all respects.
5. Subject to the provisions of the Deed and this Participation Agreement, the Employer undertakes and agrees to hold the Trustee indemnified against any and all proceedings, costs, charges, liabilities and expenses occasioned by any and all actions, claims, demands or proceedings in connection with the Plan or the Participating Plan either:
(a) arising out of the breach by the Employer of the warranty referred to in paragraph 4; or
(b) as a result of any failure or omission on the part of the Employer to duly and punctually perform or observe any obligations pursuant to the Deed and this Participation Agreement or otherwise so far as they relate to the Employer and Employee Members of the Participating Plan (whether they relate to the Employer and such Employee Members alone or together with another Employer and the Employee Members of other Participating Plans).
6. The Employer undertakes and agrees to pay all fees and expenses which are payable by it under the terms of the Deed and this Participation Agreement.
7. The Employer further undertakes and agrees to make Voluntary Contributions in respect of its Employee Members in accordance with the provisions of the Deed and the information specified in the Application Form. Unless otherwise stated in the Application Form, the Trustee and the Employer agree that the vesting, withdrawal and any other matters relating to the Voluntary Contributions made by the Employer shall be governed by the provisions of the Deed.
8. This Participation Agreement shall be governed by the laws of Hong Kong.

IN WITNESS whereof this Participation Agreement has been entered into the day and year first above written.

SIGNED for and on behalf of the Trustee by

in the presence of: -

For and on behalf of the Employer by

(Name & Title)

(Name & Title)

(Signature of Witness)

(Name of Witness)

If there is any inconsistency between the English version and the Chinese version, the English version shall prevail.
Plan Sponsor 計劃保薦人: BCT Financial Limited 銀聯金融有限公司
Trustee & Administrator 受託人及行政管理人: Bank Consortium Trust Company Limited 銀聯信託有限公司

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30. For BCTC’s use only, please do not fill in.
請勿填寫，銀聯信託專用。
31. Fill in the company name and address of registered office (must be the same as the information stated in Business Registration Certificate).
請填寫公司名稱及註冊地址（需與商業登記證的資料相同）。
32. Please mark “✓” in the appropriate box (must be the same as your selection of the Plan in the “Application Form – Employer”).
請以“✓”號選擇適用的計劃名稱。（需與「僱主申請書」所選擇的參加計劃相同）。
33. For BCTC’s use only, please do not sign here.
請勿在此欄簽署，銀聯信託專用。
34. Fill in the name and title of the authorised signatory / signatories of the Employer.
請填寫獲僱主授權簽署人的姓名及職銜。
35. Signed by the authorised signatory / signatories, who is / are the same as that provided in Part V (if any) and Part VIII.
此部份由獲僱主授權簽署人簽署，即 Part V 內（如有）及 Part VIII 內的獲授權簽署人。
36. This is to be signed by the Witness.
由見證人簽名。
37. Fill in the name of Witness.
請填寫見證人的姓名。

Form Guide for Application Form – Employer (and CRS Self-Certification)

如何填寫「僱主申請書（及共同匯報標準的自我證明）」

Note: There are two language versions of the “Participation Agreement – Employer” (i.e. English and Chinese). Please complete and sign one of the version.

註：「僱主參加協議」分為英文版及中文版，請選擇一個語言版本及簽署。

Participation Agreement – Employer 僱主參加協議

30. For BCTC’s use only, please do not fill in. 請勿填寫，銀聯信託專用。
31. Fill in the company name and address of registered office (must be the same as the information stated in Business Registration Certificate). 請填寫公司名稱及註冊地址（需與商業登記證的資料相同）。
32. Please mark “✓” in the appropriate box (must be the same as your selection of the Plan in the “Application Form – Employer”). 請以“✓”號選擇適用的計劃名稱。（需與「僱主申請書」所選擇的參加計劃相同）。
33. For BCTC’s use only, please do not sign here. 請勿在此欄簽署，銀聯信託專用。
34. Fill in the name and title of the authorised signatory / signatories of the Employer. 請填寫獲僱主授權簽署人的姓名及職銜。
35. Signed by the authorised signatory / signatories, who is / are the same as that provided in Part V (if any) and Part VIII. 此部份由獲僱主授權簽署人簽署，即 Part V 內（如有）及 Part VIII 內的獲授權簽署人。
36. This is to be signed by the Witness. 由見證人簽名。
37. Fill in the name of Witness. 請填寫見證人的姓名。

bctc BCTC (MPF) Pro Choice / BCTC (MPF) Industry Choice
BCTC 積金之選 / BCTC(強積金)行業計劃
Participation Agreement – Employer 僱主參加協議

FORM AP (ER)

本參加協議於二零____年____月____日由以下雙方共同訂立：
(1) 銀聯信託有限公司，其註冊辦事處地址為香港皇后大道中183號中遠大廈18樓（“受託人”）；以及

(2) _____，其註冊辦事處地址為 _____（“僱主”）。

英文：
(A) 受託人為以下計劃之受託人：（請於適用的方格內填上“✓”號）
 BCTC積金之選（“有關計劃”）之受託人，有關計劃依據於二零零零年一月三十一日訂立之契約（經不時修訂，“有關契約”）成立。
 BCTC(強積金)行業計劃（“有關計劃”）之受託人，有關計劃依據於二零零零年四月二十二日訂立之契約（經不時修訂，“有關契約”）成立。
(B) 僱主希望參加有關計劃，用以成立為保障僱員利益之退休保障計劃（“參與計劃”）。
(C) 參與計劃將受有關契約及此參加協議規限。
(D) 受託人應將計劃生效日期通知僱主。

條文：
1. 本參加協議內之文字及語彙（另有規定的除外），應採用有關契約列明之涵意。
2. 僱主現成立一個參與計劃，並由有關契約及本參加協議條文規限。僱主確認：(i) 就申請參與有關計劃而由僱主填寫的任何申請書及由僱主的僱員填寫之成員參加表格，將成為本參加協議之一部份，而這些文件所提供之資料應適用於有關參與計劃；以及(ii) 在相關適用法律規限下，對於自願性供款，受託人沒有責任監督或確保根據有關契約、規則、參加協議或任何其他適用指引應付之各種供款或其他款項已實際繳交，也沒有責任監督或確保任何適用的人士或收入（不論採用何種字眼表達）之定義已被妥善地採用，也沒有責任監督或確保供款的計算正確。
3. 僱主現向受託人承諾，其將遵從有關契約及本參加協議之條文以及所有適用之法律及規例，並受該等條文、法律及規例所約束。
4. 僱主保證，僱主不時在申請表格上提供的資料以及僱主將就每名僱員成員提供的其他資料，在一切方面都是正確的。
5. 在有關契約及本參加協議之條款規限下，僱主承認並同意就受託人有關下述原因引致而與有關計劃或參與計劃有關的任何及一切法律行動、索償、要求或程序所造成之訴訟、費用、收費、責任及開支，向受託人作出賠償：
(a) 僱主違反第4段所述之保證；或
(b) 因僱主未能妥當及準時地履行或遵守有關契約及本參加協議之任何責任，或僱主未能妥當及準時地履行或遵守凡與參與計劃之僱主及僱員成員相關之責任（不論該等責任是否只與僱主及該等僱員成員有關，或是否同時與其他參與計劃下之另一僱主及僱員成員有關）所造成之失誤或遺漏。
6. 僱主承認並同意支付有關契約及本參加協議需履行之所有費用及開支。
7. 僱主進一步承認並同意按照有關契約之條款及申請書指明的資料就有關僱員成員作出自願性供款，除申請書另有規定外，受託人及僱主同意，有關僱主自願性供款之歸屬、提取以及其他事項，應受有關契約之條款約束。
8. 本參加協議應受香港法律約束。
本參加協議已在本文件首頁所列的日期簽訂，以資證明。
代表受託人簽署 _____)
在下列見證人的面前簽署：- _____)
由以下人士代表僱主 _____)
(姓名及職銜) _____)
(姓名及職銜) _____)
在下列見證人的面前簽署：- _____)
(見證人簽署) _____)
(見證人姓名) _____)
如中、英文兩個版本有任何不相符之處，應以英文版本為準。

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