



**BCT (MPF) Industry Choice BCT(強積金)行業計劃**  
**Remittance Statement 付款結算書 (For Regular Employee Only 只適用於一般僱員)**

Name of Plan 計劃名稱 : BCT (MPF) Industry Choice BCT(強積金)行業計劃  
 Scheme Registration No. 計劃註冊編號 : IS00017

Name of Employer 僱主名稱 : \_\_\_\_\_  
 Name of Contact Person 聯絡人姓名 : \_\_\_\_\_  
 Telephone No. 電話號碼 : \_\_\_\_\_  
 Participating Plan No. 參與計劃編號 : \_\_\_\_\_

**Part I — For New Employees (Note 1) 第 I 部分 — 適用於新僱員 (註 1)**

No. 編號	Name of Employee (Surname first) 僱員姓名 (姓氏先行)	HKID Card No. or Membership No. (Note 2) 香港身份證號碼 或成員編號(註 2)	Date of Employment (Note 3) 受僱日期 (註 3) (D 日 / M 月 / Y 年)	Basic Salary (Note 4) 基本入息 (註 4) (HK\$ 港元)	Relevant Income (Note 5) 有關入息 (註 5) (HK\$ 港元)	Relevant Contribution Period (Note 6) 有關供款期 (註 6) (D 日 / M 月 / Y 年)		Employer's Contributions 僱主供款		Employee's Contributions 僱員供款		Surcharge for Mandatory Contributions (Note 7) 供款附加費 (註 7) (HK\$ 港元)
						From 由	To 至	Mandatory Contributions 強制性供款 (HK\$ 港元)	Voluntary Contributions 自願性供款 (HK\$ 港元)	Mandatory Contributions 強制性供款 (HK\$ 港元)	Voluntary Contributions 自願性供款 (HK\$ 港元)	
1												
2												
3												
4												
5												
6												
<b>Sub-total 小計 :</b>												
<b>Total 合計 :</b>												

I / We declare that to the best of my / our knowledge and belief, the information given in this Remittance Statement and its attachments is correct and complete. I / We confirm that I / we have obtained the consent of the above employee(s) with regard to the information provided herein above to Bank Consortium Trust Company Limited ("BCTC", the trustee of the Plan) and I / we have verified all the information provided herein is true and accurate in all respects.

本人 / 吾等聲明，盡本人 / 吾等所知及所信，此付款結算書及隨附文件所提供的資料均屬正確無訛且並無缺漏。本人 / 吾等確認本人 / 吾等已獲上述僱員之同意向銀聯信託有限公司(「銀聯信託」，強積金計劃之受託人)提供有關上述申報僱員的資料，並已查核就此所提供之資料於各方面均為真實及正確。

I / We hereby agree to indemnify BCTC against any actions, proceedings, claims, losses, damages, costs or expenses which may be brought against BCTC or suffered or incurred by BCTC arising either directly out of or in connection with BCTC accepting facsimile instructions or e-mail instructions and acting thereon, whether or not the same are confirmed by me / us in writing. Notwithstanding the above, BCTC has the right to determine which forms or other documents of instructions may or may not be accepted by facsimile or e-mail.

本人 / 吾等同意銀聯信託不論在否得到本人 / 吾等的書面確認下均可接受及處理傳真指示或電郵指示及根據該等指示處理有關事宜，本人 / 吾等亦同意賠償銀聯信託因接受或處理該等傳真指示或電郵指示而直接或間接導致銀聯信託遭受或承受的任何行動、訴訟、理賠、損失、損害、成本或費用。儘管以上所述，銀聯信託有權決定何種表格或其他指示文件能否以傳真方式或電郵方式傳遞。

S.V.

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)

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

Notes 備註

- (1) Employers should state clearly in this Remittance Statement the following information for each new employee:  
僱主必須為每名新僱員在此付款結算書上清楚註明：
  - (a) The Relevant Income for each of the relevant contribution periods included in this Remittance Statement;  
此付款結算書所包括的每段有關供款期內的有關入息；
  - (b) The respective employer's and employee's contributions for each of these periods;  
僱主及僱員在每段供款期的各自供款；
  - (c) Employees whose Relevant Income is zero (such as those on no-paid leave) should also be reported in this part, please specify "0" in the column of "Relevant Income"; and  
沒有任何有關入息的僱員(如正支取無薪假期的僱員)仍須在此部分填報，請在「有關入息」項目下註明「0」；以及
  - (d) If there is employee termination, please complete and submit the "Employee Termination Notice".  
如有僱員離職，請填寫及遞交「僱員離職通知書」。
- (2) Please fill in the HKID Card No. or the Membership No. (if any), which are essential data to be used for contribution settlement to the respective Employee MPF account. Please ensure that the HKID Card No. or the Membership No. (if any) provided to us is true, correct and accurate.  
請填寫香港身份證號碼或成員編號(如有)。此等號碼非常重要，它們將被用作處理供款到有關僱員的強積金戶口。請確保您所提供之香港身份證號碼或成員編號(如有)是真實、正確和準確的。
- (3) The Date of Employment in this Remittance Statement should be the same as the Date of Employment in the "Member Enrolment Form".  
此付款結算書上所列明之受僱日期必須與「成員參加表格」之受僱日期相同。
- (4) Basic salary is used in the calculation of voluntary contributions only.  
基本入息只適用於計算自願性供款。
- (5) "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。
- (6) After taking into account the contribution holiday.  
不包括僱員受僱的免供期。(因毋須供款)
- (7) The surcharge shall be calculated according to the "Payment Notice" issued by the Mandatory Provident Fund Schemes Authority.  
供款附加費之計算將根據強制性公積金計劃管理局所發出之「拖欠供款附加費通知書」為準。
- (8) The cheque should be made payable to "Bank Consortium Trust Company Limited - Client A/C - Industry Clearing".  
支票抬頭請註明為「銀聯信託有限公司 – BCT(強積金)行業計劃」。
- (9) In the absence of the employer's signature, this Remittance Statement would be regarded as incomplete.  
若付款結算書上欠缺僱主簽署，此付款結算書將被視為尚未填妥。
- (10) Please countersign any alterations made in this Remittance Statement.  
如須作出任何刪改，請於刪改之位置旁簽署。
- (11) Please send the completed Remittance Statement to "Pension Services, Bank Consortium Trust Company Limited, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong".  
請將填妥付款結算書寄往「香港皇后大道中183號中遠大廈18樓，銀聯信託有限公司，退休金服務」收。



**BCT (MPF) Industry Choice BCT(強積金)行業計劃**  
**Remittance Statement 付款結算書 (For Regular Employee Only 只適用於一般僱員)**

Contribution Due Date 供款到期日  
 Within the first 10 days of the month following the payroll  
 糧期完結後翌月之首 10 天內

Name of Plan 計劃名稱 : BCT (MPF) Industry Choice BCT(強積金)行業計劃

Scheme Registration No. 計劃註冊編號 : IS00017

Contributions for the contribution period from (Note A) 供款期由(註A)

\_\_\_\_\_ to \_\_\_\_\_  
 (D日 / M月 / Y年) 至 (D日 / M月 / Y年)

Name of Employer 僱主名稱 : \_\_\_\_\_

Name of Contact Person 聯絡人姓名 : \_\_\_\_\_

Telephone No. 電話號碼 : \_\_\_\_\_

Participating Plan No. 參與計劃編號 : \_\_\_\_\_

**Part II — For Existing Employees (Note B) 第 II 部分 — 適用於現有僱員 (註 B)**

No. 編號	Name of Employee (Surname first) 僱員姓名 (姓氏先行)	HKID Card No. or Membership No. (Note B(a)) 香港身份證號碼 或成員編號(註B(a))	Basic Salary (Note C) 基本入息 (註C)  (HK\$ 港元)	Relevant Income (Note D) 有關入息 (註D)  (HK\$ 港元)	Employer's Contributions 僱主供款		Employee's Contributions 僱員供款		Surcharge for Mandatory Contributions (Note E) 供款附加費 (註E)  (HK\$ 港元)	Last Date of Employment (D-M-Y) 最後受僱日期 (日-月-年)	Termination Details 離職詳情	
					Mandatory Contributions 強制性供款  (HK\$ 港元)	Voluntary Contributions 自願性供款  (HK\$ 港元)	Mandatory Contributions 強制性供款  (HK\$ 港元)	Voluntary Contributions 自願性供款  (HK\$ 港元)			Termination Reason (Note 1) 離職原因 (註1)	Claim for reimbursement of LSP / SP Paid by Employer (Note 2) 申索發還僱主已付之 長期服務金 / 遣散費金額 (註2)  (HK\$ 港元)
1										- -		
2										- -		
3										- -		
4										- -		
5										- -		
6										- -		
7										- -		
8										- -		
9										- -		
10										- -		
<b>Sub-total 小計 :</b>												
<b>Total 合計 :</b>												

I / We declare that to the best of my / our knowledge and belief, the information given in this Remittance Statement and its attachments is correct and complete. I / We confirm that I / we have obtained the consent of the above employee(s) with regard to the information provided herein above to Bank Consortium Trust Company Limited ("BCTC", the trustee of the Plan) and I / we have verified all the information provided herein is true and accurate in all respects. I / We further confirm that for any claims of Long Service Payment / Severance Payment ("LSP / SP") reimbursement (if any) from employer's contribution account, the LSP / SP paid by my / our company is calculated and paid to the relevant employee in accordance with the Employment Ordinance. I / We agree and confirm that this Remittance Statement serves as the written agreement to terminate the membership of the employee(s) listed under my / our participating plan.

本人 / 吾等聲明，盡本人 / 吾等所知及所信，此付款結算書及隨附文件所提供的資料均屬正確無訛且並無缺漏。本人 / 吾等確認本人 / 吾等已獲上述僱員之同意向銀聯信託有限公司(「銀聯信託」，強積金計劃之受託人)提供有關上述申報僱員的資料，並已查核就此所提供之資料於各方面均為真實及正確。本人 / 吾等並確認就已付之長期服務金或遣散費而提出從僱主供款戶口發還有關金額(如有)，均根據僱傭條例而計算及支付予有關僱員。本人 / 吾等同意及確認此付款結算書作為書面同意終止所列僱員於本人 / 吾等計劃的成員資格。

I / We hereby agree to indemnify BCTC against any actions, proceedings, claims, losses, damages, costs or expenses which may be brought against BCTC or suffered or incurred by BCTC arising either directly out of or in connection with BCTC accepting facsimile instructions or e-mail instructions and acting thereon, whether or not the same are confirmed by me / us in writing. Notwithstanding the above, BCTC has the right to determine which forms or other documents of instructions may or may not be accepted by facsimile or e-mail.

本人 / 吾等同意銀聯信託不論在否得到本人 / 吾等的書面確認下均可接受及處理傳真指示或電郵指示及根據該等指示處理有關事宜，本人 / 吾等亦同意賠償銀聯信託因接受或處理該等傳真指示或電郵指示而直接或間接導致銀聯信託遭受或承受的任何行動、訴訟、理賠、損失、損害、成本或費用。儘管以上所述，銀聯信託有權決定何種表格或其他指示文件能否以傳真方式或電郵方式傳遞。

S.V.

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)

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

## Notes 備註

- (A) Each Remittance Statement is only for one contribution period.  
每張付款結算書只適用於同一段供款期。
- (B) Employers should state clearly in this Remittance Statement the following information for each existing employee:  
僱主必須為每名現有僱員在此付款結算書上清楚註明：
- (a) Please fill in the HKID Card No. or the Membership No. (if any), which are essential data to be used for contribution settlement to the respective Employee MPF account. Please ensure that the HKID Card No. or the Membership No. (if any) provided to us is true, correct and accurate.  
請填寫香港身份證號碼或成員編號(如有)。此等號碼非常重要，它們將被用作處理供款到有關僱員的強積金戶口。請確保您所提供之香港身份證號碼或成員編號(如有)是真實、正確和準確的。
- (b) The Relevant Income for each of the relevant contribution periods included in this Remittance Statement;  
此付款結算書所包括的每段有關供款期內的有關入息；
- (c) The respective employer's and employee's contributions for each of these periods; and  
僱主及僱員在每段供款期的各自供款；以及
- (d) Employees whose Relevant Income is zero (such as those on no-paid leave) should also be reported in this part, please specify "0" in the column of "Relevant Income".  
沒有任何有關入息的僱員(如正支取無薪假期的僱員)仍須在此部分填報，請在「有關入息」項目下註明「0」。
- (C) Basic salary is used in the calculation of voluntary contributions only.  
基本入息只適用於計算自願性供款。
- (D) "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。
- (E) The surcharge shall be calculated according to the "Payment Notice" issued by the Mandatory Provident Fund Schemes Authority.  
供款附加費之計算將根據強制性公積金計劃管理局所發出之「拖欠供款附加費通知書」為準。
- (1) It is required to provide the termination reason if the employer requests to offset LSP / SP against the accrued benefits derived from employer's contributions or there are accrued benefits attributable to employer's voluntary contributions in the employee's account.  
如僱主要求把長期服務金 / 遣散費與僱主供款部份的累算權益對沖或僱員戶口內的累算權益包含有僱主自願性供款，僱主需要提供離職原因。
- |                            |   |  |
|----------------------------|---|--|
| Termination Reason<br>離職原因 | '01' — Retirement 退休  | '04' — Resignation / Contract Completion 辭職 / 合約完結   |
|                            | '02' — Total Incapacity 完全喪失行為能力  | '05a' — Dismissal (Forfeiture of ERVC's vested benefit) (Note 3) 解僱(喪失已歸屬之僱主自願性供款權益)(註3)                                   |
|                            | '03' — Death 死亡   | '05b' — Dismissal (Non-forfeiture of ERVC's vested benefit) 解僱(保留已歸屬之僱主自願性供款權益)  |
|                            | '07' — Early Retirement 提早退休  | '06' — Transfer to Associated Company / Transfer due to Change of Business Ownership (Note 4)<br>聯繫公司之轉職 / 因業務擁有權變動之轉職(註4) |
|                            | '14' — Redundancy 裁員 / 遣散   |  |
|                            | 'T1' — Terminal Illness 罹患末期疾病<br>(only if known to employer 只適用於僱主知悉下填寫) |  |
- (2) Employer **MUST** complete this part for claiming reimbursement of LSP / SP amount from employer's contribution account. In addition, please provide supporting documents, e.g. original LSP / SP Receipt duly signed by employee and employer.  
僱主若申請從僱主之供款戶口中發還已付之長期服務金 / 遣散費，必須填寫此欄。此外，請提供有關文件，如：僱員及僱主簽妥之長期服務金 / 遣散費收款證明書之正本。
- (3) This termination reason is only applicable to employee who has been dismissed by the employer because of fraud, dishonesty or gross misconduct against the employer.  
此離職原因只適用於如因欺詐、不誠實或行為粗鄙失當而遭僱主解僱之僱員。
- (4) For transfer between associated companies or due to change of business ownership, please complete the "Transfer of Accrued Benefits Upon Intra-group Transfer / Change of Business Ownership" form and submit the required documents to us.  
如屬於聯繫公司或因業務擁有權變動之轉職，請填妥「**聯繫公司 / 更改業務擁有權之成員累算權益轉移**」及遞交所需之文件。
- (5) Employee should not be terminated if there is residual payment to be made to the employee. Employer should submit "Employee Termination Notice" for the relevant employee(s) when all the residual payment(s) and relevant contribution(s) have been made accordingly.  
若尚欠剩餘付款未繳付予離職僱員，僱主應在清繳所有剩餘款項及有關供款後才遞交有關僱員之「僱員離職通知書」。
- (6) The cheque should be made payable to "Bank Consortium Trust Company Limited - Client A/C - Industry Clearing".  
支票抬頭請註明為「銀聯信託有限公司 – BCT(強積金)行業計劃」。
- (7) In the absence of the employer's signature, this Remittance Statement would be regarded as incomplete.  
若付款結算書上欠缺僱主簽署，此付款結算書將被視為尚未填妥。
- (8) Please countersign any alterations made in this Remittance Statement.  
如須作出任何刪改，請於刪改之位置旁簽署。
- (9) Please send the completed Remittance Statement to "Pension Services, Bank Consortium Trust Company Limited, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong".  
請將填妥付款結算書寄往「香港皇后大道中183號中遠大廈18樓，銀聯信託有限公司，退休金服務」收。

Internal Use Only 內部專用							
<60 days		With VC / ORSO		MP	MT	LSP / SP	
No Cont.	With MC	With MT	Withdraw	Transfer	MA	Other Trustee	O/S Cont.
Date Received:			Doc. Completion Date:			( )	
Processed By:		( )		Approved By:		( )	