

CHINA LIFE MPF MASTER TRUST SCHEME (“the Scheme”)
中國人壽強積金集成信託計劃 (“本計劃”)
APPLICATION OF PARTICIPATION FORM – EMPLOYER
僱主申請表

This form should be read in conjunction with the latest version of the MPF Scheme Brochure of the Scheme before completion. You may visit our website to read the MPF Scheme Brochure. 填寫此表格前，請先一併閱讀本計劃最新版本的強積金計劃說明書。你可於我們網頁瀏覽該強積金計劃說明書。

For Office use only 公司專用	Participating Scheme No. 參與計劃編號:
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Part I – Details of Employer 第一部 – 僱主資料 (to be completed by employer 需由僱主填寫)

(Please “✓” the appropriate box) (請在適當方格內填上“✓”號)

Name of Company/Organization* 公司/機構名稱*	(English 英文)		
	(Chinese 中文)		
Business Registration No (please specify) (Please provide a copy of the relevant certificate(s)) 商業登記編號(請註明) (請附上有關證書之副本)			
Other Registration No (please specify) (Please provide a copy of the relevant certificate(s)) 其他(請註明) (請附上有關證書之副本)			
Nature of Business 業務性質			
Date of Incorporation 註冊日期		Place of Incorporation 註冊地點	
Company Type 公司類別	<input type="checkbox"/> Limited Company 有限公司	<input type="checkbox"/> Partnership 合夥公司	<input type="checkbox"/> Sole Proprietor 獨資經營
	<input type="checkbox"/> Others, Please specify 其他，請註明 _____		
Registered Address 註冊地址 (P.O. Box address will not be accepted. All correspondence will be sent to registered address if correspondence address is not provided. 郵政信箱恕不接受。如沒有提供通訊地址，所有通訊將寄往註冊地址。)			
District 地區:			
<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 <input type="checkbox"/> Other 其他(City 城市) _____ (Country 國家) _____			
Business Address 營業地址 (If different from the Registered Address) (如與註冊地址不同)			
District 地區:			
<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 <input type="checkbox"/> Other 其他(City*城市*) _____ (Country*國家*) _____			
Corresponding Address 通訊地址 (If different from the Registered Address) (如與註冊地址不同)			
District 地區:			
<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 <input type="checkbox"/> Other 其他(City 城市) _____ (Country 國家) _____			
Contact Person 聯絡人姓名	Title 職銜	E-mail Address 電郵地址	
Telephone No. 電話號碼	Country Code 國家號碼	Area Code 地區號碼	Phone Number 電話號碼
Fax No. 傳真號碼	Country Code 國家號碼	Area Code 地區號碼	Phone Number 傳真號碼

* The information are required to be reported by China Life Trustees Limited to the Inland Revenue Department. 這些項目為中國人壽信託有限公司須向稅務局申報的資料。

PART II – Participating Scheme Details 第二部份 – 參與計劃詳情 (Please "✓" the appropriate box) (請在適當方格內填上"✓"號)

Participating Scheme Commencement Date (D/M/Y) 參與計劃開始日期 (日/月/年)		No. of participating Employee(s) 參與僱員總數	
Contribution Period 供款期	<input type="checkbox"/> Monthly 每月 (The first day to the last day of the month 每月之第一日至最後一日)		
	<input type="checkbox"/> Semi-Monthly 半月 (The first day to the fifteenth day of the month and the sixteenth day to that month end 每月第一日至第十五日及第十六日至當月最後一日)		
	<input type="checkbox"/> Daily 每日	<input type="checkbox"/> Others 其他 (Please specify 請註明)	
Payment Method 付款方法	<input type="checkbox"/> Autopay 自動轉賬 (Please complete Direct Debit Authorization Form 請填妥內附直接付款授權書)		<input type="checkbox"/> Cheque 支票

PART III – Asset Transfer In (If Any) 第三部份 – 資產轉入 (如有) (Please "✓" the appropriate box) (請在適當方格內填上"✓"號)

Scheme Type 計劃類型	
<input type="checkbox"/> MPF 強積金計劃 <input type="checkbox"/> ORSO 公積金計劃 <input type="checkbox"/> Others, please specify 其他, 請註明 _____	
Name of the Original Trustee 原受託人之名稱	
Name of the Original Scheme 原計劃名稱	
<input type="checkbox"/> Participating Employer's Request For Fund Transfer Form (FORM MPF(S)-P(E)) is attached 參與僱主資金轉移申請表(FORM MPF(S)-P(E))已附上	

PART IV - Tax Residency Self-Certification (MUST FILL) 第四部份 - 稅務居民身份自我證明 (必須填寫)

Please read the following instructions before completing this part 請在填寫本部分前細閱以下指示：

♦ **Why are we asking you to complete this part? 為何我們要求你填寫本部分？**

To help protect the integrity of tax systems, governments around the world are introducing a new information-gathering and reporting requirement for financial institutions. This is known as the Common Reporting Standard (the "CRS"). 為維護稅制完整，全球各地政府現正推出適用於金融／財務機構的資料收集及匯報新規則，名為共同匯報標準（簡稱「CRS」）。

Under the CRS, we are required to determine where you are a "tax resident" (this will usually be where you are liable to pay income taxes). If you are a tax resident outside Hong Kong, we may need to give the Inland Revenue Department this information, along with information relating to your accounts. That may then be exchanged with different countries'/jurisdictions' tax authorities. 根據 CRS 規定，我們必須確定你的「稅務居住地」（這通常是你有義務繳納薪俸稅的國家／地區）。若你的稅務居住地不是香港，我們可能需要將此情況及你的有關賬戶資料告知稅務局，稅務局隨後或會將相關資料與不同國家／地區的稅務機關交換。

Completing this part will ensure that we hold accurate and up to date information about your tax residency. 填妥本部分可確保我們持有你正確及最新的稅務居住地資料。

If your circumstances change and any of the information provided in this part becomes incorrect, please let us know within 30 days and provide an updated "Entity Tax Residency Self-Certification Form (CLT016)" or "Individual Tax Residency Self-Certification Form (CLT015)". 如你的情況有變，導致本部分內的任何資料不再正確，請於三十天內告知我們，並提交一份已更新的「實體稅務居民自我證明表格(CLT016)」或「個人稅務居民自我證明表格(CLT015)」。

♦ **Where to go for further information? 如何獲取更多資訊？**

If you have any questions about this part, please call our Service Hotline 3999 5555. 如對本部分有任何疑問，請致電我們的服務熱線 3999 5555。

The Organisation for Economic Co-operation and Development ("OECD") has developed the rules to be used by all governments participating in the CRS and these can be found on the OECD's Automatic Exchange of Information ("AEOI") website, www.oecd.org/tax/automatic-exchange/. 經濟合作與發展組織（簡稱「經合組織」）已制訂規則，供參與 CRS 的所有政府使用，並載於經合組織的自動交換資料（簡稱「AEOI」）網站 www.oecd.org/tax/automatic-exchange/。

Please also visit the website of the Inland Revenue Department that sets out information relating to the implementation of AEOI in Hong Kong: http://www.ird.gov.hk/eng/tax/dta_aeoi.htm. Meaning of terms and expressions used in this form (e.g. "account holder" and "reportable account") may be found under Section 50A of the Inland Revenue Ordinance (Cap. 112). 另請參閱稅務局的網站了解香港實施 AEOI 的詳情：www.ird.gov.hk/chi/tax/dta_aeoi.htm。有關本表格內所用詞彙的涵義（例如：「賬戶持有人」和「須申報賬戶」），請參閱《稅務條例》（第 112 章）第 50A 條。

If you have any questions on how to define your tax residency status, please visit the OECD website, or speak to your tax advisor as we are not allowed to give tax advice. 如你對判定你的稅務居民身份有任何疑問，請瀏覽經合組織網站或諮詢你的稅務顧問。請恕我們不能提供稅務意見。

PART IV - Tax Residency Self-Certification (MUST FILL) (Cont'd) 第四部份 - 稅務居民身份自我證明 (必須填寫) (續)

Important Notes 重要提示：

- This is a self-certification provided by an account holder to China Life Trustees Limited (a reporting financial institution) for the purpose of automatic exchange of financial account information. The data collected may be transmitted by China Life Trustees Limited to the Inland Revenue Department for transfer to the tax authority of another country/jurisdiction. 這是由賬戶持有人向中國人壽信託有限公司(申報金融/財務機構)提供的自我證明,以作自動交換財務賬戶資料用途。中國人壽信託有限公司可把收集所得的資料交給稅務局,稅務局會將資料轉交到另一國家/稅務管轄區的稅務當局。
- An account holder should report all changes in his/her tax residency status to China Life Trustees Limited. 如賬戶持有人的稅務居民身分有所改變,應盡快將所有變更通知中國人壽信託有限公司。
- China Life Trustees Limited 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. 中國人壽信託有限公司在開立僱主帳戶前,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。
- If space provided is insufficient, continue on additional sheet(s). Information in Part I & Part IV marked with an asterisk (*) are required to be reported by China Life Trustees Limited to the Inland Revenue Department. 如這份表格上的空位不夠應用,可另紙填寫。在第一部份及第四部份標有星號(*)的項目為中國人壽信託有限公司須向稅務局申報的資料。

The Employer's Information, including name, business registration no., place of incorporation, registered address and business address, etc., provided in this form and other related documents form part of this self-certification. 於本表格及其他相關文件所提供的僱主資料,包括姓名、商業登記號碼、公司註冊地、登記地址及營業地址等,會成為此自我證明的一部分。

The Entity mentioned in this section refers corporations and partnerships (excluding sole proprietors). If you are a sole proprietor, please complete Parts IV(1),(2),(3) and (6) only. 此部分所指之「實體」為法團或合夥(獨資經營者除外)。如您是獨資經營者,只需填寫第四部份(1)、(2)、(3)及(6)。

(1) Entity/Sole Proprietor Tax Residence is (Please tick one) 實體/獨資經營者之稅務居住地為 (請選一項)

- (i) Hong Kong **ONLY** with no tax residence in any other jurisdictions or countries (the respective Taxpayer Identification Number (TIN) is as noted in ♦ 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(其稅務編號為註在下面♦欄)
(If you have submitted the BR copy with this application, you may skip Part IV(2). 如您已隨本申請表格遞交商業登記證副本,您可略過第四部份(2)。)
- (ii) Hong Kong (and the respective Taxpayer Identification Number (TIN) is as noted in ♦ below) and also some other jurisdictions
是香港(及其稅務編號為註在下面♦欄)及其他司法管轄區
(If you have submitted the BR copy with this application, please fill out the TIN for all the jurisdictions, other than HK, in Part IV(2). 如您已隨本申請表格遞交商業登記證副本,請於第四部份(2)列出所有香港以外其他司法管轄區的稅務編號。)
- (iii) NOT Hong Kong, but instead some other jurisdictions
不是香港而是其他司法管轄區
(Please fill out Part IV(2). 請填寫第四部份(2)。)
- ♦ Taxpayer Identification Number (TIN) 稅務編號:
Entity: First 8 digits of the Hong Kong Business Registration Number
實體: 香港商業登記號碼前八位數字
Sole proprietor: Hong Kong Identity Card Number
獨資經營者: 香港身份證號碼

PART IV - Tax Residency Self-Certification (MUST FILL) (Cont'd) 第四部份 - 稅務居民身份自我證明 (必須填寫) (續)

- (2) If a “☑” is input in the box (ii) or (iii) above, please list all jurisdictions (other than Hong Kong if you have submitted the BR copy with this application) where the Entity is a resident for tax purposes and Taxpayer Identification Number or its Functional Equivalent (TIN) for each jurisdiction. If the space provided is insufficient, please provide it in the below format on additional sheet(s). Please refer to OECD website for tax residency related information at: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency>. 如果在上面的第 (ii) 或 (iii) 項中加入“☑”，請列明實體在當地為符合稅務目的之居民的所有國家 / 司法管轄區(如您已隨本申請表格遞交商業登記證副本，香港以外)以及該國家 / 司法管轄區發出的稅務編號或具有等同功能的識辨編號(TIN)。如下列位置不敷應用，請按以下格式另加新頁。請參考經合組織網站的稅務居民關資料：
<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency>。

Jurisdiction of Tax Residency * 稅務居民司法管轄區 *	TIN * 稅務編號 *	If no TIN available, please indicate Reason A, B or C below 若未能提供稅務編號，請於下方填上理由A、B或C	Please explain why you are unable to obtain a TIN if you 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			
4			
5			

Reason A: The jurisdiction where the Entity/Sole Proprietor is a resident for tax purposes does not issue TINs to its residents.

理由A – 實體/獨資經營者在當地為稅務居民的國家 / 司法管轄區不向其居民發出稅務編號。

Reason B: The Entity/Sole Proprietor 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 – 實體/獨資經營者無法獲得稅務編號。(若您選擇這理由，請在上表解釋閣下無法獲得稅務編號的原因。)

Reason C: No TIN is required. (Note: Only select this reason if the authority of the relevant jurisdiction of residence does 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當局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。)

- (3) If you have any foreign indicia (e.g. registered / business / correspondence address, contact number, etc.), please provide your explanation for not being a tax resident of the country/jurisdiction. 如果您有任何外籍標記 (例如：註冊/營業/通訊地址、聯繫電話等)，請在以下方框內解釋不屬於此國家/司法管轄區的稅務居民之原因。

If Employer is a sole-proprietorship, please skip Part IV (4) and (5) and complete (6). 如僱主屬獨資經營者，請略過第四部份(4)及(5)並填寫

(6)。

PART IV - Tax Residency Self-Certification (MUST FILL) (Cont'd) 第四部份 - 稅務居民身份自我證明 (必須填寫) (續)

(4) Entity Type (Not applicable to sole-proprietorship) 實體類別 (不適用於獨資經營者)

Please ✓ one of the appropriate boxes and provide the relevant information. 在其中一個適當的空格內加上✓ 號，並提供有關資料。

<p>Financial Institution 財務機構</p>	<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</p> <p><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：擁有酌情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>
<p>Active Non-Financial Entity ("NFE") 主動非財務實體</p>	<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</p> <p><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</p> <p><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</p> <p><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>
<p>Passive Non-Financial Entity ("NFE") 被動非財務實體</p>	<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</p> <p><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</p> <p><i>For Passive NFE, Tax Residency Self-Certification for each Controlling Person is required.</i> <i>每位被動非財務實體的控權人需提供其稅務居民身份自我證明。</i></p>

PART IV - Tax Residency Self-Certification (MUST FILL) (Cont'd) 第四部份 - 稅務居民身份自我證明 (必須填寫) (續)

(5) Controlling Person 控權人

Indicate the name of all controlling person(s) of the entity 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. 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。

Complete "Controlling Person Self-Certification Form (CLT017)" for each controlling person. 每名控權人須分別填寫一份「控權人稅務居民自我證明表格(CLT017)」。

(1)	(4)
(2)	(5)
(3)	(6)

(6) Sole-proprietor Information (For Sole Proprietorship Only) 獨資經營者之資料(只適用於獨資經營者)

Surname in English* 英文姓氏*	Given Name in English* 英文名字*	Surname in Chinese* 中文姓氏*	Given Name in Chinese* 中文名字*
HKID Card No. 香港身份證號碼	Passport No. (NOT applicable to Hong Kong permanent resident) 護照號碼 (不適用於香港永久性居民)		Date of Birth* (dd/mm/yyyy) 出生日期* (日 / 月 / 年)
Current Residential Address 現時住址：	Room / Flat 室	Floor 樓	Block 座
	Name of Building / Estate 大廈/屋邨名稱	Street No. & Name 街道名稱及號碼	District 地區
	<input type="checkbox"/> Hong Kong 香港	<input type="checkbox"/> Kowloon 九龍	<input type="checkbox"/> New Territories 新界
	City 城市*[#]	Postal Code 郵寄代碼[#]	Country 國家*[#]
	<small>[#] Mandatory for overseas address 海外地址必須填寫</small>		

WARNING: It is a serious offence under 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. Heavy penalty may apply upon conviction.

警告：根據《稅務條例》，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，即屬嚴重罪行。一經定罪，可致重罰。

Warning: Under section 43E of the Ordinance, a person who, in any document given to the Mandatory Provident Fund Schemes Authority or an approved trustee, knowingly or recklessly makes a statement which is false or misleading in a material respect commits an offence and is liable to a maximum penalty of a \$100,000 fine and one year's imprisonment on the first conviction and a \$200,000 fine and two years' imprisonment on each subsequent conviction. A person who knowingly and wilfully makes a statutory declaration false in a material particular also commits an offence under section 36 of the Crimes Ordinance (Cap 200) and is liable on conviction to imprisonment for two years and to a fine.

警告：根據《條例》第 43E 條，任何人在給予強制性公積金計劃管理局或核准受託人的任何文件中，明知或罔顧後果地作出在要項上屬虛假或具誤導性的陳述，即屬犯罪。首次定罪者，最高可處罰款\$100,000 及監禁一年；其後每次定罪，最高可處罰款\$200,000 及監禁兩年。根據《刑事罪行條例》（第 200 章）第 36 條，任何人明知而故意在法定聲明中作出在要項上屬虛假的陳述，亦屬犯罪。一經定罪，可處監禁兩年及罰款。

PART V –Details of Authorized Signatories 第五部份 – 授權簽署人個人資料

We hereby declare that the following person(s) (including those person(s) under Part VI) be empowered to sign all documents including receipts and discharges in connection with the administration of the Scheme. 吾等現聲明授權下列人士(包括第六部份人士)簽署本計劃的行政文件(包括收據及免責書)。

If this Part is left blank, any one of the authorized signatures appearing in Part VI of this form shall, on its own, be deemed to be authorized for the same purposes as referred above. 如留空此部份, 則本表格第六部份的任何一位授權簽署人將被視為獲授權處理以上之事項。

Please provide the certified true copy of HKID card / passport of Authorized Signatories for identity verification purpose. A certified true copy of passport should be provided only if you do not possess HKID card. If NOT holders of HK permanent ID card, please provide a certified true copy of the HKID card and the Passport. 請提供授權簽署人的香港身份證/ 護照認證副本, 以用於核對身份用途。只在沒有香港身分證情況下才提供護照之認證副本。如非持有香港永久性居民身分證, 請提供香港身分證及護照之認證副本。

1.	Name of Authorized Person (same as that shown on your HKID card/Passport) 授權簽署人名稱 (與香港身分證/護照上的姓名相同)	English 英文		HKID Card No. 香港身份證號碼		
		Chinese 中文		Passport No. (not applicable to Hong Kong permanent resident) 護照號碼 (不適用於香港永久性居民)		
	Date of Birth (D/M/Y) 出生日期 (日/月/年)		Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Nationality 國籍	
	Residential Address 住址 (P.O. Box address will not be accepted.) 郵政信箱恕不接受。			Specimen Signature 簽名式樣		
	_____			_____		
2.	Name of Authorized Person (same as that shown on your HKID card/Passport) 授權簽署人名稱 (與香港身分證/護照上的姓名相同)	English 英文		HKID Card No. 香港身份證號碼		
		Chinese 中文		Passport No. (not applicable to Hong Kong permanent resident) 護照號碼 (不適用於香港永久性居民)		
	Date of Birth (D/M/Y) 出生日期 (日/月/年)		Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Nationality 國籍	
	Residential Address 住址 (P.O. Box address will not be accepted.) 郵政信箱恕不接受。			Specimen Signature 簽名式樣		
	_____			_____		
3.	Name of Authorized Person (same as that shown on your HKID card/Passport) 授權簽署人名稱 (與香港身分證/護照上的姓名相同)	English 英文		HKID Card No. 香港身份證號碼		
		Chinese 中文		Passport No. (not applicable to Hong Kong permanent resident) 護照號碼 (不適用於香港永久性居民)		
	Date of Birth (D/M/Y) 出生日期 (日/月/年)		Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Nationality 國籍	
	Residential Address 住址 (P.O. Box address will not be accepted.) 郵政信箱恕不接受。			Specimen Signature 簽名式樣		
	_____			_____		
4.	Name of Authorized Person (same as that shown on your HKID card/Passport) 授權簽署人名稱 (與香港身分證/護照上的姓名相同)	English 英文		HKID Card No. 香港身份證號碼		
		Chinese 中文		Passport No. (not applicable to Hong Kong permanent resident) 護照號碼 (不適用於香港永久性居民)		
	Date of Birth (D/M/Y) 出生日期 (日/月/年)		Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Nationality 國籍	
	Residential Address 住址 (P.O. Box address will not be accepted.) 郵政信箱恕不接受。			Specimen Signature 簽名式樣		
	_____			_____		

Note: If additional page(s) is / are needed for providing details of Authorized Signatories, please complete a copy of "Notification of Authorized Signatories"

註: 如需額外頁數以提供僱主的授權簽署人之資料, 請填妥「授權人員通知書」。

Part VI - Employer Declaration And Acknowledgement 第六部份 - 僱主確認聲明

Declaration

- It is hereby acknowledged that the Employer has read and fully understood the MPF Scheme Brochure of the China Life MPF Master Trust Scheme.
- All the information herein together with other documents duly signed by the Employer in connection with this enrolment are full, complete and true. The Employer is aware that the China Life Trustees Limited shall rely on the above information provided by the Employer for the purpose of this Application.
- The Employer hereby adopts the China Life MPF Master Trust Scheme as a provident fund scheme as defined in the Mandatory Provident Fund Schemes Ordinance in compliance with section 7A.
- The Employer will be bound by the terms and conditions of the Master Trust Deed and its Governing Rules and any amendments thereto from time to time including the fees or charges mentioned herein and undertake to comply and/or causes its Employees to comply with the same.
- The Employer accepts the responsibility for the choices the Employer has made on this Application and acknowledge that China Life Trustees Limited shall not be liable for any loss due to an inappropriate choice made by the Employer.
- The Employer acknowledges and agrees that (i) the information contained in this form is collected and may be kept by or the purpose of automatic exchange of financial account information, and (ii) such information and information regarding the account holder and any reportable account(s) may be reported by China Life Trustees Limited to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another country/jurisdiction or countries/jurisdictions 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).
- The Employer undertakes to advise China Life Trustees Limited of any change in circumstances which affects the tax residency status of the entity identified in Part I of this form or causes the information contained herein to become incorrect, and to provide China Life Trustees Limited with a suitably updated "Entity Tax Residency Self-Certification Form (CLT016)" or "Individual Tax Residency Self-Certification Form (CLT015)" within 30 days of such change in circumstances.
- Unless with separate written notice, any one of below authorized signature shall have the authorization effect.
- The Employer acknowledges and confirms that the Employer has read and understood and agrees with the terms of the Personal Information Collection Statement ("PICS") attached herein. The Employer agrees, by signing this Application of Participation Form, that the personal data provided by me and held by China Life Trustees Limited (whether contained herein or otherwise obtained) may be held, stored, used, disclosed, released and transferred by China Life Trustees Limited to the parties and for the purposes mentioned in the PICS.
- The Employer understands that if the Employer does not agree to the use of my personal data for direct marketing as set out in the section "Use of Personal Data for Direct Marketing Purposes" of the PICS, the Employer should tick the following box:
 The Employer does not agree with the use of the Employer's personal data for direct marketing purposes as set out in the Personal Information Collection Statement (see "Use of Personal Data for Direct Marketing Purposes") and does not wish to receive any promotional and direct marketing materials.
 The above represents the Employer's latest choice whether or not to receive direct marketing materials or contacts and this latest choice replaces any choice communicated by the Employer to China Life Trustees Limited prior to this application.

聲明

- 本僱主現確認已參閱中國人壽強積金集成信託計劃之強積金計劃說明書，並完全明白該說明書之內容。
- 本表內及其它本僱主已簽署之文件所載有關本僱主參加本計劃之資料皆完整及真確。本僱主已注意到，就本僱主之申請，中國人壽信託有限公司將根據上述資料處理。
- 本僱主現採納「中國人壽強積金集成信託計劃」為公積金計劃，藉此符合強制性公積金計劃條例第 7A 條。
- 本僱主同意受成立本計劃之信託契約及規章及所有隨時生效之有關修訂（包括收費）所約束，同時本僱主承諾遵守所有條款及令僱員同樣地遵守有關條款。
- 就本僱主於本表內的所有選擇，本僱主願意接受一切責任，並確認中國人壽信託有限公司毋須就本僱主所作之不適當選擇而導致之損失負任何責任。
- 本僱主知悉及同意，中國人壽信託有限公司可根據《稅務條例》(第 112 章)有關交換財務賬戶資料的法律條文，(i)收集本表格所載資料並可備存作自動交換財務賬戶資料用途及(ii)把該等資料和關於賬戶持有人及任何須申報賬戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到賬戶持有人的國家/稅務管轄區的稅務當局。
- 本僱主承諾中國人壽信託有限公司，如情況有所改變，以致影響本表格第一部所述的實體的稅務居民身分，或引致本表格所載的資料不正確，本僱主會通知中國人壽信託有限公司，並會在情況發生改變後 30 日內，向中國人壽信託有限公司提交一份已適當更新的「實體稅務居民自我證明表格(CLT016)」或「個人稅務居民自我證明表格(CLT015)」。
- 除另函通知外，下列任何一位的授權簽署已具備授權效力。
 本僱主知悉及確認本僱主已閱讀並明白及同意收集個人資料聲明條款。本僱主於此參加申請表簽署同意，中國人壽信託有限公司可根據收集個人資料聲明內所述之有關人等及目的而持有、儲存、使用、透露、發放及移轉本僱主所提供並由中國人壽信託有限公司持有之個人資料（不論是否從此申請表或其他途徑所得）。
- 本僱主明白如本僱主不同意根據收集個人資料聲明中“為直接促銷目的而使用個人資料”部份所述為直接促銷之目的而使用本僱主的個人資料，本僱主需於下文空格處劃上「✓」號。
 本僱主不同意根據收集個人資料聲明（參閱“為直接促銷目的而使用個人資料”部份）中為直接促銷之目的而使用本僱主的個人資料，亦不希望接收任何推廣及直接促銷材料。
 以上代表本僱主就是否希望收到直接促銷材料或聯繫的最新選擇，此最新選擇取代本僱主於本申請前向中國人壽信託有限公司所傳達的任何選擇。

Authorized Signature of Employer (With Company Chop) 僱主授權簽署及公司印章:		Authorized Signature of Employer (With Company Chop) 僱主授權簽署及公司印章:	
Name of Authorized Person (same as that shown on your HKID card/Passport) 授權簽署人名稱 (與香港身分證/護照上的姓名相同)		Name of Authorized Person (same as that shown on your HKID card/Passport) 授權簽署人名稱 (與香港身分證/護照上的姓名相同)	
English 英文 Chinese 中文		English 英文 Chinese 中文	
HKID Card No. 香港身份證號碼		HKID Card No. 香港身份證號碼	
Passport No. (not applicable to Hong Kong permanent resident) 護照號碼 (不適用於香港永久性居民)		Passport No. (not applicable to Hong Kong permanent resident) 護照號碼 (不適用於香港永久性居民)	
Date of Birth (D/M/Y) 出生日期 (日/月/年)		Date of Birth (D/M/Y) 出生日期 (日/月/年)	
Nationality 國籍:	Sex 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Nationality 國籍:	Sex 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Residential Address 住址 (P.O. Box address will not be accepted.) 郵政信箱恕不接受。		Residential Address 住址 (P.O. Box address will not be accepted.) 郵政信箱恕不接受。	
Date(D/M/Y) 日期(日/月/年)		Date(D/M/Y) 日期(日/月/年)	

Please provide the certified true copy of HKID card / passport of Authorized Signatories for identity verification purpose. A certified true copy of passport should be provided only if you do not possess HKID card. If NOT holders of HK permanent ID card, please provide a certified true copy of the HKID card and the Passport. 請提供授權簽署人的香港身份證/護照認證副本，以用於核對身份用途。只在沒有香港身分證情況下才提供護照之認證副本。如非持有香港永久性居民身分證，請提供香港身分證及護照之認證副本。

Agent Details 中介人資料 (To Be Completed by MPF Intermediaries 由強積金中介人填寫)

Agent Name 代理人名稱	Agent Code 代理人編號	MPF Intermediaries 中介人編號
For office use only 公司專用	Input by	Verify by
		Remarks

Address : 17th Floor, CLI Building, 313 Hennessy Road, Wanchai, Hong Kong
地址 : 香港灣仔軒尼詩道 313 號中國人壽大廈 17 字樓

Tel : 3999 5555
電話 : 3999 5555

Fax : 2893 2103
傳真 : 2893 2103

Personal Information Collection Statement 收集個人資料聲明

China Life Trustees Limited (the "Company") recognises its responsibilities in relation to the collection, holding, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The provision of your personal data is voluntary. Please note that if you do not provide us with the required personal information, the Company may not be able to provide your requested information, products or services.

Purpose: From time to time it is necessary for us to use your personal data for the following purposes:

1. offering and providing to you the China Life MPF Master Trust Scheme ("MPF Scheme") or related products/services of the Company and other companies of the China Life Group ("our affiliates"), and administering, maintaining, managing and operating such MPF Scheme or related products/services;
2. processing and evaluating any applications or requests made by you or in respect of your benefits in the MPF Scheme or related products/services offered by the Company and our affiliates;
3. providing subsequent services to you on the MPF Scheme or related products/services of the Company and our affiliates and the administration thereof e.g. enrollment and termination, variations, calculation of contributions and benefits and the processing of redemption/withdrawal/switching/transfer requests;
4. any purposes in connection with any claims or benefits payment or transfer requests made by or against or otherwise involving you or your benefits in respect of the MPF Scheme or related products/services provided by the Company and/or our affiliates;
5. evaluating your financial needs with respect to the MPF Scheme and related products/services;
6. designing new or enhancing existing MPF scheme or related products/services of the Company and/or our affiliates;
7. conducting market or actuarial research for statistical or similar purposes undertaken by the Company and/or our affiliates, the MPF industry or our respective regulators;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. meeting requirements imposed by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines (including sending of information) or assisting with law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity check and/or debt collection for the MPF Scheme and related business;
11. carrying out other services in connection with the operation of the Company's MPF Scheme or related business;
12. sending out administrative communications about any account you may have with the Company, MPF Scheme communications or about future changes to this Personal Information Collection Statement;
13. performing relevant due diligence procedures in accordance with the Common Reporting Standard (or Automatic Exchange of Financial Account Information) as set out in the Inland Revenue Ordinance (Cap. 112); and
14. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be shared with the following for the purpose of exercise and performance of the Company's functions conferred or imposed by or under the MPF laws:

1. any of our affiliates;
2. any person in connection with any claims made by or against or otherwise involving you or your benefits in respect of the MPF Scheme or related products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who help provide services in connection with the MPF Scheme or related product/services provided by the Company and/or our affiliates, including any service providers engaged by the Company, MPF intermediary, fund management company or financial institution;
4. any agent, contractor or third party who provides administrative, technology, data processing, telecommunications, computer, payment, debt collection, securities clearing, call centre services or other services to the Company and/or our affiliates in connection with the MPF Scheme or related business;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
6. any government department or other appropriate governmental or regulatory authority (which may be further transferred to governmental or regulatory authority of certain other jurisdiction(s)) to whom the Company and/or our affiliates are requested or required by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines to make disclosures.

Your personal data may be provided to any of the above parties who may be located in Hong Kong or outside of Hong Kong, and in this regard you consent to the transfer of your data outside of Hong Kong.

Use of Personal Data for Direct Marketing Purposes: The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing of the MPF Scheme or related products/services by the Company and/or our affiliates;
2. The Company requires your written consent (which includes an indication of no objection) to use your personal data for any promotional or marketing purpose.

You may withdraw your consent to the use of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact our Personal Data Protection Officer (details below).

Access and correction of personal data: Under the Personal Data (Privacy) Ordinance, you have the right to ascertain whether the Company holds your personal data, to correct any data that is inaccurate, and to ascertain the Company's policies and practices in relation to personal data. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and types of data held should be addressed in writing to:

The Personal Data Protection Officer
China Life Trustees Limited
17/F, CLI Building, 313 Hennessy Road,
Wan Chai, Hong Kong
Telephone: (852) 3999 5555
Fax: (852) 2893 2103

The Company has the right to charge a reasonable fee for the processing of any data request.

中國人壽信託有限公司（下稱“本公司”）明白其在《個人資料（私隱）條例》下就個人資料的收集、持有、處理或使用所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

閣下的個人資料為自願提供。敬請注意，如果閣下不向本公司提供所需的個人資料，本公司可能無法提供閣下要求的資料、產品或服務。

目的：本公司不時有必要使用閣下的個人資料作下列目的：

1. 向閣下推介和提供本公司及中國人壽集團的其他公司（“本公司關聯方”）的中國人壽強積金集成信託計劃（下稱“強積金計劃”）或相關產品／服務，以及提供、維持、管理和操作該強積金計劃或相關產品／服務；
2. 處理和評估閣下就本公司及本公司關聯方的強積金計劃或相關產品／服務提出的或與閣下就該強積金計劃或相關產品／服務所享有的權益有關的任何申請或要求；
3. 就本公司及本公司關聯方的強積金計劃或相關產品／服務向閣下提供後續服務，以及執行/管理該強積金計劃或相關產品／服務，例如登記加入和終止、變更、計算供款和權益以及處理贖回/提取/轉換/轉移要求；
4. 就本公司和/或本公司關聯方提供的強積金計劃或相關產品／服務而由閣下提出的、針對閣下或閣下的權益提出的、或者其他涉及閣下或閣下的權益的任何申索或權益的支付或轉移要求相關的任何目的；
5. 就強積金計劃及相關產品／服務而評估閣下的財務需求；
6. 為本公司和/或本公司關聯方設計新的強積金計劃或相關產品／服務或改進現有的強積金計劃或相關產品／服務；
7. 為本公司和/或本公司關聯方、強積金行業或相關的監管機構的統計或類似目的進行市場或精算研究；
8. 基於本收集個人資料聲明（“本聲明”）所列的任何目的，將本公司不時持有並與閣下有關係的任何資料進行核對；
9. 滿足任何適用已存在、現有或將來法律、規則、規例、實務守則或指引要求（包括發送資訊），或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
10. 為強積金計劃和相關業務進行身份和/或債務追收；
11. 開展與本公司的強積金計劃或相關業務經營有關的其他服務；
12. 就閣下在本公司持有的任何帳戶、強積金計劃通訊或本聲明未來的變更發出行政性通訊；
13. 根據第112章《稅務條例》中自動交換財務帳戶資料的規定，進行所需的盡職審查程序；及
14. 與上述任何目的直接有關的其他目的。

個人資料的移轉：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可為本公司行使和履行強積金法律賦予或委予其職能的目的而與下列人士共享：

1. 任何本公司關聯方；
2. 就本公司和/或本公司關聯方提供的強積金計劃或相關產品／服務而由閣下提出的、針對閣下或閣下的權益提出的、或其他涉及閣下或閣下的權益的任何申索相關的任何人士；
3. 就本公司和/或本公司關聯方所提供的強積金計劃或相關產品／服務的任何代理、承包商或第三方，包括本公司聘用的任何服務提供商、強積金中介人、基金管理公司或金融機構；
4. 就強積金計劃或相關業務向本公司和/或本公司關聯方提供行政、技術、數據處理、電訊、電腦、支付、債務追收、證券交收、電話中心服務、或其他服務的任何代理、承包商或第三方；
5. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；及
6. 任何適用已存在、現有或將來法律、規則、規例、實務守則或指引要求或規定本公司和/或本公司關聯方向其作出披露的任何政府部門或其他適當的政府或監管機關（被移轉的資料或會進一步轉交予其他司法管轄區的政府部門或適當的政府或監管機關）。

閣下的個人資料可能會提供給上述任何一方（該方可能位於香港境內或境外），而就此而言，閣下同意將閣下的資料移轉至香港境外。

為直接促銷目的而使用個人資料：本公司打算：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品和服務的組合資料、交易模式和行為、財政背景和統計數據以就本公司和/或本公司關聯方提供的強積金計劃或相關產品／服務進行直接促銷；
2. 本公司需取得閣下的書面同意（包括表示不反對）方可為任何推廣或促銷目的而使用閣下的個人資料。

閣下可隨時撤回給予本公司有關使用閣下的個人資料作直接促銷用途的同意，而本公司將在不收取任何費用的情況下停止使用該等資料作直接促銷用途。閣下如欲撤回閣下給予本公司的同意，請聯絡本公司的個人資料保護主任（詳情參閱下文）。

個人資料的查閱和更正：根據《個人資料（私隱）條例》，閣下有權查明本公司是否持有閣下的個人資料，更正任何不準確的資料，以及查明本公司有關個人資料的政策及常規。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及所持的資料種類的資料，均應以書面形式發送至：

個人資料保護主任
中國人壽信託有限公司
香港灣仔軒尼詩道 313 號
中國人壽大廈 17 樓
電話：(852) 3999 5555
傳真：(852) 2893 2103

本公司有權就因處理任何查閱個人資料的要求收取合理費用。

DIRECT DEBIT AUTHORISATION 直接付款授權書

NOTE: Please complete and return this form to your banker. 注意：請依次填寫並將此授權書交給 貴戶之往來銀行。

Date 日期 _____

Name of Party to be Credited (The Beneficiary) 收款之一方 (受益人) 中國人壽強積金集成信託計劃 CHINA LIFE MPF MASTER TRUST SCHEME	Bank No. 銀行編號 0 1 4	Branch No. 分行編號 6 7 6	Account No. 賬戶號碼 0 0 1 8 8 8 8 0
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I/We hereby authorise my/our below named Bank to effect transfers from my/our account to the above account in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice.

This authorisation shall have effect until further notice or until the expiry date written below (whichever shall first occur).

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least four working days prior to the date on which such cancellation/variation is to take effect.

本人/吾等現授權本人/吾等之下述銀行，(根據受益人及/或代理行不時給予本人/吾等銀行之指示)自本人/吾等之賬戶內轉賬至上列賬戶。惟每次轉賬金額不得超過以下指定之限額。

本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。

如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願共同及個別承擔全部責任。

本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。

本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早之日期為準)。

本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少四個工作天之前交予本人/吾等之銀行。

My/Our Bank Name and Branch 本人/吾等之銀行及分行之名稱		Bank No. 銀行編號	Branch No. 分行編號	My/Our Account No. 本人/吾等之賬戶號碼
#My/Our Name(s) as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之名稱			Contact Tel No. 聯絡電話號碼	
†Limit for Each Payment 每次付款之限額	†Expiry Date 到期日 Day 日 Month 月 Year 年	My/Our Address as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之地址		
#Name of Debtor (If other than Account Holder) 債務人之姓名(若非賬戶持有人)		†My/Our Signature(s) 本人/吾等之簽名		
†Debtor's Reference (Compulsory Field) 債務人參考(必填之欄)				
For Bank Use Only 銀行專用	Remarks	†Maximum Amount of Each Payment if no payment limit specified by debtor		Signature Verified

*Please delete whichever is not appropriate. 請刪去不適用者。

#Please write in block letters. 請以英文正楷填寫。

† NOTES 附註:

- If the amount of your payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.
如 台端付款之該額每次可能不相同，則請將最高者定為每次付款之最高限額。
- This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you) please leave box blank.
本直接付款授權書將於『到期日』一欄中所填寫之日期自動撤銷。如 貴戶意欲直接付款授權書無限期有效(或直至 貴戶予以撤銷為止)，則請將該欄留空。
- Please ensure that you sign the form in the usual way that you would sign on your Bank Account. 請保證 貴戶在此授權書內之簽名，與銀行賬戶所簽署完全相同。
- In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc. 在債務人之參考欄內，請將 貴戶與受款一方之關係，略予說明，例如學生編號、抵押合約號碼等。
- The debtor's bank may set an internal limit when the "limit for each payment" is not specified.
當“每次付款之限額”一欄未有填上時，債務銀行可酌權就轉賬金額設下一個限額。
- The debtor's bank reserves the right to reject the payment exceeding the maximum limit specified by the debtor's bank unless prior arrangements have been made.
如果轉賬金額超過債務銀行所釐定限額，債務銀行會保留權利不予轉賬，預先安排除外。
- This form is in conformity with the sample as laid down in the Hong Kong Dollar Clearing Operating Procedures Electronic Clearing System for Autodebit & Autocredit.
此直接付款授權書與香港銀行同業結算有限公司之港幣交換操作流程(電子交換系統 - 自動轉賬)內之樣本相符。

List of Required Documents

Effective on 1 January 2020

Required Documents	Sole Proprietor	Partnership	Limited Companies
Employer Signatory Authorization	✓	✓	✓
Copy of Business Registration	✓	✓	✓
Hong Kong Permanent ID Card certified true copies of ALL Authorized Person(s) as listed in the Employer Signatory Authorization to represent the company to handle all pension related matters ^(Note)	✓	✓	✓
Copy of Certificate of Incorporation	N/A	N/A	✓
Copy of Memorandum & Articles of Association (M&A)	N/A	N/A	✓
Names of ALL Directors	N/A	N/A	✓

Note: A certified true copy of passport should be provided only if you do not possess HKID card. If NOT holders of HK permanent ID card, please provide a certified true copy of the HKID card and the Passport.

This List of Required Documents only summaries the standard requirements for customer due diligence and is by no means exhaustive. China Life Trustees Limited may request additional information and/or documents under different situations to comply with the Anti-Money Laundering and Counter-Terrorist Financing Ordinance.

要求文件	獨資公司	合夥公司	有限公司
僱主簽署授權	✓	✓	✓
商業登記證副本	✓	✓	✓
於僱主簽署授權內， 所有 獲授權處理所有有關退休金事宜人士的「香港永久性居民身份證」之認證副本 ^(註)	✓	✓	✓
公司註冊證書副本	不適用	不適用	✓
組織章程細則副本	不適用	不適用	✓
所有 董事名單	不適用	不適用	✓

註: 只在沒有「香港身份證」情況下才提供護照之認證副本。如非持有「香港永久性居民身份證」，請提供「香港居民身份證」及護照之認證副本。

本要求文件清單僅概述客戶盡職審查的標準要求，並不是詳盡無遺。中國人壽信託有限公司會因應不同情況要求客戶提供額外資料及/或文件以符合《打擊洗錢及恐怖分子資金籌集條例》。