Received by (Branch): on (dd/mm/yy)	Received by (MPF Adm Ctr): on (dd/mm/yy)

BEA (MPF) Master Trust Scheme / Value Scheme / Industry Scheme
東亞（強積金）集成信託計劃 / 享惠計劃 / 行業計劃

Member – Apply / Cancel Direct Debit Authorisation For MPF Contributions (Self-employed Person)
成員 – 申請 / 取消強積金供款直接付款授權書（自僱人士）

(i) This form must be completed by self-employed person. Please use BLOCK LETTERS for completion and "✓" where appropriate.
本表格必須由自僱人士填寫。請以正楷填寫並在適當之方格內加上「✓」號。

(ii) I hereby authorise my below named Bank to effect / terminate transfers from my account to that of the above named beneficiary in accordance with such instructions as my Bank may receive from the beneficiary from time to time.
本人現授權本人之下述銀行，（根據受益人不時給予本人銀行之指示）自本人之賬戶內轉賬予上述受益人。

(iii) I agree that my Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me.
本人同意本人之銀行無須證實該等轉賬通知是否已交予本人。

(iv) I accept full responsibility for any overdraft (or increase in existing overdraft) on my account which may arise as a result of any such transfer(s).
如因該等轉賬而令本人之賬戶出現透支（或令現時之透支增加），本人願承擔全部責任。

(v) I agree that should there be insufficient funds in my account to meet any transfer hereby authorised, my 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 1 week's written notice.
本人同意如本人之賬戶並無足夠款項支付該等授權轉賬，本人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1星期書面通知取消本授權書。

(vi) I agree that the amount deducted from time to time will be used for the contribution payment for the earliest contribution period and all my outstanding contribution payment and contribution surcharge.
本人同意不時扣除之金額，將用作繳交本人最早及所有未繳付之供款期的供款及供款附加費。

(vii) The direct debit authorisation will take effect from 4 weeks after the submission date of the form.
此直接付款授權之生效日期為遞交表格日後4星期。

(viii) I agree that any notice of cancellation of this authorisation which I may give to my Bank shall be given at least 7 working days prior to the date on which such cancellation is to take effect.
本人同意，本人取消本授權書之任何通知，須於取消生效日最少7個工作天之前交予本人之銀行。

(ix) This authorisation shall have effect until further notice.
本授權書將繼續生效直至另行通知為止。

(x) Upon completion of this form, please return to BEA branch or mail to MPF Administration Centre, 32nd Floor, BEA Tower, Millennium City 5, 418 Kwun Tong Road, Kowloon, Hong Kong.
填妥本表格後，請交回東亞銀行分行，或寄回：香港九龍觀塘道418號創紀之城五期東亞銀行中心32樓，強制性公積金行政中心。

☐ **Apply for Direct Debit Authorisation for MPF Contributions** **申請強積金直接付款授權書**	☐ **Cancel for Direct Debit Authorisation for MPF Contributions** **取消強積金直接付款授權書**
☐ **BEA (MPF) Master Trust Scheme No.** **東亞（強積金）集成信託計劃編號** Name of Party to be Credited (The Beneficiary) 收款之一方（受益人）	**B E A** ⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋ – ⌊⌋⌊⌋⌊⌋⌊⌋ **0 1 5 - 5 1 4 - 4 0 - 5 7 2 7 2 - 1**
☐ **BEA (MPF) Value Scheme No.** **東亞（強積金）享惠計劃編號** Name of Party to be Credited (The Beneficiary) 收款之一方（受益人）	**B V S** ⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋ – ⌊⌋⌊⌋⌊⌋⌊⌋ **0 1 5 - 5 1 4 - 4 0 - 4 3 8 8 8 8 - 1**
☐ **BEA (MPF) Industry Scheme No.** **東亞（強積金）行業計劃編號** Name of Party to be Credited (The Beneficiary) 收款之一方（受益人）	**E A I** ⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋ – ⌊⌋⌊⌋⌊⌋⌊⌋ **0 1 5 - 5 1 4 - 4 0 - 5 7 2 7 9 - 9**

My Bank Name and Branch 本人之銀行及分行之名稱	Bank No. 銀行編號	Branch No. 分行編號	A/C No. 賬戶號碼	☐ Current A/C 往來賬戶	☐ Savings A/C 儲蓄賬戶
The Bank of East Asia, Limited **東亞銀行有限公司**	**0 1 5**				

A/C Name as Recorded on Statement / Passbook 結單 / 存摺上所記錄之賬戶名稱	
HKID Card No. 香港身份證號碼	Passport No. (ONLY for member without HKID Card) 護照號碼（本欄僅供沒有香港身份證的成員填寫）
Mobile Phone / Day Time Contact No. 手提電話 / 日間聯絡電話號碼	Email Address (if any) 電郵地址（如有）
Signature of Self-employed Person (must be the same with the signature with the bank account) 自僱人士簽署（必須與銀行賬戶所簽者完全相同）	Date (dd/mm/yyyy) 日期（日/月/年）

BANK USE ONLY 以下由銀行填寫	MPF Administration Centre USE ONLY 以下由強積金行政中心填寫
Signature Verified	DDA Commencement Date
	Debtor's Reference