



非強制性中央公積金制度 - 公積金個人計劃
更改供款資料或其他資料通知書

NON-MANDATORY CENTRAL PROVIDENT FUND SYSTEM - INDIVIDUAL PROVIDENT FUND SCHEME
NOTICE OF CHANGE OF CONTRIBUTION DETAILS OR OTHER PARTICULARS

甲部 個人資料		PART A PERSONAL DETAILS	
成員姓名 Member Name	中文 Chinese	葡文/英文 Portuguese/English	
澳門居民身份證號碼 Macau ID Card No.		計劃編號 Scheme No.	
乙部 更改/新增資料詳情		PART B DETAILS OF CHANGE / ADDITIONAL INFORMATION	
(請☑適當位置 Please ☑ the appropriate box(es)) 請提供證明文件。 Please provide supporting document(s).			
<input type="checkbox"/> 更改個人資料 Change of Personal Particulars	<input type="checkbox"/> 姓名 Name <input type="checkbox"/> 中文 Chinese <input type="checkbox"/> 葡文/英文 Portuguese/English _____ <input type="checkbox"/> 澳門居民身份證號碼 Macau ID Card No. _____ <input type="checkbox"/> 出生日期 Date of Birth _____ <input type="checkbox"/> 出生地 Place of Birth _____ <input type="checkbox"/> 國籍 Nationality _____ <input type="checkbox"/> 本人是美國人士(包括美國居民/美國公民/美國永久居民/美國綠卡持有人/美國定居之外國人) I am a U.S. person information (including a U.S. Resident / U.S. Citizen / U.S. Permanent Resident / U.S. Green Card Holder / U.S. Resident Alien) (請提供適當並已填妥的自證證明表格(個人)或W-9表格 Please provide the duly completed self-certification form (Individual) or W-9 form as appropriate)		
	<input type="checkbox"/> 更改通訊 / 現時住址 Change of Correspondence / Current Residence Address	街道名稱 Street Name _____ 門牌 Street Number _____ 大廈名稱 Building Name _____ 座數 Block _____ 層數 Floor _____ 單位 Flat _____ 區域 District 城市 City _____ 國家/地區 Country/Region _____ <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 氹仔 Taipa <input type="checkbox"/> 路環 Coloane <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 其他, 請註明 Other, please specify: _____ <input type="checkbox"/> 其他, 請註明 Other, please specify: _____	
<input type="checkbox"/> 更改稅務居民所在司法管轄區及稅務編號或具有等同功能的識別編號 Change of Jurisdiction of Tax Residence and Taxpayer Identification Number or functional equivalent number 請提供適當並已填妥的自證證明表格(個人) Please provide the duly completed self-certification form (Individual) as appropriate.			
<input type="checkbox"/> 更改聯絡資料 Change of Contact Details	<input type="checkbox"/> 手提電話號碼 Mobile No. _____ <input type="checkbox"/> 電郵地址 Email Address _____		
	<input type="checkbox"/> 澳門電話 Macau Mobile (853) _____ 如非澳門電話, 請提供國家/地區號碼 If not Macau mobile, please provide Country/Area Code <input type="checkbox"/> 澳門以外電話 Non Macau Mobile () _____		
<input type="checkbox"/> 更改每月定期供款金額 Change of Monthly Regular Contributions Amount		生效月份 Effective Month _____ 月 MM _____ 年 YYYY _____	
<input type="checkbox"/> MOP500 <input type="checkbox"/> MOP800 <input type="checkbox"/> MOP1,000 <input type="checkbox"/> 自定金額 Specific Amount MOP _____ 澳門元 請注意: 每月最低供款金額為500澳門元, 最高金額乃按第7/2017號法律第二十六條第四款的規定計得金額的百分之十。如計算出的金額非為100澳門元的整倍數, 則須下調至最接近100澳門元的整倍數。自定金額必須為100澳門元之整倍數。 Please note: Minimum monthly contribution amount is MOP500 and the maximum amount is 10% of the amount calculated according to the provisions of Article 26(4) of Law No. 7/2017. If the calculated amount is not an integral multiple of MOP100, it must be rounded down to the nearest integral multiple of MOP100. Any specific amount should be in multiples of MOP100.			
<input type="checkbox"/> 更改付款方式 Change of Payment Method	<input type="checkbox"/> 自動轉帳 Autopay 請填妥一份新的「直接付款授權書」及連同相關證明文件的副本, 一併交予管理實體(即聯豐亨人壽保險股份有限公司)辦理。Please complete a new "Direct Debit Authorization Form" and submit it together with copies of the relevant supporting document to the Management Company (i.e. Luen Fung Hang Life Limited) for processing. <input type="checkbox"/> 親身到管理實體繳納供款 Pay contribution to the Management Company in person.		
<input type="checkbox"/> 更改收取權益報表方法 Change of Means to Receive Annual Benefit Statement	<input type="checkbox"/> 以電子檔寄送至本人的網上帳戶內 Send to my online account electronically <input type="checkbox"/> 收取列印本 Hardcopy is required		
<input type="checkbox"/> 其他 Others (請說明 Please specify)			

丙部 聲明及收集及使用個人資料之同意 PART C DECLARATION AND CONSENT RELATING TO THE COLLECTION AND USE OF PERSONAL DATA

本人確認此通知書上提供的所有資料均為真實及準確無誤。I confirm that all the information provided in this Notice is true and accurate in all aspects.

**個人資料收集及使用
PERSONAL DATA COLLECTION AND USE**

本人確認本人已閱讀及明白聯豐亨人壽保險股份有限公司收集個人資料聲明（“聯豐亨人壽保險收集個人資料聲明”）。本人聲明及同意在本表格所載或管理實體不時以任何方法收集所得、編製或持有關於本人的任何個人資料及其他資料，可根據聯豐亨人壽保險收集個人資料聲明收集及使用。本人知悉及同意就聯豐亨人壽保險收集個人資料聲明所述目的在澳門境內轉移關於本人的個人資料及其他資料或轉移有關資料至澳門境外，及轉移予聯豐亨人壽保險收集個人資料聲明所載的資料接收方。

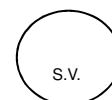
I confirm that I have read and understood the Luen Fung Hang Life Limited Personal Information Collection Statement (“LFH Life PICS”). I declare and agree that any personal data and other information relating to me contained in this form or collected, obtained, compiled or held by the Management Company by any means from time to time may be collected and utilized in accordance with the LFH Life PICS. I acknowledge and consent to the transfer of personal data and other information relating to me in or outside of Macau for the purposes and to the types of transferee as set out in the LFH Life PICS.

聯豐亨人壽保險收集個人資料聲明的最新版本可於 https://lfhlife.com/personal_information_statement 下載或向管理實體索取。

The updated version of LFH Life PICS is available for download from https://lfhlife.com/en/personal_information_statement, and is made available upon request.

成員簽署及日期 Signature of Member and Date

(須與身份證一致 Must be consistent with the ID card)



公司專用 For Official Use Only

FATCA and CRS Checking by & Date:	Input by & Date:	
	Verified by & Date:	