

Please refer to the Employer Plan No. printed on the Notice of Participation

Last Day of Employment - the termination date should be within the contribution period

REMITTANCE STATEMENT 供款結算書 (Existing Members 現有成員)

MPF Page of
頁 : 之

Employer Plan No. 僱主計劃編號 : A00R08

Employer Name 僱主名稱 : ABC COMPANY LIMITED

Contributions for the contribution period from 01/04/2014 (dd/mm/ccyy) to 30/04/2014 (dd/mm/ccyy) Contact person 聯絡人 : CHAN TAI MAN Tel No. 電話號碼 : 2123 2514

Remember to fill in the Termination Reason Code according to the reason for cessation of employment. Please refer to Notes (3) printed on the back of the Form

For claims of reimbursement of LSP / SP, please indicate "Yes" and remember to attach the Claim Form for Reimbursement of Long Service Payment / Severance Payment

If the member is entitled to LSP / SP and you wish to offset the payment against accrued benefits, please indicate "Yes"

Contribution data

No. 項目編號	Name of Employees ⁽¹⁾ (Surname first) 僱員姓名 (請先填上姓氏) ⁽¹⁾	HKID Card No. / Member Account No. 香港身份證號碼 / 成員賬戶編號	Relevant Income 有關入息	Employer's Contributions 僱主供款		Employee's Contributions 僱員供款		Total 總計		Last Day of Employment ⁽²⁾ 最後在職日期 (日/月/年)	Termination Reason Code ⁽³⁾ 離職原因代號 ⁽³⁾	Is reimbursement for LSP / SP required? ⁽⁴⁾ (Please indicate Yes or No) 是否須要退還長期服務金/遣散費? ⁽⁴⁾ (請填上是或否)	Claim Form for Reimbursement of LSP / SP attached? (Please indicate Yes or No) 是否附上長期服務金/遣散費退款申索表格? (請填上是或否)
				Mandatory Contributions (a) 強制性供款 (甲)	Voluntary Contributions (b) 自願性供款 (乙)	Mandatory Contributions (c) 強制性供款 (丙)	Voluntary Contributions (d) 自願性供款 (丁)	Mandatory Contributions (a) + (c) 強制性供款 (甲) + (丙)	Voluntary Contributions (b) + (d) 自願性供款 (乙) + (丁)				
1.	LEE WING KIN	A111111(9)	23,000	1,150	N/A	1,150	N/A	2,300	N/A	19/04/2014	0	Yes	
2.	NG SUI KWUNG	A885918(6)	3,800	190	N/A	0	N/A	190	N/A	20/04/2014	1	5	6
We confirm that we have read and understood the declaration clauses stated overleaf. 謹此確認我等已細閱及明白列於背面之聲明。				Sub-total 小計	1,340	N/A	1,150	N/A	2,490	N/A			
Please ensure contribution is made for ALL eligible employees. For employees with no relevant income for the relevant contribution period, please input "0" in the relevant income and contribution amount columns. 請確保為所有合資格僱員作出供款, 如僱員於相關供款期內並無有關入息, 請於有關入息及供款金額位填上「0」。				Contribution surcharge (if applicable) 供款附加費 (如適用)		Total for this page 本頁總計		Grand total for this contribution period (Please fill in grand total figure if this is the last page of Remittance Statement) 此供款期之總計 (如本頁為供款結算書之最後一頁, 請填上總計數額)					
If this Remittance Statement has been sent by fax, please do not send the original form by post in order to avoid duplication. 若已經以傳真方式遞交此供款結算書, 請勿將正本寄回以免重複。						2,490 N/A		2,490 N/A					

Signature is required only if this is the last page of Remittance Statement 只需在供款結算書的最後一頁上簽署

CHEQUE NUMBER(S) (if applicable) 支票號碼 (如適用)

Note for Payment Arrangement 繳款安排備註:
For cheque payment, please write down the cheque number(s) on last page of Remittance Statement.
若以支票付款, 請於供款結算書之最後一頁填上支票號碼。
For other payment methods, please refer to the Payment Stub for details.
有關其他繳款方式, 詳情請參閱付款回條。

Authorized signature and company chop 授權人簽署及公司印鑑
Chan Tai Man
Date (dd/mm/ccyy) 日期 (日/月/年): 02/05/2014

友邦退休金管理及信託有限公司
(於英屬維爾京群島註冊成立之有限公司)
香港司徒拔道一號友邦大廈一樓

CGEX_1/13/07/2015

For contribution payment made by cheque, please fill in the cheque number(s)

Please ensure that the Authorized Signature and the Company Chop are the same as per Authorized Signatory List filed with AIAPT

Recommend to submit this Form to AIAPT on the first business day after the end of that contribution period



AIA Pension and Trustee Co. Ltd.
(Incorporated in the British Virgin Islands with limited liability)
1/F, AIA Building
1 Stubbs Road
Hong Kong
T: (852) 2100 1888 (Employer)
(852) 2200 6288 (Member)
F: (852) 2565 0001
MPF AIA.COM.HK (MPF)
RETIREMENT.AIA.COM.HK (ORSO)