



由社會保障基金填寫 FOR FSS USE ONLY

登記編號
Registration No

Sample

非強制性中央公積金制度
僱主修改公積金共同計劃資料申請表
Non-Mandatory Central Provident Fund System
Application Form for the Employer to Amend the
Information of the Joint Provident Fund Scheme

1 僱主資料 EMPLOYER'S INFORMATION

僱主名稱^{備註}： **KU CHU COMPANY LIMITED**
Name of employer^{Remarks}

央積金僱主編號： **XXXXXXXXXX**
Employer's central provident fund no.

修改的公積金共同計劃之僱主供款計劃編號： **XXXXXXXXXX**
Employer's contribution scheme no. of the joint provident fund scheme that needs to be amended

修改的計劃內容：

The scheme content that needs to be amended

- ☒ 供款比率 ☒ 權益歸屬比率 ☐ 供款計算基礎 ☐ 其他：_____
- Contribution rate Vesting percentage Calculation base of contributions Others
- ☐ 供款計算基礎上限 ☐ 供款計算基礎下限
- Upper limit for the calculation base of contributions Lower limit for the calculation base of contributions

本人知悉社會保障基金可將相關資料交予其他政府部門、公共或私人機構或有關人士查證及核對有關資料。
I know that the Social Security Fund can transfer the relevant information to other government departments, public or private sector institutions or relevant individuals for verification purposes.

KU CHU COMPANY LIMITED
CHAN TAI MAN

合法代表簽名及公司蓋章 Signature of legal representative and company chop

合法代表姓名： **CHAN TAI MAN**

Name of legal representative

(請用正楷填寫)

(Please write the name using BLOCK letters)

2018 年 **X** 月 **X** 日
year month day

備註：必須與商業登記／財政局 (M/1)所記載之商業名稱／納稅人姓名或公司名稱一致。如屬社團，則須與刊登於政府公報之章程所記載之資料一致。

Remarks: It must match the business name/taxpayer name or company name on the DSF Business Tax Declaration Form for Business Registration (M/1). If it is an association, it must match the information contained in the statutes published in the Macao SAR Gazette.

須遞交文件及注意事項 Documents Required to be Submitted and the Points to Note

1. 須遞交已簽署的新公積金共同計劃合同影印本。
Required to submit a photocopy of the signed new joint provident fund scheme contract;
2. 表格及文件須透過基金管理實體遞交；
Please note that the form and documents must be submitted through the fund management entity;
3. 如僱主資料或聯絡資料有更新，請填寫“僱主更改資料表”。
To update the employer information or contact information, complete the “Employer's Change of Information Form”.