

非強制性中央公積金制度 - 供款調整申請表

**Non-mandatory Central Provident Fund System -
Contribution Adjustment Application Form**

第一部份 申請人資料 Part I: Applicant Information			
僱主名稱 (適用於共同計劃) Name of Employer (Applicable for Joint Provident Fund Scheme)			
計劃編號 Scheme No.			
中文姓名 Chinese Name		葡文/英文姓名 Portuguese/English Name	
澳門居民身份證編號 Macau ID Card No.		流動電話號碼 Mobile Phone No.	
第二部份 調整內容 Part II: Content of Adjustment			
<p><input type="checkbox"/> 適用於個人計劃 - 調整每月供款金額 Applicable for Individual Provident Fund Scheme - Adjustment of Monthly Contributions Amount</p> <p><input type="checkbox"/> MOP500 <input type="checkbox"/> MOP _____ (自定金額須按一百元整倍數調整) (Specific amount must be adjusted by a multiple of MOP100) <input type="checkbox"/> MOP3,600 (供款金額上限) (The maximum contribution amount)</p> <p>備註 每月最低供款金額為 500 澳門元，最高金額按第 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，並隨現行《僱員的最低工資》規定的最低月薪變更而自動調整。 The minimum monthly contribution is MOP500, and the maximum monthly contribution is 10% of the amount calculated according to the provisions of Article 26(4) of Law No. 7/2017, which is automatically adjusted according to the change in the minimum monthly remuneration stated in current "Minimum Wage for Employees".</p>			
<p><input type="checkbox"/> 適用於共同計劃 - 調整僱員供款 Applicable for Joint Provident Fund Scheme - Adjustment of Employee's Contribution</p> <p>1. 調整僱員供款比率 Adjustment of Employee's Contribution Rate: <input type="checkbox"/> 僱主預設 Set by Employer <input type="checkbox"/> 5% <input type="checkbox"/> 其他 Others _____% (5% 以上或其整倍數) (At least 5% or an integral multiple thereof)</p> <p>2. 供款計算基礎上下限 Limit for the Calculation Base of Contributions: <input type="checkbox"/> 不設立 No Income Limit <input type="checkbox"/> 設立上限 Set Upper Income Limit <input type="checkbox"/> 設立下限 Set lower Income Limit</p> <p>備註 (i) 每一年度僱員可獲一次調整供款比率及供款計算基礎上下限。 The employee can adjust the contribution rate and the limit for calculation base of contributions once a year. (ii) 僱員供款調整申請表需隨同僱主每月供款批改一同提交。 The contribution adjustment application form of employee must be submitted together with the adjustment of employer's monthly contribution .</p>			

第三部分 聲明 Part III: Declaration

- 本表內及其它本人已簽署之文件所載有關本人之資料皆完整及真確。本人已知悉是次申請，中國人壽保險(海外)股份有限公司將根據上述資料處理。

- The information contained in this form and other documents that I have signed about my participation in the Scheme is complete and correct. I have noticed that China Life Insurance (Overseas) Co., Ltd. will handle the application according to the information above.

- 就本人於本表內的所有選擇(如適用)，本人願意接受一切責任，並確認「中國人壽保險(海外)股份有限公司」毋須就本人所作之不適當選擇而導致之損失負任何責任。

- I am willing to accept all responsibility for all my choices in this form (if applicable) and confirm that "China Life Insurance (Overseas) Co., Ltd." is not responsible for any loss resulting from inappropriate choices made by me.

帳戶擁有人簽署

Signature of Account Owner

僱主授權代表簽署及蓋章

(適用於共同計劃)

Signature of Employer's

Legal Representative and Company Stamp

(Applicable for Joint Provident Fund Scheme)

/ /

簽署日期(年/月/日)

Date (YYYY/MM/DD)

/ /

簽署日期(年/月/日)

Date (YYYY/MM/DD)

代理人/銀行網點名稱 Agent Name / Branch Name of Bank: _____

代理人編碼/銀行網點代碼 Agent Code / Branch Code of Bank: _____

經辦人(適用於銀行網點) Processor (applicable to bank branches): _____

經辦人牌照號碼 Processor's License Number: _____