

孤寡撫恤金計劃／尚存配偶及子女撫恤金計劃
WIDOWS AND ORPHANS PENSIONS SCHEME/
SURVIVING SPOUSES' AND CHILDREN'S PENSIONS SCHEME
家庭狀況資料變更通知書
NOTIFICATION OF CHANGES IN FAMILY PARTICULARS

(填表前，請先細讀戊部之備註)
 (Before completing this form please read carefully the Notes at Part E)

受文者：庫務署署長

To: Director of Accounting Services,

經由

Through: (部門首長) 轉 (Head of Department)

甲部 PART A **婚姻狀況之變更 CHANGES IN MARITAL STATUS**

請在適當之空格加‘✓’，並填寫有關資料：
 Please put a ‘✓’ in the appropriate box and fill in the relevant particulars:

		日期 Date	配偶資料 Particulars of Spouse
<input type="checkbox"/>	結婚	Marriage	中文姓名：Name in Chinese:
<input type="checkbox"/>	再婚	Remarriage	英文姓名：Name in English:
<input type="checkbox"/>	喪偶	Death of Spouse
<input type="checkbox"/>	離婚	Dissolution of Marriage	出生日期： Date of Birth:

乙部 PART B **家庭狀況之變更(子女) CHANGES IN FAMILY PARTICULARS (CHILDREN)**

請在適當之空格加‘✓’，並填寫有關資料：
 Please put a ‘✓’ in the appropriate box and fill in the relevant particulars:

		日期 Date	子女資料 Particulars of Child
<input type="checkbox"/>	子女出生	Birth of Child	中文姓名：Name in Chinese:
<input type="checkbox"/>	子女死亡	Death of Child	英文姓名：Name in English:
<input type="checkbox"/>	女兒結婚	Marriage of Female Child
<input type="checkbox"/>	子女由他人領養	Child adopted by another person	性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
<input type="checkbox"/>	領養子女	Adoption of Child	

丙部 PART C **聲明 DECLARATION**

上述所報資料，均屬真確，特此聲明。
 I declare that the particulars given are correct.

姓名 Name:

職級 Rank:

部門 Department:

簽署 Signature:

日期 Date:

身份證號碼 I.D. No.:

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請轉後頁 PLEASE TURN OVER

To: Director of Accounting Services

My Ref.:

Date:

*I confirm that I have verified the above entries made by this officer against document(s) produced, original/certified true copies of which are attached.

- 2. *Supporting documents are not available but will be submitted as soon as possible.
- 3. I have returned the triplicate copy of this form to the officer for his/her retention.

Note : Part D not applicable to pensioners.

.....
(Head of Department)

*Delete if not appropriate

備 註

- 1. 本表格應在家庭狀況資料出現任何變更後三個月內填交，可用打字機或以正楷填寫，一式三份，經部門首長轉交庫務署。
- 2. 所報資料的證明文件，必須隨本表格一併遞交，以供查閱。如該等證明文件未能及時備妥，應先交回填妥的表格，證明文件可隨後補交。
- 3. 甲、乙兩部的資料必須提供，以便根據《尚存配偶及子女撫恤金條例》(第 79 章) 第 15 條或《孤寡撫恤金條例》(第 94 章) 第 16 條的規定向受益人支付撫恤金。如資料不足，或會喪失相關條例所賦予的權利或利益。
- 4. 遞交本表格後，如欲更改或索閱個人資料，請聯絡部門主任秘書或庫務署署長(經辦人：高級會計主任(退休金))。
- 5. 遞交本表格後三星期內仍未獲部門主任秘書發回本表格第二副本表示認收，應立即作出查詢。

NOTES

- 1. This form should be completed in TRIPLICATE in TYPESCRIPT or BLOCK CAPITALS and submitted to the Treasury through Head of Department within 3 months of the occurrence of any change of family particulars.
- 2. Documentary proof in support of the particulars reported must be submitted with this form for inspection. In case where such proof is not readily available, it may be submitted at a later date but this form should be completed and submitted in the first instance.
- 3. The information in Parts A and B is required under Section 15 of the Surviving Spouses' and Children's Pensions Ordinance (Cap. 79) or Section 16 of the Widows and Orphans Pension Ordinance (Cap. 94) for payment of pension to beneficiaries. Failure to provide any of the information could result in forfeiture of rights or benefits under the relevant Ordinance.
- 4. For correction of or access to personal data after submission of this form, please contact your Departmental Secretary or the Director of Accounting Services (Attn.: Senior Accounting Officer (Pensions)).
- 5. If you do not receive the triplicate copy of this form from your Departmental Secretary as an acknowledgment of receipt within 3 weeks after its submission, you should make an enquiry immediately.

Computer input raised by:

Checked by:

Date:

Date: