

Application Form for Employers

(Application Deadline: 30 June 2018)

For details of the Good MPF Employer Award, e-Contribution Award and Support for MPF Management Award, please refer to the [Detailed Eligibility and Assessment Criteria](#).

Part I Company / Organization Details			
<input type="checkbox"/> Our company / organization is applying for the Good MPF Employer Award for the first time. <input type="checkbox"/> Our company / organization has previously been awarded the Good MPF Employer Award. (Year awarded: _____)			
Company / Organization Name	English: Chinese:	Nature of Business	
ORSO Registration No. <i>(If your company offers an ORSO scheme)</i>		No. of Employees <i>(Full-time and part-time)</i> <input type="checkbox"/> Up to 50 <input type="checkbox"/> 51-99 <input type="checkbox"/> 100-249 <input type="checkbox"/> 250-499 <input type="checkbox"/> 500-999 <input type="checkbox"/> 1,000 or more	<input type="checkbox"/> Trading/Wholesale/Retail <input type="checkbox"/> Finance/Insurance/Real Estate <input type="checkbox"/> IT/Communications <input type="checkbox"/> Social & Personal Services <input type="checkbox"/> Education <input type="checkbox"/> Catering/Hotel/Tourism <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Logistics/Transportation <input type="checkbox"/> Public Administration <input type="checkbox"/> Health Care/Medical <input type="checkbox"/> Media/Advertising <input type="checkbox"/> Property Management <input type="checkbox"/> Business Management/Consultancy Services <input type="checkbox"/> Others
Business Registration Certificate No.			
Website			
Address			
Contact Person Details <small>(For receiving information about the Award or handling enquiries from the MPFA.)</small>			
Title	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs		
Name	Telephone		
Position	Email		
Part II Good MPF Employer Award			
As of 31 March 2018, our company / organization had been participating in one (or more) MPF scheme(s) for at least one year, and complied with the MPF legislation and/or the ORSO during the period from 1 April 2017 to 31 March 2018. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name(s) of one or more MPF scheme(s) your company participated in:	1. _____ 2. _____ 3. _____		
During the period from 1 April 2017 to 31 March 2018, our company / organization offered the following additional retirement protection to our employees: <i>(Please ✓ where appropriate)</i>			
<input type="checkbox"/> Offered more than one MPF scheme for employees to choose from	Please specify the names of the MPF schemes that your employees can choose from (at least 2 schemes):	1. _____	
		2. _____	
		3. _____	
The above schemes are offered to:		<input type="checkbox"/> All staff <input type="checkbox"/> Selected employees meeting certain criteria	
<input type="checkbox"/> Offered MPF voluntary contributions to employees	Matching of voluntary contributions made by employees:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Voluntary contributions offered to:	<input type="checkbox"/> All staff <input type="checkbox"/> Selected employees meeting certain criteria	
<input type="checkbox"/> Offered other forms of retirement protection to employees	Please specify:		
Note: Providing one MPF Scheme and an MPF-exempted ORSO scheme for employees to choose from does not qualify as "additional retirement protection provided to employees".			

Part III e-Contribution Award
(Applicants must fulfil the assessment criteria of the Good MPF Employer Award to apply for this Award.)

During the period from 1 April 2017 to 31 March 2018, our company / organization submitted remittance statements or contributions to our trustees electronically for a total of three months or more. (Please ✓ where appropriate)

<input type="checkbox"/>	Submitted remittance statements electronically	Year 2017 <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Year 2018 <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar
<input type="checkbox"/>	Submitted contributions electronically	Year 2017 <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Year 2018 <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar

Part IV Support for MPF Management Award
(Applicants must fulfil the assessment criteria of the Good MPF Employer Award to apply for this Award.)

During the period from 1 April 2017 to 31 March 2018, our company / organization provided employees with not less than two kinds of support services designed to help them manage their MPF. (Please ✓ where appropriate)

Organized MPF talks for employees
Please specify (Date / Topic / No. of participants): _____

Provided employees with information about the MPF scheme(s) we have enrolled in (e.g. by posting the MPF scheme's website, hotline or fund fact sheets etc. on the company or organization's intranet or notice board)
Please specify (How information was disseminated / Type of information): _____

Disseminated the latest information about the MPF System to employees (e.g. information related to the Default Investment Strategy)
Please specify (How information was disseminated / Type of information): _____

Provided assistance to employees in consolidating their MPF accounts (e.g. by providing employees with the form for MPF accounts consolidation)
Please specify (How assistance was provided): _____

Provided assistance to employees who wished to transfer their MPF benefits under the Employee Choice Arrangement (e.g. by providing the employees with the scheme name and employer's identification number of their MPF trustee to facilitate their filling in of the ECA transfer form)
Please specify (How assistance was provided): _____

Other support services, please specify: _____

Part V Declaration

- Our company / organization hereby agrees and declares that:
- All information provided in this form is true and accurate.
 - We have complied with the MPF legislation during the period from 1 April 2017 to 31 March 2018.
 - The MPFA may use the information in this form for data analysis on a collective basis for future development of the Award.
 - All decisions made by the MPFA regarding the eligibility of our company / organization are final.
- Our company / organization agrees to become a member of Friends of MPF if being awarded as a Good MPF Employer and to receive publicity materials on the MPF and the MPFA, which will be sent regularly to the contact person by email.

Name	Position	Date

Personal Information Collection Statement:

Personal data supplied in this Form will only be used for the purpose of processing your application for the Good MPF Employer Award and/or for the Friends of MPF programme. The MPFA will not disclose or transfer your personal data to third parties without your consent. You may at any time request to cease to be a member of Friends of MPF and ask the MPFA to stop sending you publicity materials on the MPF and the MPFA. If you would like to make this request, send your name and the email address that you do not want to receive messages to the MPFA's External Affairs Division, by email to newsletter@mpfa.org.hk, or by post to Level 8, Tower 1, Kowloon Commerce Centre, 51 Kwai Cheong Road, Kwai Chung, New Territories, Hong Kong. You also have the right to request access and to amend your personal data held by the MPFA. If you want to access or amend your personal data held by the MPFA, send your request by post to the Personal Data Privacy Officer, Mandatory Provident Fund Schemes Authority, Level 8, Tower 1, Kowloon Commerce Centre, 51 Kwai Cheong Road, Kwai Chung, New Territories, Hong Kong. Please complete the Data Access Request Form (OPS003) before making the request to access information.