

## **MANDATORY PROVIDENT FUND SCHEMES AUTHORITY**

### **I.2 Guidelines on Application for Registration of Provident Fund Schemes**

#### **INTRODUCTION**

Section 21 of the Mandatory Provident Fund Schemes Ordinance (“the Ordinance”) provides for the application for registration of employer sponsored schemes and master trust schemes.

2. Section 6H of the Ordinance provides that the Mandatory Provident Fund Schemes Authority (“the Authority”) may issue guidelines for the guidance of approved trustees, service providers, participating employers and their employees, self-employed persons, regulated persons and other persons concerned with the Ordinance.

3. The Authority hereby issues guidelines relating to the application for registration of employer sponsored schemes and master trust schemes under the Ordinance.

#### **APPLICATION FOR SCHEME REGISTRATION**

##### **Prescribed Forms**

4. When making application to the Authority for registration of an employer sponsored scheme or a master trust scheme, the applicant (who will either be approved trustee or person who has applied for approval as approved trustee under section 20 of the Ordinance) must:

- (a) make the application in the prescribed format as set out at Annexes A to E:

- Annex A refers to Part A (Form S) of the application which covers the information relating to the scheme to which the application relates (“the Scheme”);
- Annex B refers to Part B (Form S(E)) of the application which is only applicable if the application is an employer sponsored scheme. It covers the information relating to the employer sponsoring the Scheme (“the Employer”) and the employers who are associated companies of the Employer and who will participate in the Scheme. If the Scheme is not an employer sponsored scheme, then this Part B is not required to be submitted to the Authority;
- Annex C refers to Part C (Form S(T)) of the application which covers the information relating to the trustee of the Scheme. If the Scheme has more than one trustee, each trustee has to fill in Form S(T) separately;
- Annex D refers to Part D (Form S(C)) of the application which covers the information relating to the custodian of the Scheme. This Part is not required to be submitted to the Authority if, other than the trustee who also acts as the custodian of the scheme assets, no custodian has been or will be appointed under the Scheme. However, if one or more custodians have been appointed or will be appointed, then each custodian so appointed or proposed to be appointed (who is not a sub-custodian) has to fill in Form S(C) separately;
- Annex E refers to Part E (Form S(M)) of the application which covers the information relating to the investment manager of the Scheme. This Part is not required to be submitted to the Authority if the Scheme has not appointed or has not proposed to appoint an investment manager. However, if the Scheme

has more than one investment manager, then each investment manager has to fill in Form S(M) separately;

- (b) submit the documents as prescribed in the forms in Annexes A to E, where applicable; and
- (c) pay the application fee as prescribed in the Mandatory Provident Fund Schemes (Fees) Regulation.

The prescribed format of the forms in (a) above can be downloaded from the Authority's website at [www.mpfa.org.hk](http://www.mpfa.org.hk).

### **Definition of Terms**

5. Where a term used in the Guidelines is defined in the Ordinance or the subsidiary legislation then, except where specified in the Guidelines, that term carries the meaning as defined in the Ordinance or the subsidiary legislation.

### **The Applicant**

6. The applicant making an application for registration of the Scheme must be the approved trustee, or a trustee who has applied for approval as an approved trustee, who is appointed or proposed to be appointed as the trustee of the Scheme. If the application is made by 2 or more trustees, then the applicant refers to those trustees jointly.

### **Signing Requirements**

7. The application for registration of the Scheme must be signed:
- (a) if the applicant is or includes a company, by at least 2 directors of the company; and
  - (b) if the applicant consists wholly of natural persons, by at least 2 of those persons, including the independent trustee.

### **Submission of Application**

8. Completed application forms and the relevant application documents for registration of a provident fund scheme should be submitted in hard copies and sent, together with the application fees, to:

Mandatory Provident Fund Schemes Authority  
Level 8, Tower 1, Kowloon Commerce Centre  
51 Kwai Cheong Road, Kwai Chung  
Hong Kong

### **Warning**

9. If there is any change to the application information or documents after an application is submitted to the Authority, the applicant should inform the Authority as soon as reasonably practicable. It is an offence under section 43E of the Ordinance if a person, in any document given to the Authority, makes a statement that he knows to be false or misleading in a material respect, or recklessly makes a statement which is false or misleading in a material respect.

<b>FORM S</b>
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**MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP. 485)**  
**("the Ordinance")**

**APPLICATION FOR REGISTRATION OF SCHEME**

**(PART A)**  
**(INFORMATION RELATING TO THE SCHEME)**

**NOTES:**

- (1) *The applicant making an application for registration of a provident fund scheme under s.21 of the Ordinance should refer to "Guidelines on Application for Registration of Provident Fund Schemes".*
- (2) *All questions must be answered. If any question is not applicable, please write "N.A."*
- (3) *If boxes are provided, please tick whichever is appropriate.*
- (4) *\* means delete whichever is inappropriate.*

**FOR OFFICIAL USE ONLY**

<b>Application no.:</b> _____	<b>Date application received:</b> _____
<b>Fee receipt no.:</b> _____	<b>Subject officer:</b> _____
<b>Date of fee receipt:</b> _____	<b>Input officer:</b> _____
<b>Date of letter of acknowledgement:</b> _____	<b>Verification officer:</b> _____

**SECTION I - THE SCHEME**

- (1) Name of the Scheme  
(in English): \_\_\_\_\_  
(in Chinese): \_\_\_\_\_
- (2) Type of the Scheme:
- Employer sponsored scheme (please fill in FORM S(E) if the Scheme is an employer sponsored scheme)
- Master trust scheme
- (3) Proposed financial year end date of the Scheme: 

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Day Month
- (4) Will the Scheme be governed by the law of Hong Kong? Yes  No

**SECTION II - TRUSTEE(S) OF THE SCHEME**

- (1) No. of trustee(s): \_\_\_\_\_
- (2) Name of trustee(s) of the Scheme: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III - CUSTODIAN(S)\*\*<sup>1</sup> OF THE SCHEME ASSETS**

- (1) Does the trustee act as a custodian of the assets of the Scheme? Yes \*\*<sup>2</sup> No
- (2) (If the answer to (1) is "Yes") Besides the trustee of the Scheme who also acts as a custodian, has one or more custodians of the assets of the Scheme been appointed or will one or more custodians of the assets of the Scheme be appointed? Yes  No

- (3) (If the answer to (1) is “No”, or if the answer to (2) is “Yes”)  
Please state:

(A) No. of custodian(s) appointed or  
to be appointed: \_\_\_\_\_

(B) Name of custodian(s) appointed  
or to be appointed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* 1.** *For the purpose of this Form, “custodian”, in relation to the assets of a registered scheme, includes:*

- (a) *the person appointed by the approved trustee as a custodian of the scheme assets; and*  
(b) *the approved trustee of the scheme who also acts as a custodian of the scheme assets,*  
*but does not include a sub-custodian.*

2. *Please submit a deed of undertaking in accordance with s.69 of the Mandatory Provident Fund Schemes (General) Regulation (“the Regulation”).*

#### **SECTION IV - INVESTMENT MANAGER(S) OF THE SCHEME**

(1) Has the trustee of the Scheme appointed or proposed to appoint an investment manager of the Scheme? Yes  No

(2) If the trustee of the Scheme has appointed or proposed to appoint one or more investment managers, please state:

(A) No. of investment manager(s) appointed or to be appointed: \_\_\_\_\_

(B) Name of investment manager(s) appointed or to be appointed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V - CONSTITUENT FUND(S) OF THE SCHEME**

(1) No. of constituent fund(s) in the Scheme: \_\_\_\_\_

(2) Name and approval information\*\* of constituent fund(s) in the Scheme: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\* *If the constituent fund has been approved by the Mandatory Provident Fund Schemes Authority (“the Authority”), please state the relevant approval no. If the constituent fund has not been approved by the Authority, please state whether an application for approval has been submitted to the Authority and state the relevant application no., if any.*

**SECTION VI - ADMINISTRATOR OF THE SCHEME**

(1) Has an administrator been appointed or proposed to be appointed to administer the Scheme? Yes  No

(2) (If the answer to (1) is “Yes”) Please state:

(A) Name of administrator appointed or proposed to be appointed to administer the Scheme: \_\_\_\_\_

(B) Has FORM TC(A) regarding information of the administrator of the Scheme been submitted in the application for approval of trustee(s)? Yes  No \*\*

\*\* *Please submit a completed FORM TC(A) for information of the administrator of the Scheme.*



## SECTION VII - DOCUMENTS TO BE ATTACHED TO THIS APPLICATION

	If "YES", specify		Not Applicable
	Yes	no. of form(s) attached	
(1) <i>(For employer sponsored schemes)</i> Completed FORM S(E) for information relating to the employer sponsoring the Scheme and the employers who will participate in the Scheme.	<input type="checkbox"/>		<input type="checkbox"/>
(2) Completed FORM S(T) for information relating to the trustee(s) of the Scheme.	<input type="checkbox"/>	_____	<input type="checkbox"/>
(3) <i>(For schemes that have appointed or have proposed to appoint custodians)</i> Completed FORM S(C) for information relating to the custodian(s) of the Scheme.	<input type="checkbox"/>	_____	<input type="checkbox"/>
(4) <i>(For schemes that have appointed or have proposed to appoint investment managers)</i> Completed FORM S(M) for information relating to the investment manager(s) of the Scheme.	<input type="checkbox"/>	_____	<input type="checkbox"/>
(5) <i>(For schemes that have appointed or have proposed to appoint administrators but have not submitted FORM TC(A) in the application for approval of trustees)</i> Completed FORM TC(A) for information relating to the administrator of the Scheme.	<input type="checkbox"/>		<input type="checkbox"/>
(6) An undertaking by the applicant to the Authority regarding compliance with requirements and standards stipulated under s.22 of the Regulation.	<input type="checkbox"/>		<input type="checkbox"/>
(7) A statement setting out the investment policy (including the investment objectives) of the Scheme in accordance with s.24 of the Regulation.	<input type="checkbox"/>		<input type="checkbox"/>
(8) A copy of the governing rules or proposed governing rules that are going to govern the Scheme.	<input type="checkbox"/>		<input type="checkbox"/>
(9) A checklist showing the clause nos. of the governing rules of the Scheme that meet the requirements and standards stipulated in Part IV of the Regulation.	<input type="checkbox"/>		<input type="checkbox"/>
(10) Statement(s) showing the control objectives, and the internal control procedures for achieving the control objectives, of the Scheme.	<input type="checkbox"/>		<input type="checkbox"/>
(11) <i>(For schemes of which the trustees also act as custodians of the assets of the schemes)</i> Deed of undertaking by the trustee in accordance with s.69 of the Regulation.	<input type="checkbox"/>		<input type="checkbox"/>

**SECTION VIII - DECLARATION**

We declare that to the best of our knowledge and belief the information given in this application form is correct and complete. ✦

We certify that the documents attached to this application are true and correct copies.

We undertake to notify the Authority of any matter which affects the validity of any information given in support of this application.

After the application is approved, we undertake to notify the Authority of any material changes to, or affecting the completeness or accuracy of, the information provided in this Form as soon as possible.

Name of applicant:

\_\_\_\_\_

\_\_\_\_\_

Signature and company chop (if any):

\_\_\_\_\_

\_\_\_\_\_

Name of persons signing:

\_\_\_\_\_

\_\_\_\_\_

Title or position of the persons signing:

\_\_\_\_\_

\_\_\_\_\_

Date of Application:

\_\_\_\_\_

✦ **Warning:** Section 43E of the Ordinance makes it an offence punishable with a maximum of 1 year imprisonment for the first occasion and 2 years imprisonment on each subsequent occasion for a person who makes a false or misleading statement in a material aspect.

Name and telephone no. of the contact person for the Authority's enquiries in connection with this application -

Name:

\_\_\_\_\_

Telephone no.:

\_\_\_\_\_

**FORM S(E)**

**MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP. 485)  
("the Ordinance")**

**APPLICATION FOR REGISTRATON OF EMPLOYER SPONSORED SCHEME**

**(PART B)  
(INFORMATION RELATING TO THE EMPLOYER SPONSORING,  
AND EMPLOYERS PARTICIPATING IN, THE SCHEME)**

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**NOTES:**

- (1) *This Form must be completed by the employer sponsoring the Scheme to which this application for registration relates.*
  - (2) *All questions must be answered. If any questions is not applicable, please write "N.A."*
  - (3) *If boxes are provided, please tick whichever is appropriate.*
  - (4) *\* means delete whichever is inappropriate.*
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**FOR OFFICIAL USE ONLY**

**Application no.:** \_\_\_\_\_ **Date application received:** \_\_\_\_\_

**Subject officer:** \_\_\_\_\_ **Input officer:** \_\_\_\_\_

**SECTION I - THE SCHEME**

- (1) Name of the Scheme  
(in English): \_\_\_\_\_  
(in Chinese): \_\_\_\_\_
- (2) No. of employer(s) (including the employer sponsoring the Scheme) that will participate in the Scheme: \_\_\_\_\_

**SECTION II - THE EMPLOYER SPONSORING THE SCHEME ("THE EMPLOYER")**

- (1) Name of the Employer  
(in English): \_\_\_\_\_  
(in Chinese, if any): \_\_\_\_\_

- (2) Address (Registered office in Hong Kong/Principal place of business in Hong Kong\*):

Flat/Room	Floor	Block	Name of building
Street no.	Name of street		
		<i>Hong Kong/Kowloon/N.T. *</i>	
Name of district			

Telephone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

- (3) Business registration no. in Hong Kong (if any): \_\_\_\_\_

- (4) (For employer without business registration no.)

(A) Has the Employer registered with any of the government departments listed in (B) below? Yes  No

(B) If "yes", please tick against the name of the relevant government department(s) and state the relevant registration no. with the government department(s), if any.

	More than one tick is possible, if appropriate	Registration no.
Inland Revenue Department	<input type="checkbox"/>	
– in respect of charitable organisations	<input type="checkbox"/>	
Society Office of the Hong Kong Police	<input type="checkbox"/>	
– in respect of societies	<input type="checkbox"/>	
Education Department	<input type="checkbox"/>	
Registry of Trade Unions	<input type="checkbox"/>	

**SECTION III - THE EMPLOYER(S) PARTICIPATING IN THE SCHEME**

- (1) (A) Is the employer sponsoring the Scheme (“the Employer”) a company? Yes  No
- (B) (If the answer to (A) is “yes”) Does the Employer have one or more associated companies? Yes  No
- (C) (If the answer to (B) is “yes”) Will the Scheme be participated by the relevant employee(s) of the associated companies as member(s)? Yes  No
- (D) (If the answer to (C) is “yes”) Please state the no. of associated companies which will participate in the Scheme and give particulars of each of the associated companies as requested in (b)-(d) below:
- (a) No. of associated companies that will participate in the Scheme: \_\_\_\_\_
- (b) Name of the associated company (in English): \_\_\_\_\_
- (in Chinese, if any): \_\_\_\_\_
- (c) Address (Registered office in Hong Kong/Principal place of business in Hong Kong\*):
- |                  |       |                |                                 |
|------------------|-------|----------------|---------------------------------|
|                  |       |                |                                 |
| Flat/Room        | Floor | Block          | Name of building                |
|                  |       |                |                                 |
| Street no.       |       | Name of street |                                 |
|                  |       |                | <i>Hong Kong/Kowloon/N.T. *</i> |
| Name of district |       |                |                                 |
- Telephone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_
- (d) Business registration no. in Hong Kong (if any): \_\_\_\_\_

**SECTION IV - DOCUMENT TO BE ATTACHED**

- |  | <u>Yes</u>               | <u>Not<br/>Applicable</u> |
|--|--------------------------|---------------------------|
| <p>(1) <i>(If the associated companies of the employer sponsoring the Scheme will also participate in the Scheme)</i><br/>A copy of organisational chart showing the relationship between the employer sponsoring the Scheme and its associated companies.</p> | <input type="checkbox"/> | <input type="checkbox"/>  |

**SECTION V - DECLARATION**

We declare that to the best of our knowledge and belief the information given in this Form is correct and complete. †

\* We certify that the document attached to this Form is true and correct copy.

We undertake to notify the Mandatory Provident Fund Schemes Authority (“the Authority”) of any matter which affects the validity of any information given in support of this application.

After the application is approved, we undertake to notify the Authority of any material changes to, or affecting the completeness or accuracy of, the information provided in this Form as soon as possible.

Name of the Employer:

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Signature and company chop (if any): \_\_\_\_\_

Name of person(s) signing: \_\_\_\_\_

Title or position of person(s) signing: \_\_\_\_\_

† **Warning:** Section 43E of the Ordinance makes it an offence punishable with a maximum of 1 year imprisonment for the first occasion and 2 years imprisonment on each subsequent occasion for a person who makes a false or misleading statement in a material aspect.

Name and telephone no. of the contact person for the Authority’s enquiries in connection with this application -

Name: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

**FORM S(T)**

**MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP. 485)  
("the Ordinance")**

**APPLICATION FOR REGISTRATON OF SCHEME**

**(PART C)  
(INFORMATION RELATING TO THE TRUSTEE OF THE SCHEME)**

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**NOTES:**

- (1) *Please read the Notes on Personal Information Collection before completing this Form.*
- (2) *All questions must be answered. If any question is not applicable, please write "N.A."*
- (3) *If boxes are provided, please tick whichever is appropriate.*
- (4) *\* means delete whichever is inappropriate.*

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**FOR OFFICIAL USE ONLY**

**Application no.:** \_\_\_\_\_ **Date application received:** \_\_\_\_\_

**Subject officer:** \_\_\_\_\_ **Input officer:** \_\_\_\_\_

**SECTION I - THE SCHEME**

- (1) Name of Scheme to which the trustee is appointed or proposed to be appointed: \_\_\_\_\_

**SECTION II - PARTICULARS OF THE TRUSTEE**

- (1) Name of the trustee (in English): \_\_\_\_\_  
 \_\_\_\_\_  
 (in Chinese, if any): \_\_\_\_\_
- (2) Business registration number/  
 Hong Kong Identity Card No.\*: \_\_\_\_\_

**SECTION III - STATUS OF THE TRUSTEE**

- (1) Is the trustee an approved trustee? Yes  No
- (2) If the answer to (1) is "Yes", please state the trustee approval no.: \_\_\_\_\_
- (3) If the answer to (1) is "No", has an application for approval as trustee been submitted to the Mandatory Provident Fund Schemes Authority ("the Authority")? Yes  No
- (4) If the answer to (3) is "Yes", please state the application number and/or date of submission: \_\_\_\_\_
- (5) Is there in force, or have arrangements been made to enter into, adequate insurance in accordance with s.23(9) of the Mandatory Provident Fund Schemes (General) Regulation ("the Regulation")? Yes  No
- (6) If the answer to (5) is "Yes", is the insurance obtained from a person specified in s.6(1) of the Insurance Companies Ordinance (Cap. 41)? (If the answer to (6) is "No", please submit FORM EI in respect of the person.) Yes  No



**For trustee that is a natural person only:**

(7) Is the trustee an independent trustee of the Scheme? Yes  No

(8) Is the trustee a member/prospective member of the Scheme? Yes  No

**For trustee that is an independent trustee only:**

(9) Are you a controller, close relative, partner or employee of the employer or of an associate of the employer? Yes  No

(10) Do you hold any shares of the employer or do you hold any shares of any associate of the employer? Yes  No

(11) Do you have any past or present association (financial or otherwise) with –  
 (A) the employer; or  
 (B) any controller of the employer; or  
 (C) any associate of the employer or any associate of any such controller, that could affect the impartiality of your independent judgment? Yes  No

(12) Are you an auditor or actuary of the Scheme? Yes  No

**SECTION IV - DOCUMENTS TO BE ATTACHED**

	<b>Documents</b>	<b>Attachment No.</b>
(1)	Undertaking by the trustee in accordance with s.21(8) of the Ordinance	
(2)	Evidence of adequate insurance in accordance with s.23(9) of the Regulation (if not yet submitted when making an application for approval as trustee)	
(3)	FORM EI if the insurance is not entered into with a person specified in s.6(1) of the Insurance Companies Ordinance (Cap. 41), if applicable	
(4)	(For individual trustee only) Evidence of performance guarantee in accordance with s.23(6) of the Regulation (if not yet submitted when making an application for approval as trustee)	

**SECTION V - DECLARATION**

\*(For trustee who is a natural person) I certify that I have read the Notes on Personal Information Collection and understand my rights and obligations in relation to the supply of personal data to the Authority and the manner in which the Authority may use or deal with the data.

We/I\* declare that ourselves/myself\*, the custodian and the delegates of the custodians appointed or to be appointed are/will be independent from the investment manager appointed in respect of the Scheme and of all the delegates of the investment manager.

We/I\* declare that to the best of our/my\* knowledge and belief the information given in this Form is correct and complete. ✦

We/I\* certify that the document attached to this Form are true and correct copies.

We/I\* undertake to notify the Authority of any matter which affects the validity of any information given in support of the application.

After the application is approved, we/I\* undertake to notify the Authority of any material changes to, or affecting the completeness or accuracy of, the information provided in this Form as soon as possible.

Name of trustee: \_\_\_\_\_

Signature (and company chop)  
(to be signed by two directors if the trustee is a company): \_\_\_\_\_

Name of person(s) signing: \_\_\_\_\_

Title or position of person(s) signing: \_\_\_\_\_

Date: \_\_\_\_\_

✦ **Warning:** Section 43E of the Ordinance makes it an offence punishable with a maximum of 1 year imprisonment for the first occasion and 2 years imprisonment on each subsequent occasion for a person who makes a false or misleading statement in a material aspect.

Name and telephone no. of the contact person for the Authority's enquiries in connection with this application –

Name: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

**FORM S(C)**

**MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP. 485)**  
**("the Ordinance")**

**APPLICATION FOR REGISTRATON OF SCHEME**  
**(PART D)**  
**(INFORMATION RELATING TO THE CUSTODIAN**  
**OF THE ASSETS OF THE SCHEME)**

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*NOTES :*

- (1) Please read "Guidelines on Custodians" before completing the Form.*
- (2) All questions must be answered. If any question is not applicable, please write "N.A."*
- (3) If boxes are provided, please tick whichever is appropriate.*
- (4) \* means delete whichever is inappropriate.*

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**FOR OFFICIAL USE ONLY**

**Application no.:** \_\_\_\_\_ **Date application received:** \_\_\_\_\_

**Subject officer:** \_\_\_\_\_ **Input officer:** \_\_\_\_\_

**SECTION I - PARTICULARS OF THE SCHEME**

- (1) Name of the Scheme to which the custodian\*\* is appointed or proposed to be appointed: \_\_\_\_\_

**SECTION II - PARTICULARS OF THE CUSTODIAN**

- (1) Name of the custodian (in English): \_\_\_\_\_

(in Chinese,  
if any): \_\_\_\_\_

- (2) Date of incorporation:

Day		Month		Year			

- (3) Place of incorporation: \_\_\_\_\_

- (4) Registered office:

Flat/Room	Floor	Block	Name of building
Street no.	Name of street		
Name of district/city/province			Area code/Postal code
Name of country			

Telephone no.: (\_\_\_\_) \_\_\_\_\_ Fax no.: (\_\_\_\_) \_\_\_\_\_

\*\* For the purpose of this Form, “custodian”, in relation to the assets of a registered scheme, means the person appointed by the approved trustee as a custodian of the assets of the scheme but does not include sub-custodians appointed by the trustee or the custodian.

- (5) Address where the business is carried out in Hong Kong (if not the same as the registered office):

Flat/Room	Floor	Block	Name of building

Street no.	Name of street

Name of district	

<i>Hong Kong/Kowloon/N.T.*</i>
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Telephone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

- (6) Address where day to day business activities are conducted (if not the same as(5)):

Flat/Room	Floor	Block	Name of building

Street no.	Name of street

Name of district/city/province	Area code/Postal code

Name of country

Telephone no.: (\_\_\_\_) \_\_\_\_\_ Fax no. : (\_\_\_\_) \_\_\_\_\_

- (7) Financial year end date:

Day		Month	

**SECTION III - CAPITAL ADEQUACY**

(1) Nature of the custodian:

(A) Authorized financial institution in Hong Kong (B) Registered Trust Company ("RTC") in Hong Kong 

(2) Capital adequacy of the custodian: (please state the currency used)

(A) Paid up share capital \*\*: \_\_\_\_\_

(B) Net asset value \*\*: \_\_\_\_\_

(C) Date of valuation: \_\_\_\_\_

\*\* *If the custodian is an RTC with paid up capital or net assets value of less than HK\$150 million, please also complete (3) and (4) below.*

(3) Nature of the company that provides continuous financial support to the custodian (if applicable):

(A) RTC in Hong Kong (B) Authorized financial institution in Hong Kong (C) Authorized insurer in Hong Kong (D) Overseas trust company \*\*  Approving authority: \_\_\_\_\_(E) Overseas bank \*\*  Approving authority: \_\_\_\_\_(F) Overseas insurer \*\*  Approving authority: \_\_\_\_\_

\*\* *Please also complete 5(G) and 5(H) with regard to the approving authority and the company's credit rating.*

(4) Capital adequacy of the company that provides continuous financial support to the custodian (if applicable) (please state the currency used)

(A) Paid up share capital: \_\_\_\_\_

(B) Net asset value: \_\_\_\_\_

(C) Date of valuation: \_\_\_\_\_

(5) Particulars of the company that provides continuous financial support to the custodian (if applicable)

(A) Name of the Company  
(in English): \_\_\_\_\_

(in Chinese, if any): \_\_\_\_\_

(B) Date of incorporation: 

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Day Month Year

(C) Place of incorporation: \_\_\_\_\_

(D) Registration number under Part XI of the predecessor Ordinance (as defined in the Companies Ordinance (Cap. 622)) or Part 16 of the Companies Ordinance (Cap. 622) (if any): \_\_\_\_\_

(E) Financial year end date: 

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Day Month

(F) Relationship with the custodian (please attach a group chart showing the relationship):  
\_\_\_\_\_

(G) Particulars of the approving authority stated under (3)(D), (3)(E) or (3)(F):  
(a) Address

Flat/Room	Floor	Block	Name of building
Street no.		Name of street	
Name of district/city/province			Area code/Postal code
Name of country			

Telephone no.: (\_\_\_\_) \_\_\_\_\_ Fax no.: (\_\_\_\_) \_\_\_\_\_

- (b) Type of licence, registration, authorization, or permit issued to the company by the approving authority and date of issue:

\_\_\_\_\_

Day		Month		Year			

- (H) Credit rating of the company that provides continuous financial support to the custodian if either (3)(D), (3)(E) or (3)(F) is applicable:

(a) Current credit rating of the company: \_\_\_\_\_

(b) Name of credit rating agency: \_\_\_\_\_

(c) Date when the credit rating was given: \_\_\_\_\_

#### SECTION IV – DOCUMENTS TO BE ATTACHED

	Documents	Attachment No.
(1)	Copy of certificate of incorporation of the custodian	
(2)	Audited financial statements for the last 3 years of the custodian or since its incorporation if it has been incorporated for less than 3 years	
(3)	Copy of certificate of incorporation/registration with overseas authority in respect of the company that provides continuous financial support to the custodian, if applicable	
(4)	Audited financial statements for the last 3 years of the company that provides continuous financial support to the custodian or since its incorporation if it has been incorporated for less than 3 years, if applicable	
(5)	Group chart showing the relationship (with percentage of shareholding) between the custodian and the company that provide continuous financial support to the custodian, if applicable	
(6)	Undertaking to the Mandatory Provident Fund Schemes Authority (“the Authority”) by the company that provides continuous financial support to the custodian in accordance with s.68(5) of the Regulation, if applicable	



**SECTION V - DECLARATION**

We declare that to the best of our knowledge and belief the information given in this Form is correct and complete. ✦

We certify that the documents attached to this Form are true and correct copies.

We undertake to notify the Authority of any matter which affects the validity of any information given in support of our application.

After the application is approved, we undertake to notify the Authority of any material changes to, or affecting the completeness or accuracy of, the information provided in this Form as soon as possible.

Name of the custodian:

\_\_\_\_\_  
\_\_\_\_\_

Signature and company chop  
(to be signed by two directors):

\_\_\_\_\_

Name of persons signing:

\_\_\_\_\_

Title or position of persons signing:

\_\_\_\_\_

Date:

\_\_\_\_\_

✦ **Warning:** Section 43E of the Ordinance makes it an offence punishable with a maximum of 1 year imprisonment for the first occasion and 2 years imprisonment on each subsequent occasion for a person who makes a false or misleading statement in a material aspect.

Name and telephone no. of the contact person for the Authority's enquiries in connection with this application –

Name: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

**FORM S(M)**

**MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP. 485)  
("the Ordinance")**

**APPLICATION FOR REGISTRATON OF SCHEME  
(PART E)  
(INFORMATION RELATING TO  
THE INVESTMENT MANAGER OF THE SCHEME)**

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*NOTES:*

- (1) *All questions must be answered. If any question is not applicable, please write "N.A."*
- (2) *If boxes are provided, please tick whichever is appropriate.*
- (3) *\* means delete whichever is inappropriate.*

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**FOR OFFICIAL USE ONLY**

**Application no.:** \_\_\_\_\_ **Date application received:** \_\_\_\_\_

**Subject officer:** \_\_\_\_\_ **Input officer:** \_\_\_\_\_

**SECTION I - THE SCHEME**

- (1) Name of the Scheme to which the investment manager is appointed or proposed to be appointed: \_\_\_\_\_

**SECTION II - THE INVESTMENT MANAGER**

- (1) Name of the investment manager:  
(in English) \_\_\_\_\_

(in Chinese, if any) \_\_\_\_\_

- (2) Date of incorporation:

Day		Month		Year			

- (3) Place of incorporation: \_\_\_\_\_  
(Please attach a copy of the certificate of incorporation.)

- (4) Registered office in Hong Kong:

Flat/Room	Floor	Block	Name of building
Street no.	Name of street		
		<i>Hong Kong / Kowloon / NT*</i>	
Name of district			

Telephone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

- (5) Registration status with the Securities and Futures Commission (“SFC”) and other regulatory authorities:

\_\_\_\_\_  
(Please attach copies of certificates of registration.)

**SECTION III - CAPITAL ADEQUACY**

- (1) Paid up share capital (HK\$): \_\_\_\_\_
- (2) Net asset value (HK\$): \_\_\_\_\_
- (3) Date of valuation: \_\_\_\_\_

(Please attach the latest audited accounts or the auditor's certificate in respect of the paid up share capital and net asset value of the investment manager.)

**SECTION IV - INVESTMENT ACTIVITIES**

- (1) Name of constituent fund(s) in the Scheme under the investment manager's management:

- (2) Financial futures and option trading

If any of the constituent funds managed by the investment manager will engage in financial futures and option trading for purposes other than hedging, please demonstrate that the investment manager has the relevant experience in this respect.

**SECTION V – DOCUMENTS TO BE ATTACHED**

	<b>Documents</b>	<b>Attachment No.</b>
(1)	Copy of the certificate of incorporation	
(2)	Copies of certificates of registration with the SFC and other regulatory authorities	
(3)	Latest audited accounts or the auditor's certificate in respect of the paid up share capital and net asset value of the investment manager	

**SECTION VI - DECLARATION**

We declare that to the best of our knowledge and belief the information given in this Form is correct and complete. ✦

We certify that the documents attached to this Form are true and correct copies.

We undertake to notify the Mandatory Provident Fund Schemes Authority (“the Authority”) of any matter which affects the validity of any information given in support of this application.

After the application is approved, we undertake to notify the Authority of any material changes to, or affecting the completeness or accuracy of, the information provided in this Form as soon as possible.

Name of the investment manager: \_\_\_\_\_

Signature and company chop:  
(to be signed by two directors) \_\_\_\_\_

Name of persons signing: \_\_\_\_\_

Title or position of persons signing: \_\_\_\_\_

Date: \_\_\_\_\_

✦ **Warning:** Section 43E of the Ordinance makes it an offence punishable with a maximum of 1 year imprisonment for the first occasion and 2 years imprisonment on each subsequent occasion for a person who makes a false or misleading statement in a material aspect.

Name and telephone no. of the contact person for the Authority’s enquiries in connection with this application –

Name: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

# **MANDATORY PROVIDENT FUND SCHEMES AUTHORITY**

## **NOTES ON PERSONAL INFORMATION COLLECTION**

The Personal Data (Privacy) Ordinance came into force on 20 December 1996. These Notes are prepared to assist you in understanding your rights and obligations in relation to the supply of personal data by you to the Mandatory Provident Fund Schemes Authority (“the Authority”) (which data may relate to yourself or other persons) and the manner in which the Authority may use or deal with such data (in connection with application and other matters). You are strongly advised to read these Notes carefully.

1. The provision of personal data is required pursuant to various provisions of the Mandatory Provident Fund Schemes Ordinance (“the Ordinance”) and of the regulations and rules made under the Ordinance, including the following:
  - (a) Section 20 of the Ordinance, Part II of the Mandatory Provident Fund Schemes (General) Regulation (“the General Regulation”), and sections 42A, 42B, 42C and 42D of the General Regulation in relation to the application for approval as trustees and the application for approval as controllers of approved trustees;
  - (b) Section 21 of the Ordinance and Part III of the General Regulation in relation to the application for registration of schemes;
  - (c) Section 36 of the General Regulation in relation to the approval of constituent funds;
  - (d) Section 6 of the General Regulation in relation to the approval of pooled investment funds;
  - (e) Section 7AB of the Ordinance in relation to submission of statements;
  - (f) Section 5 of the Ordinance, and sections 5, 14 and 16 of the Mandatory Provident Fund Schemes (Exemption) Regulation (“the Exemption Regulation”) in relation to the application for exemption from MPF requirements;
  - (g) Section 7(3) of Schedule 3 to the Exemption Regulation in relation to the application for appointment of trustees/directors of trustees for MPF exempted ORSO registered schemes;
  - (h) Section 8 of the Exemption Regulation in relation to the application for withdrawal of exemption certificates of ORSO exempted schemes; and
  - (i) Section 19 of the Exemption Regulation in relation to the application for withdrawal of exemption certificates of ORSO registered schemes.

Provision of such personal data is necessary for the exercise or performance of the functions of the Authority conferred or imposed by or under the Ordinance (including the regulations and rules made thereunder). Failure to supply the requested personal data may result in delay or refusal of the application if it affects the Authority’s ability to assess the applicant’s compliance with the applicable criteria.

2. The personal data supplied by you shall be used by the Authority for the purposes of exercising or performing its functions conferred or imposed by or under the Ordinance (including the regulations and rules made thereunder), including whatever surveillance, investigation, inspection or enforcement action necessary to the discharge of such functions.
3. In the course of exercising or performing its functions, the Authority may, as permitted by law, match, compare, transfer or exchange the data provided by you with data held, or hereafter obtained, for these or any other purposes by the Authority, government bodies, other regulatory authorities, corporations, organizations or individuals in Hong Kong or overseas for the purposes of the Ordinance.
4. Specified data relating to approved trustees, registered schemes and MPF exempted ORSO registered/exempted schemes are kept open for public inspection pursuant to sections 20C, 21B and 5A of the Ordinance respectively.
5. You may be entitled under the Personal Data (Privacy) Ordinance to request access to or to request the correction of any data supplied by you, in the manner and subject to the limitations prescribed therein. All enquiries should be directed to:

Personal Data Privacy Officer  
Mandatory Provident Fund Schemes Authority  
Level 8, Tower 1, Kowloon Commerce Centre  
51 Kwai Cheong Road, Kwai Chung  
Hong Kong