

FORM WD-ER

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

**APPLICATION FOR WITHDRAWAL OF EXEMPTION CERTIFICATE
OF AN ORSO REGISTERED SCHEME**

NOTES:

- (1) *The applicant making an application for withdrawal of exemption certificate of an ORSO registered schemes should read the "Guidelines on MPF Exempted ORSO Schemes - Application for Withdrawal of Exemption Certificate of an ORSO Registered Schemes" before submitting the application.*
 - (2) *All questions must be answered. If any question is not applicable, please write "N.A."*
 - (3) *Please provide any other information which may assist the Mandatory Provident Fund Schemes Authority ("the Authority") in reaching a decision on the application if necessary.*
 - (4) *If boxes are provided, please tick whichever is appropriate.*
 - (5) ** means delete whichever is inappropriate.*
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FOR OFFICIAL USE ONLY

Application no.: _____ **Date application received:** _____

Subject officer: _____ **Input officer:** _____

Verification officer: _____

SECTION IV – TREATMENT OF THE RIGHTS AND BENEFITS**(1) Application is made:**

- Before the commencement of MPF
(Please answer (2) below)
- On or after the commencement of MPF
(Please answer (2) & (3) below)

(2) In Respect of Existing Members

- (i) Please specify below the treatment of the rights and benefits of the existing members in the Scheme:

(3) In Respect of New Members

- (i) Please specify below the treatment of the rights and benefits of the new members. Please also specify the treatment of the minimum MPF Benefits, if applicable, of these new members in the Scheme:

SECTION V - ARRANGEMENT FOR MEMBERS OF THE SCHEME

- (1) Please specify below the arrangement for the members of the Scheme, who are not exempted from the provision of the Ordinance by virtue of section 4 of the Ordinance. Examples of such arrangement may be transferring members to another MPF exempted ORSO scheme, MPF scheme, etc.:

SECTION VI - DECLARATION

*I/We declare that to the best of *my/our knowledge and belief, the information given in this application form is correct and complete. ★

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

*I/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, *I/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 *relevant/representative employer:

Signature and company chop of the *relevant/representative employer:

Name of person(s) signing:

Title or position of person(s) 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.:
