

MANDATORY PROVIDENT FUND SCHEMES AUTHORITY
Application for Registration as MPF Corporate Intermediary

Notes on Completion of this Form

1. Please read the *Guide to Registration as MPF Intermediaries* (available at the Mandatory Provident Fund Schemes Authority (“MPFA”) website at www.mpfa.org.hk) and the *Notes on Personal Information Collection* below before completing this Form.
2. All questions must be answered. If any question is not applicable, please write “N/A”. For Section III, please attach copies of the relevant documents if applicable. Please note that your application will not be accepted unless the relevant documents are submitted together with this Form.
3. Please provide any other information which may assist the MPFA in reaching a decision on the application if necessary.
4. A copy of the business registration certificate must accompany this Form. In the case of a limited company, a copy of the certificate of incorporation or the certificate of registration of overseas company must accompany this Form.
5. Please note that your application will not be accepted unless you possessed the required capacity at the time of submitting the application. Copies of documentary evidence of your registration capacities should accompany the application.
6. Please note that this Form should be submitted together with Form I(S) and Form I(I) of the responsible officer.

Notes on Personal Information Collection

These notes are provided in accordance with the Personal Data (Privacy) Ordinance. You are advised to read the following regarding your rights and obligations in relation to personal data held by the MPFA (which data may relate to yourself or other persons) and the manner in which the MPFA may use or deal with such data in connection with this application and other related matters:

1. Failure to supply the requested personal data may result in delay or refusal of your application if it affects the MPFA’s ability to assess your compliance with the applicable criteria.
2. The personal data will be used by the MPFA for the purposes of performing its functions and, in particular, the registration, monitoring, inspection, investigation, or enforcement action in relation to MPF schemes and service providers including MPF intermediaries.
3. The MPFA may, as permitted by law, match, compare, transfer or exchange the personal data with data held by, or obtained from (including but not limited to) the following bodies:
 - (a) Hong Kong Monetary Authority;
 - (b) Insurance Authority and self-regulatory organizations of the insurance industry (including the Insurance Agents Registration Board under The Hong Kong Federation of Insurers, The Hong Kong Confederation of Insurance Brokers, and the Professional Insurance Brokers Association);
 - (c) Securities and Futures Commission;
 - (d) Hong Kong Securities Institute;
 - (e) Vocational Training Council; and
 - (f) Official Receiver’s Office.
4. You are entitled under the Personal Data (Privacy) Ordinance to request access to or to request the correction of any personal data relating to you held by the MPFA, in the manner and subject to the limitations prescribed therein. All enquiries should be directed to the Personal Data Privacy Officer of the MPFA at Level 16, International Commerce Centre, 1 Austin Road West, Kowloon, Hong Kong.

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| Section I – PARTICULARS OF APPLICANT | | | |
|---|--|--|--|
| Name in English <i>(same as Certificate of Incorporation or Business Registration Certificate)</i> | | | |
| Name in Chinese <i>(if any)</i> | | | |
| Any Previous Name(s) by Which the Applicant Has Been Known | | | |
| Business Registration No. | | | |
| Place of Incorporation | | Date of Incorporation | |
| Principal Business Address in Hong Kong | | | |
| Mailing Address <i>(if different from Principal Business Address)</i> | | | |
| Telephone No. | | Fax No. | |
| Email Address | | | |
| Name of Responsible Officer(s) ¹ <i>(same as HKID Card/Passport)</i> | 1. <i>HKID Card/Passport No.:</i> | 2. <i>HKID Card/Passport No.:</i> | |
| Title of Responsible Officer(s) | 1. | 2. | |
| Name/Title/Telephone No. of Contact Person | | | |

| For Official Use Only | | | |
|------------------------------|--|-----------------------|--|
| Application No. | | MPF Registration No. | |
| Receipt Date | | MPF Registration Date | |
| Input Officer | | Approving Officer | |

¹ An MPF corporate intermediary must have at least one responsible officer.

Section II – REGISTRATION CAPACITY*(Please tick the registration capacity/capacities intended to be used in MPF selling/advising activities.)***Insurance Authority Regime** Authorized Long Term Insurer Authorized Long Term Insurance Broker: Member of The Hong Kong Confederation of Insurance Brokers Member of Professional Insurance Brokers Association Directly Authorized by Insurance Authority Appointed Long Term Insurance Agent*(Name of Principal²: _____)***Monetary Authority Regime** Bank Restricted Licence Bank Deposit Taking Company Authorized Institution registered to carry on Type 1 (dealing in securities) regulated activity Authorized Institution registered to carry on Type 4 (advising on securities) regulated activity**Securities and Futures Commission Regime** Licensed Corporation licensed to carry on Type 1 (dealing in securities) regulated activity Licensed Corporation licensed to carry on Type 4 (advising on securities) regulated activity**Section III – MPF SELLING/ADVISING ACTIVITIES***(Please submit relevant documents, if applicable, together with this Form.)*

Please provide a **group chart** highlighting the relationship between the Applicant and other group companies engaging in MPF business including their roles *(please indicate "N/A" if not applicable)*.

² Please specify the name of principal in respect of MPF selling/advising activities.

Please provide an **organization chart** with names and titles of the senior personnel who are in charge of the daily operations of MPF selling/advising business (*please indicate "N/A" if not applicable*).

Name and title of Compliance Officer: _____

What is the main line of business of the Applicant? (*Please tick one item only.*)

Banking Insurance Securities Others (*please specify*) _____

Please provide a copy of the **internal control procedures** relating to monitoring of MPF selling/advising activities. Such procedures should document in details the internal controls for the following areas (*please refer to Chapter 4 of the Code of Conduct for MPF Intermediaries available at the MPFA website at www.mpfa.org.hk for reference*):

- (a) Offer and acceptance of benefits;
- (b) Disclosure of conflicts of interest;
- (c) Handling of clients' monies/assets;
- (d) Maintenance of up-to-date list of MPF intermediaries;
- (e) Compliance with relevant legislation against money laundering;
- (f) Recording and retaining sufficient information about MPF business;
- (g) Compliance with relevant law, rules and guidelines;
- (h) Complaint handling, including the following details:
 - the proper manner for handling complaints;
 - procedures for reporting unresolved complaints after two months of receipt;
 - procedures for imminent reporting of complaints of a serious nature;
 - name, title and telephone number of the Complaint Officer.

If the Applicant is an agency company which adopts the internal control procedures of its principal, please tick the box below.

We confirm that we will follow the internal control procedures in relation to MPF selling/advising activities of our principal.

Section IV – DECLARATION

We certify that we have read the *Notes on Personal Information Collection* and understand our rights and obligations in relation to personal data held by the MPFA and the manner in which the MPFA may use or deal with the data.

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

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

After the application is approved, we undertake to notify the MPFA of any material changes to, or affecting the completeness or accuracy of, the information provided in this Form within seven working days.

| | |
|---|--|
| Name of Applicant | |
| Signature and Company Chop (to be signed by a Responsible Officer) | |
| Name of Responsible Officer (same as HKID Card/Passport) | |
| Title of Responsible Officer | |
| Date of Application | |