



Application Form for Re-issuance of Participation Certificate (PC) FORM MP RE-IS

强制性公积金计划管理局
MANDATORY PROVIDENT FUND
SCHEMES AUTHORITY

Name of Trustee : _____ **Name of Contact Person** : _____

Scheme Registration Number : _____ **Position** : _____

Date of Request : _____ **Telephone Number** : _____

Total Number of Pages : _____
(Including this page)

Original Name of Employer	Updated Name of Employer	Participation Number	Reasons for Re-issuance (Please tick the appropriate box)
English _____ _____	English _____ _____		<input type="checkbox"/> Loss of PC <input type="checkbox"/> Damage of PC <input type="checkbox"/> Printing Error / Incorrect Information Reported to the Authority <input type="checkbox"/> Others, please specify _____ _____
Chinese _____ _____	Chinese _____ _____		<input type="checkbox"/> Loss of PC <input type="checkbox"/> Damage of PC <input type="checkbox"/> Printing Error / Incorrect Information Reported to the Authority <input type="checkbox"/> Others, please specify _____ _____
English _____ _____	English _____ _____		<input type="checkbox"/> Loss of PC <input type="checkbox"/> Damage of PC <input type="checkbox"/> Printing Error / Incorrect Information Reported to the Authority <input type="checkbox"/> Others, please specify _____ _____
Chinese _____ _____	Chinese _____ _____		<input type="checkbox"/> Loss of PC <input type="checkbox"/> Damage of PC <input type="checkbox"/> Printing Error / Incorrect Information Reported to the Authority <input type="checkbox"/> Others, please specify _____ _____
English _____ _____	English _____ _____		<input type="checkbox"/> Loss of PC <input type="checkbox"/> Damage of PC <input type="checkbox"/> Printing Error / Incorrect Information Reported to the Authority <input type="checkbox"/> Others, please specify _____ _____
Chinese _____ _____	Chinese _____ _____		<input type="checkbox"/> Loss of PC <input type="checkbox"/> Damage of PC <input type="checkbox"/> Printing Error / Incorrect Information Reported to the Authority <input type="checkbox"/> Others, please specify _____ _____

- 1) Separate form is required for each registered scheme.
- 2) If the employers have both English and Chinese names, both names should be specified.
- 3) Trustee is required to check the supporting documents to ensure any application for re-issuance of PC is valid and correct prior to the submission of the application form.

Authorised Signature and Company Chop

Name : _____

Position : _____

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Application Form No. : _____ **Remarks** : _____

Reviewed by : _____ **Date** : _____

Approved by : _____ **Date** : _____

IMS Updated by : _____ **Date** : _____

Record Updated by : _____ **Date** : _____



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Original Name of Employer	Updated Name of Employer	Participation Number	Reasons for Re-issuance (Please tick the appropriate box)
English _____ _____ Chinese _____ _____	English _____ _____ Chinese _____ _____		<input type="checkbox"/> Loss of PC <input type="checkbox"/> Damage of PC <input type="checkbox"/> Printing Error / Incorrect Information Reported to the Authority <input type="checkbox"/> Others, please specify _____
English _____ _____ Chinese _____ _____	English _____ _____ Chinese _____ _____		<input type="checkbox"/> Loss of PC <input type="checkbox"/> Damage of PC <input type="checkbox"/> Printing Error / Incorrect Information Reported to the Authority <input type="checkbox"/> Others, please specify _____
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Application Form No. : _____

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