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Login Procedures

Login

1

Login ID:

Password:

Login



If the login is successful,
go to OTP Verification

Click [Login] to continue

Click [Back] to back to the
[Login] page.


OTP Verification

2

MPFA-

Submit

Back



You will receive an OTP from the registered
email address.

Successful Login

3

Terms and Conditions



You must read the Terms and Conditions, after that the "Accept" button will become clickable.



Accept

Change Password

Account Management

My Account

Change Password

1

Change Password



2

Account Maintenance

Current
Password :

New Password :

Re-enter New
Password :

Close

Submit



Account Management

(Primary Account assigns Sub Account)

1

My Account

Account Management

Change Password

2

Create Sub Account

Edit

Close

Print

eForm of Written Statement of ORSO Registered Scheme

AR Submission

eForm Submission

Written Statement of ORSO Reg. Sch

1

Written Statement of...

2

ORSO Registration No. :

R000111(X)

Change to Another Scheme

3

ORSO Registration No. :

R000111(X)

Change to Another Scheme

Testing Scheme 2

Input the financial year start and end date by selecting the calendar.



Confirmed



Not Confirmed



Confirmed



Not Confirmed

eForm of Written Statement of ORSO Registered Scheme

Submission Result

4



The mockup shows a grey rectangular box representing a web page. At the top, there are three horizontal white bars. Below these, there are two rows of orange labels followed by input fields. The first row has the label 'Submission on :' followed by four white rectangular input boxes. The second row has the label 'Submission ID :' followed by four white rectangular input boxes. A dashed arrow points from a purple callout box below to the second input box of the 'Submission ID' row.

Show the submission date and time and the submission ID.

eForm of Annual Report of ORSO Exempted Scheme

Section I – THE SCHEME

AR Submission

eForm Submission

Annual Report of ORSO Exm. Sch.

1

Annual Report of ORSO...

2

Notes

Read it carefully and click [Close] to continue.

Close

eForm of Annual Report of ORSO Exempted Scheme

Section I – THE SCHEME

3

Notes

Click [Notes] button to review again.

Relevant section of the eForm.

4

Choose the [Exemption No. of the Scheme].

Save as Draft

Next

Save all contents of the eForm as Draft.

To save and go to next section.

eForm of Annual Report of ORSO Exempted Scheme

Section II – SCHEME MEMBERSHIP

1

Scheme is exempted under section 7(4)(a).

Scheme exempted under section 7(4)(a)

Scheme exempted under section 7(4)(b) or (c)

Scheme is exempted under section 7(4)(b) or (c).

NA

NA

To save and go to previous section.

Save all contents of the eForm as Draft.

To save and go to next section.

Previous

Save as Draft

Next

eForm of Annual Report of ORSO Exempted Scheme

Section III – CONTRIBUTION

1

☐ Yes ☐ No

To save and go to previous section.

Save all contents of the eForm as Draft.

To save and go to next section.

Previous

Save as Draft

Next

eForm of Annual Report of ORSO Exempted Scheme

Section IV – APPROVAL BY OVERSEAS AUTHORITY

1

Applicable to a Scheme exempted under section 7 (4) (a) of the Ordinance.

☐ Yes ☐ No

File Combination : DE_[ORSO Exempted No]_[Information provided for the Period (To) (YYYYMMDD)].pdf



☐ Yes ☐ No

Please attach documentary evidence

 Choose file

To save and go to previous section.

Save all contents of the eForm as Draft.

To save and go to next section.

Previous

Save as Draft

Next

eForm of Annual Report of ORSO Exempted Scheme


Section V – SCHEME PARTICULARS

1


☐ Open to new employees

☐ Closed to new employees

☐ Yes ☐ No



☐ Yes ☐ No



To save and go to previous section.

Save all contents of the eForm as Draft.

To save and go to next section.

Previous

Save as Draft

Next

eForm of Annual Report of ORSO Exempted Scheme

Section VI – ONGOING REQUIREMENT

1

2

Previous

Save as Draft

Next

To save and go to previous section.

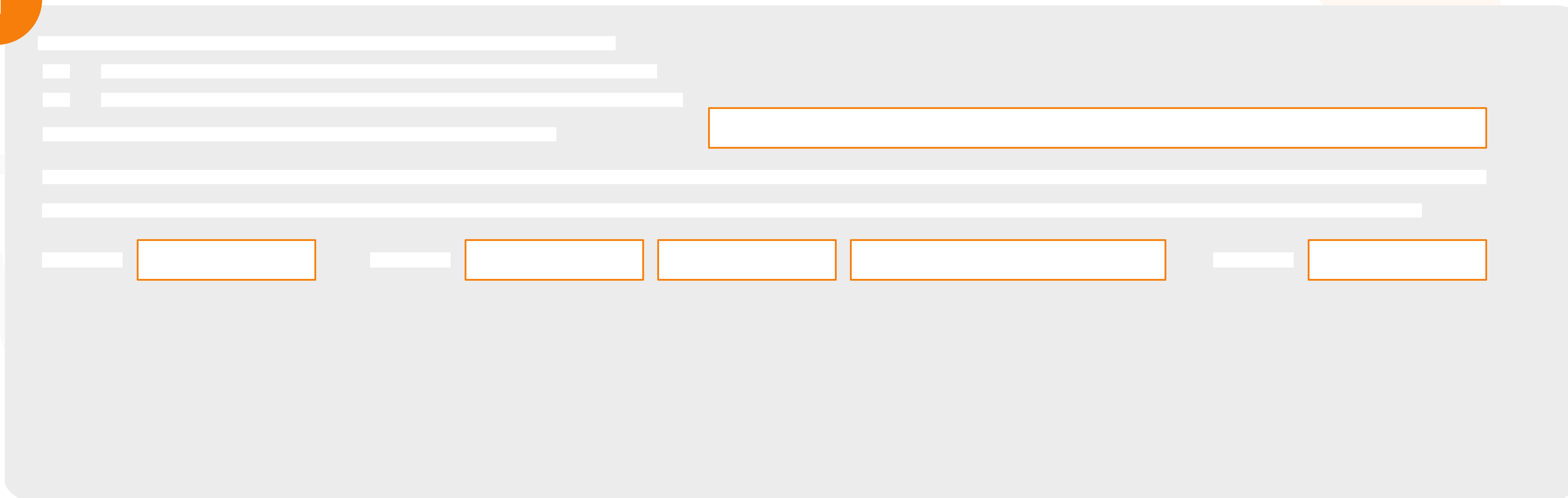
Save all contents of the eForm as Draft.

To save and go to next section.

eForm of Annual Report of ORSO Exempted Scheme

Section VII – CONFIRMATION AND DECLARATION

1



The form interface includes a large text area on the left, a single-line text input on the right, and a row of five input fields at the bottom.

To save and go to previous section.

Save all contents of the eForm as Draft.

To save and go to next section.

Previous

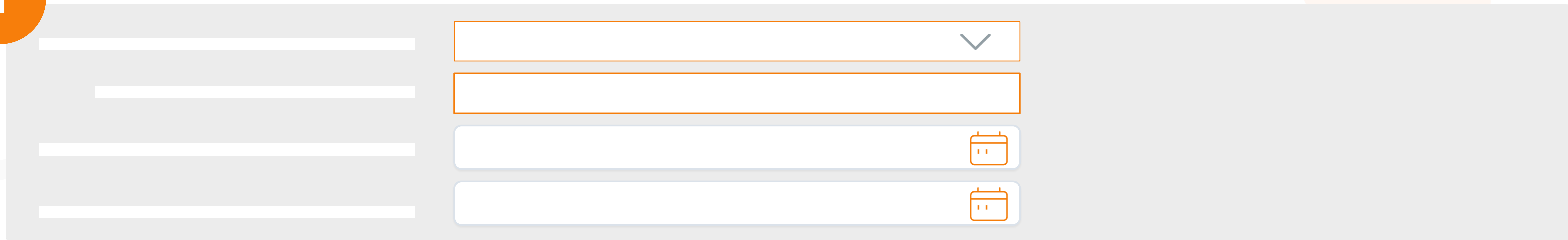
Save as Draft

Next

eForm of Annual Report of ORSO Exempted Scheme

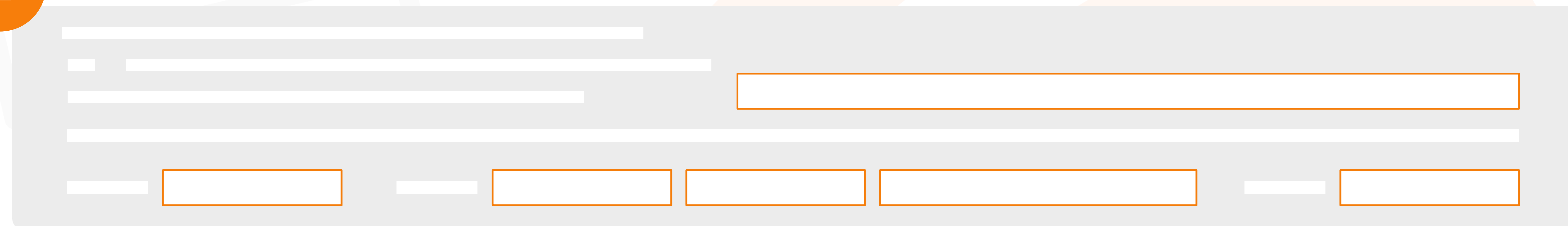
VALIDATION AND SUMMARY

1 Section I - The Scheme



Form for Section I - The Scheme. It contains several input fields and a dropdown menu. The fields are arranged in a grid-like structure. The first row has a long text field and a dropdown menu. The second row has a long text field. The third row has a long text field and a calendar icon. The fourth row has a long text field and a calendar icon.

2 Section VII - Confirmation of compliance and declaration



Form for Section VII - Confirmation of compliance and declaration. It contains several input fields and a long text field. The fields are arranged in a grid-like structure. The first row has a long text field. The second row has a long text field. The third row has a long text field. The fourth row has a long text field. The fifth row has a long text field. The sixth row has a long text field. The seventh row has a long text field. The eighth row has a long text field. The ninth row has a long text field. The tenth row has a long text field. The eleventh row has a long text field. The twelfth row has a long text field. The thirteenth row has a long text field. The fourteenth row has a long text field. The fifteenth row has a long text field. The sixteenth row has a long text field. The seventeenth row has a long text field. The eighteenth row has a long text field. The nineteenth row has a long text field. The twentieth row has a long text field. The twenty-first row has a long text field. The twenty-second row has a long text field. The twenty-third row has a long text field. The twenty-fourth row has a long text field. The twenty-fifth row has a long text field. The twenty-sixth row has a long text field. The twenty-seventh row has a long text field. The twenty-eighth row has a long text field. The twenty-ninth row has a long text field. The thirtieth row has a long text field. The thirty-first row has a long text field. The thirty-second row has a long text field. The thirty-third row has a long text field. The thirty-fourth row has a long text field. The thirty-fifth row has a long text field. The thirty-sixth row has a long text field. The thirty-seventh row has a long text field. The thirty-eighth row has a long text field. The thirty-ninth row has a long text field. The fortieth row has a long text field. The forty-first row has a long text field. The forty-second row has a long text field. The forty-third row has a long text field. The forty-fourth row has a long text field. The forty-fifth row has a long text field. The forty-sixth row has a long text field. The forty-seventh row has a long text field. The forty-eighth row has a long text field. The forty-ninth row has a long text field. The fiftieth row has a long text field. The fifty-first row has a long text field. The fifty-second row has a long text field. The fifty-third row has a long text field. The fifty-fourth row has a long text field. The fifty-fifth row has a long text field. The fifty-sixth row has a long text field. The fifty-seventh row has a long text field. The fifty-eighth row has a long text field. The fifty-ninth row has a long text field. The sixtieth row has a long text field. The sixty-first row has a long text field. The sixty-second row has a long text field. The sixty-third row has a long text field. The sixty-fourth row has a long text field. The sixty-fifth row has a long text field. The sixty-sixth row has a long text field. The sixty-seventh row has a long text field. The sixty-eighth row has a long text field. The sixty-ninth row has a long text field. The seventieth row has a long text field. The seventy-first row has a long text field. The seventy-second row has a long text field. The seventy-third row has a long text field. The seventy-fourth row has a long text field. The seventy-fifth row has a long text field. The seventy-sixth row has a long text field. The seventy-seventh row has a long text field. The seventy-eighth row has a long text field. The seventy-ninth row has a long text field. The eightieth row has a long text field. The eighty-first row has a long text field. The eighty-second row has a long text field. The eighty-third row has a long text field. The eighty-fourth row has a long text field. The eighty-fifth row has a long text field. The eighty-sixth row has a long text field. The eighty-seventh row has a long text field. The eighty-eighth row has a long text field. The eighty-ninth row has a long text field. The ninetieth row has a long text field. The ninety-first row has a long text field. The ninety-second row has a long text field. The ninety-third row has a long text field. The ninety-fourth row has a long text field. The ninety-fifth row has a long text field. The ninety-sixth row has a long text field. The ninety-seventh row has a long text field. The ninety-eighth row has a long text field. The ninety-ninth row has a long text field. The hundredth row has a long text field.

To save and go to previous section.

Save the eForm to PDF.

To change the form status from "Draft" to "Ready to Submit".

Previous

Save a PDF

Ready to Submit

eForm of Annual Report of ORSO Exempted Scheme

SUBMISSION

1

Reject will change back to Draft.

Title or Position

Submit

Reject

Primary Account holder will receive an email notification request for the Annual Report Submission.

To save and go to previous section.

Previous

eForm of Annual Report of ORSO Exempted Scheme

SUBMISSION RESULT

1

Submission on :

____ _

Submission ID :

____ _

Show the submission date and time and the submission ID.

Investment Profile Maintenance



1

Form fields for step 1: Investment Profile Maintenance. The form includes several input fields, dropdown menus, and date pickers.

2

					View / Edit
					View / Edit

To enter the Investment Profile Maintenance of the relevant Pooling Agreement.

To create a new investment profile.

Show the search result against the search criteria.

To reset the search criteria to default.



Investment Profile Maintenance

3

Create an Investment Profile

Pooling Agreement Name (Eng):

▼

Reporting Financial Year End

Close

Create

Close the investment profile popup.

To save the investment profile as draft.

eForm of Annual Return of MPF Exempted ORSO Registered Scheme

AR Submission

eForm Submission

AR of MPF Exempted ORSO Reg Sch.

1

AR of MPF Exempted...



2

Notes



3

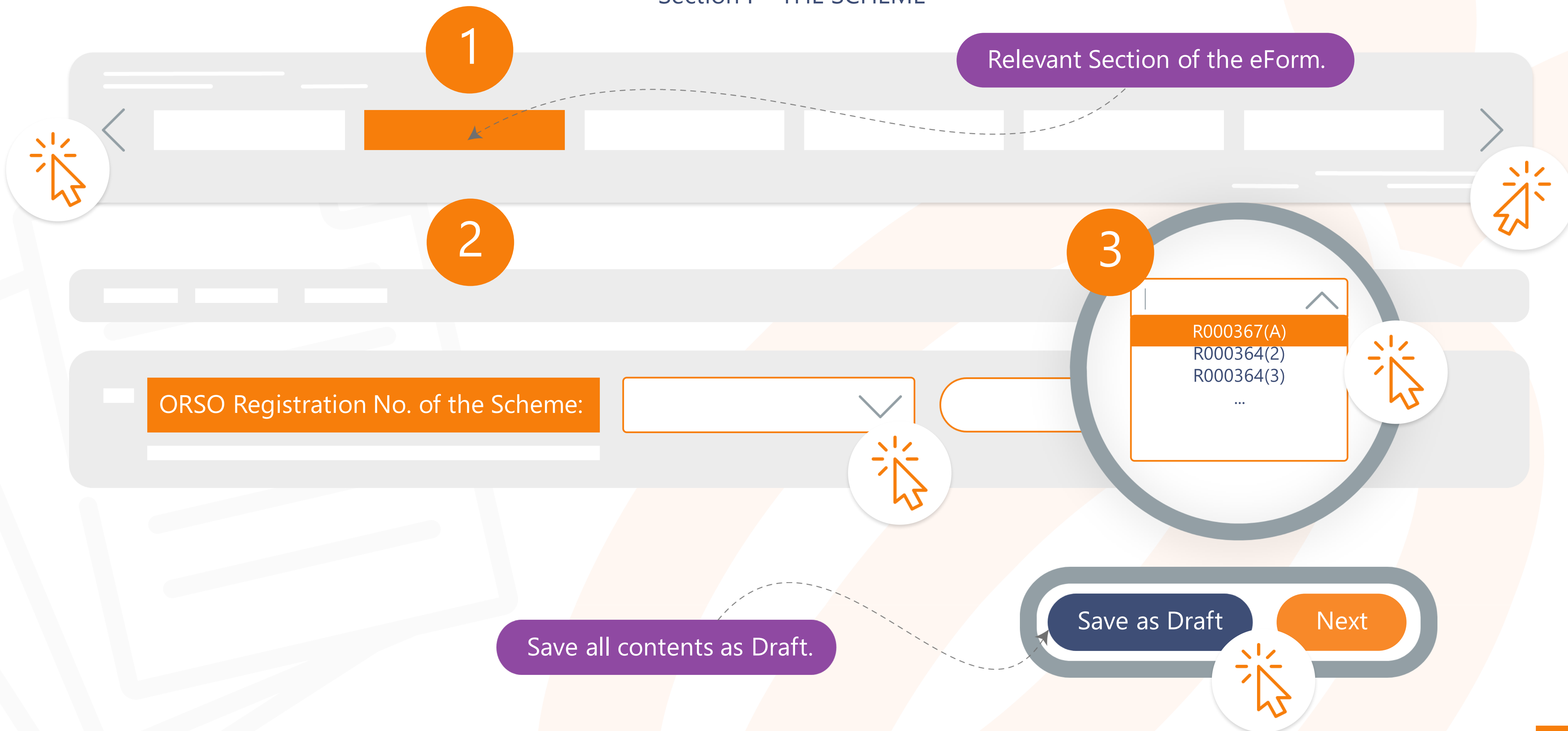
Read it carefully.

Close



eForm of Annual Return of MPF Exempted ORSO Registered Scheme

Section I – THE SCHEME



eForm of Annual Return of MPF Exempted ORSO Registered Scheme

Section II – CHANGE IN SCHEME PARTICULARS

1

Has there been any change in the date of the financial year end of the Scheme?

☒ Yes ☐ No



Date change

If "Yes"

Choose Scheme

☒ Yes ☐ No

☐ Defined contribution scheme

☐ Defined benefit scheme

Date change



2

Has there been any change in the scheme type (defined contribution type or defined benefit type)?

eForm of Annual Return of MPF Exempted ORSO Registered Scheme

Section II – CHANGE IN SCHEME PARTICULARS

3

Have there been any amendment to the governing rules of the Scheme?

Yes

No

specify

Choose file

Date change

If "Yes"

specify

Choose file

File Combination: GR_[ORSO Registration No]_[Financial year ended (YYYYMMDD)].pdf

Has there been any change in the investment manager of the Scheme?

Address

4

eForm of Annual Return of MPF Exempted ORSO Registered Scheme

Section III – SCHEME MEMBERSHIP

1

Total number of the members of the Scheme as at the date of the financial year end.

who were holders of HKID Cards.

defined in Section 2 of the Ordinance.

☒ Yes ☐ No

Consultative committee formed.

To save and go to previous section.

Save all contents of the eForm as Draft.

To save and go to next section.

2

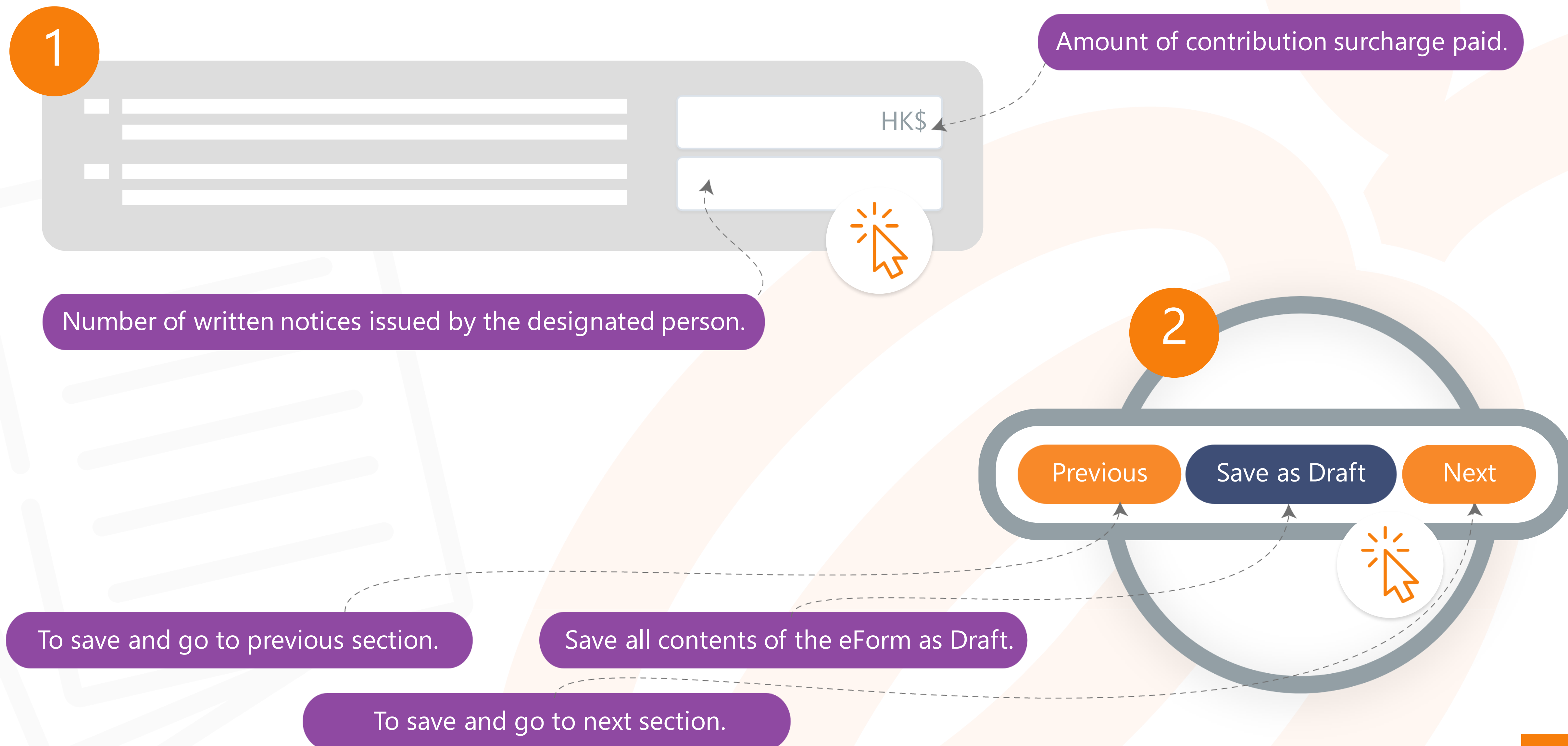
Previous

Save as Draft

Next

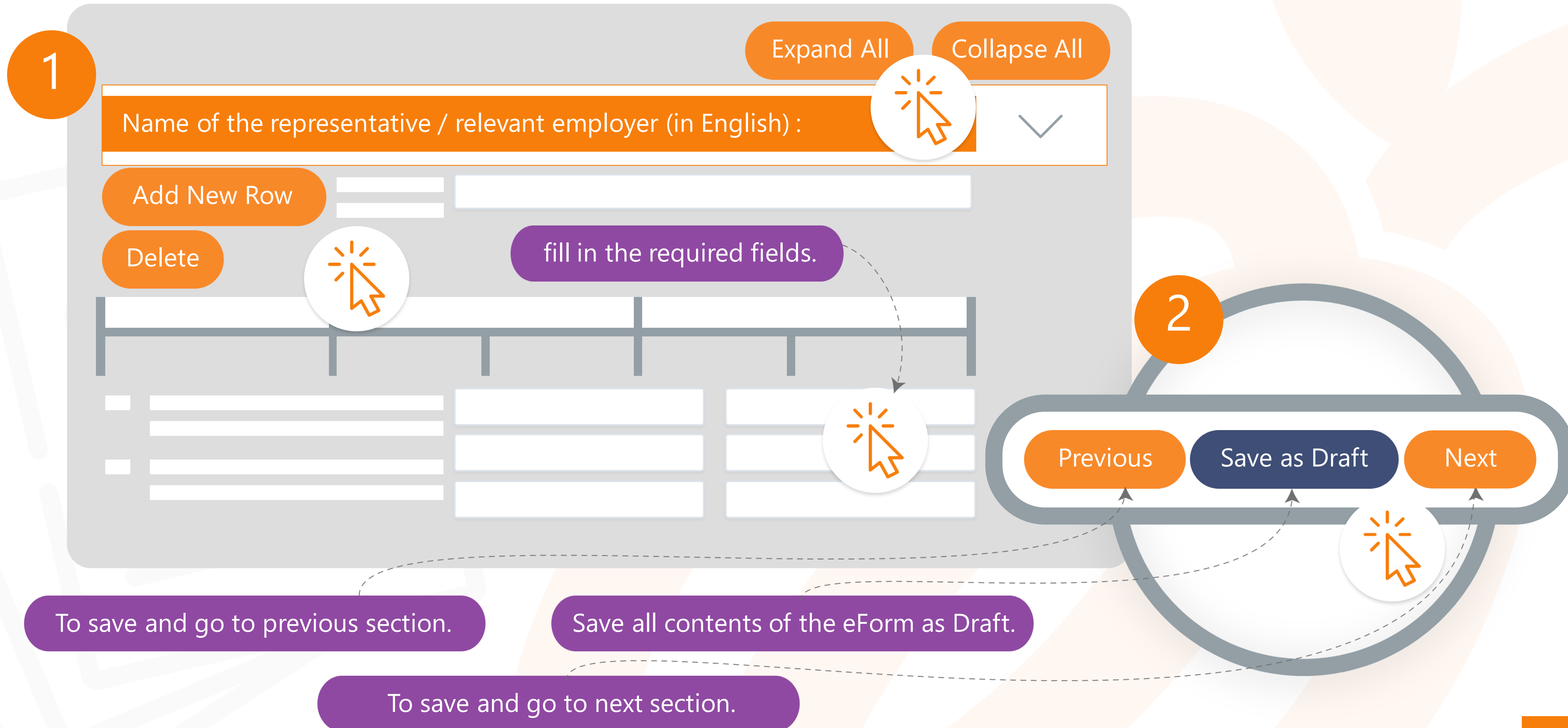
eForm of Annual Return of MPF Exempted ORSO Registered Scheme

Section IV – CONTRIBUTION SURCHARGE



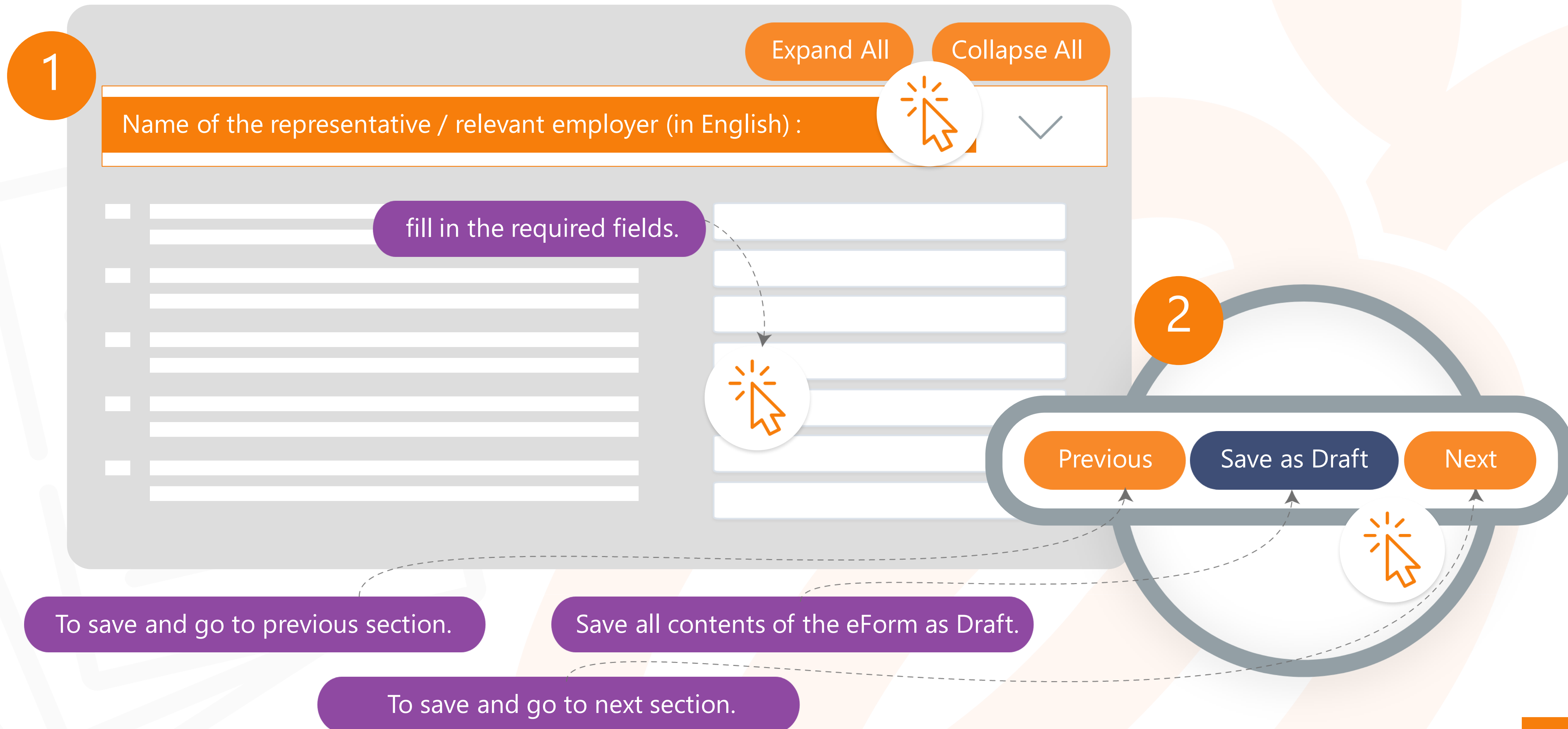
eForm of Annual Return of MPF Exempted ORSO Registered Scheme

Section V - CONTRIBUTION



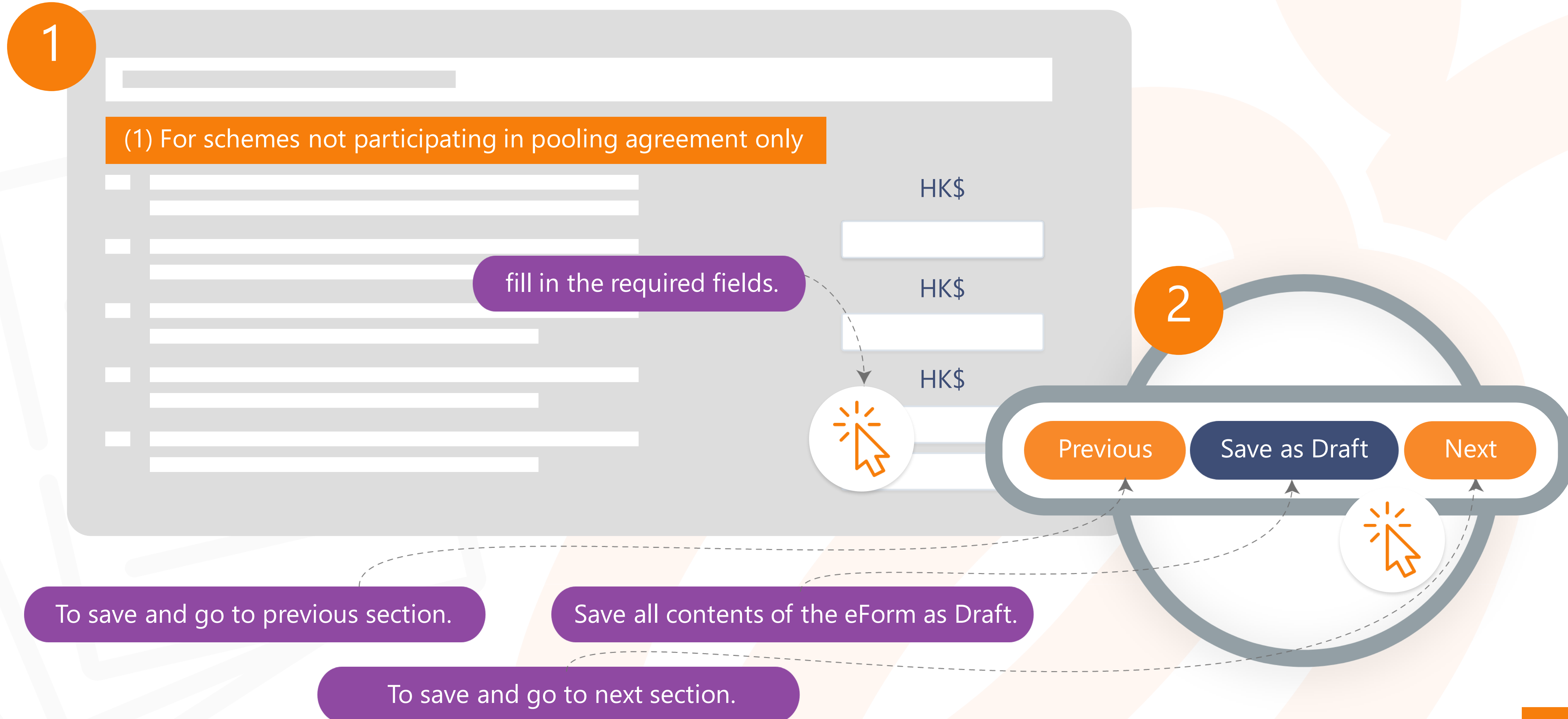
eForm of Annual Return of MPF Exempted ORSO Registered Scheme

Annex to V - Employee Information



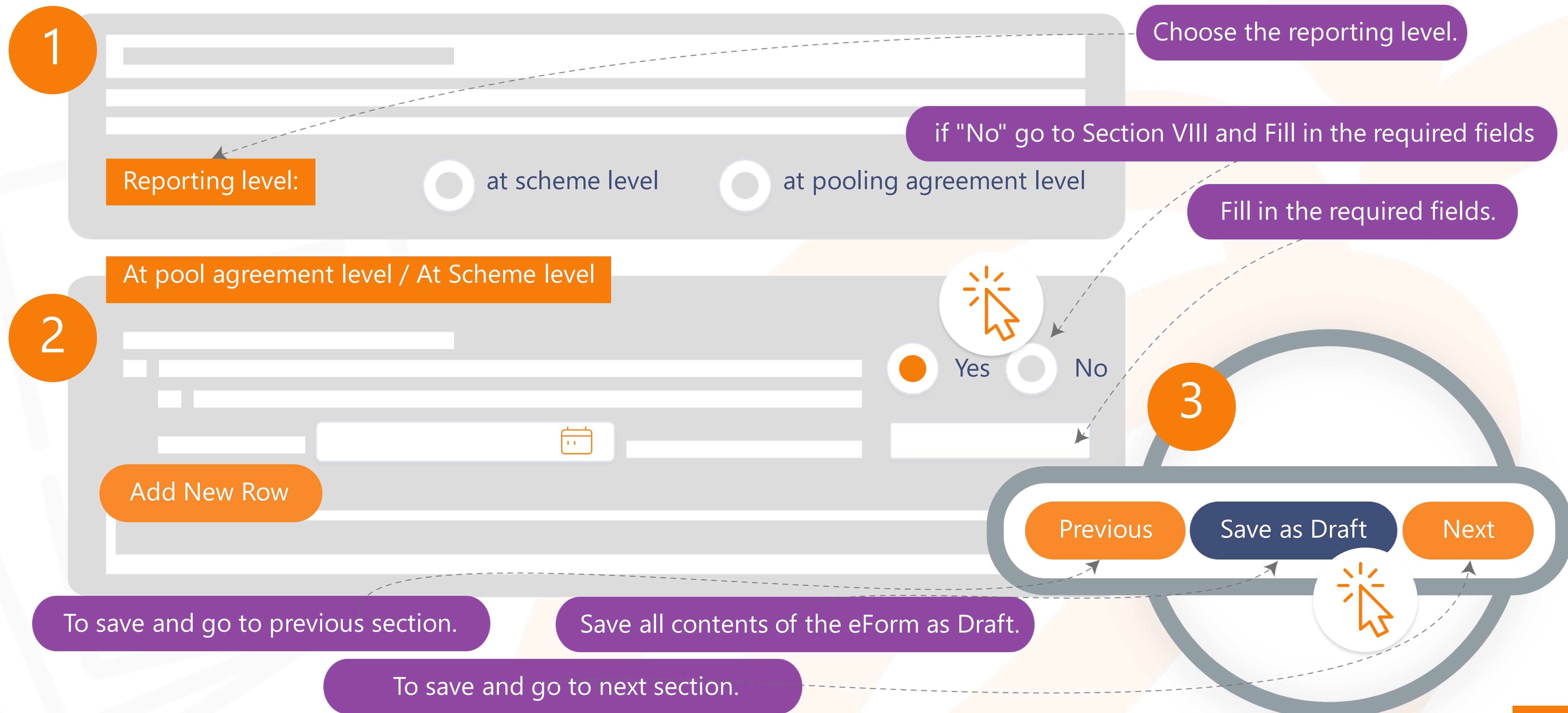
eForm of Annual Return of MPF Exempted ORSO Registered Scheme

Section VI – FINANCIAL INFORMATION



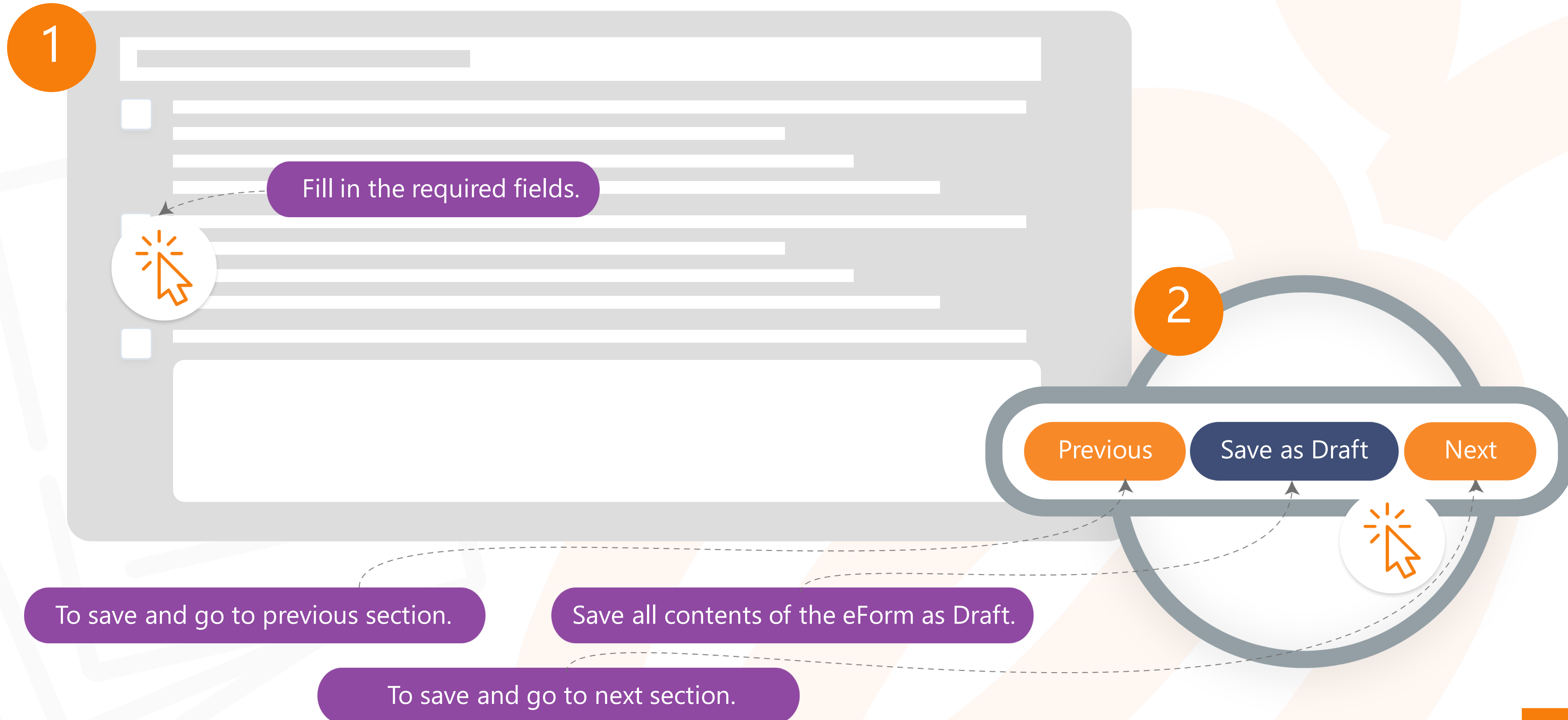
eForm of Annual Return of MPF Exempted ORSO Registered Scheme

Section VII – INVESTMENT PROFILE



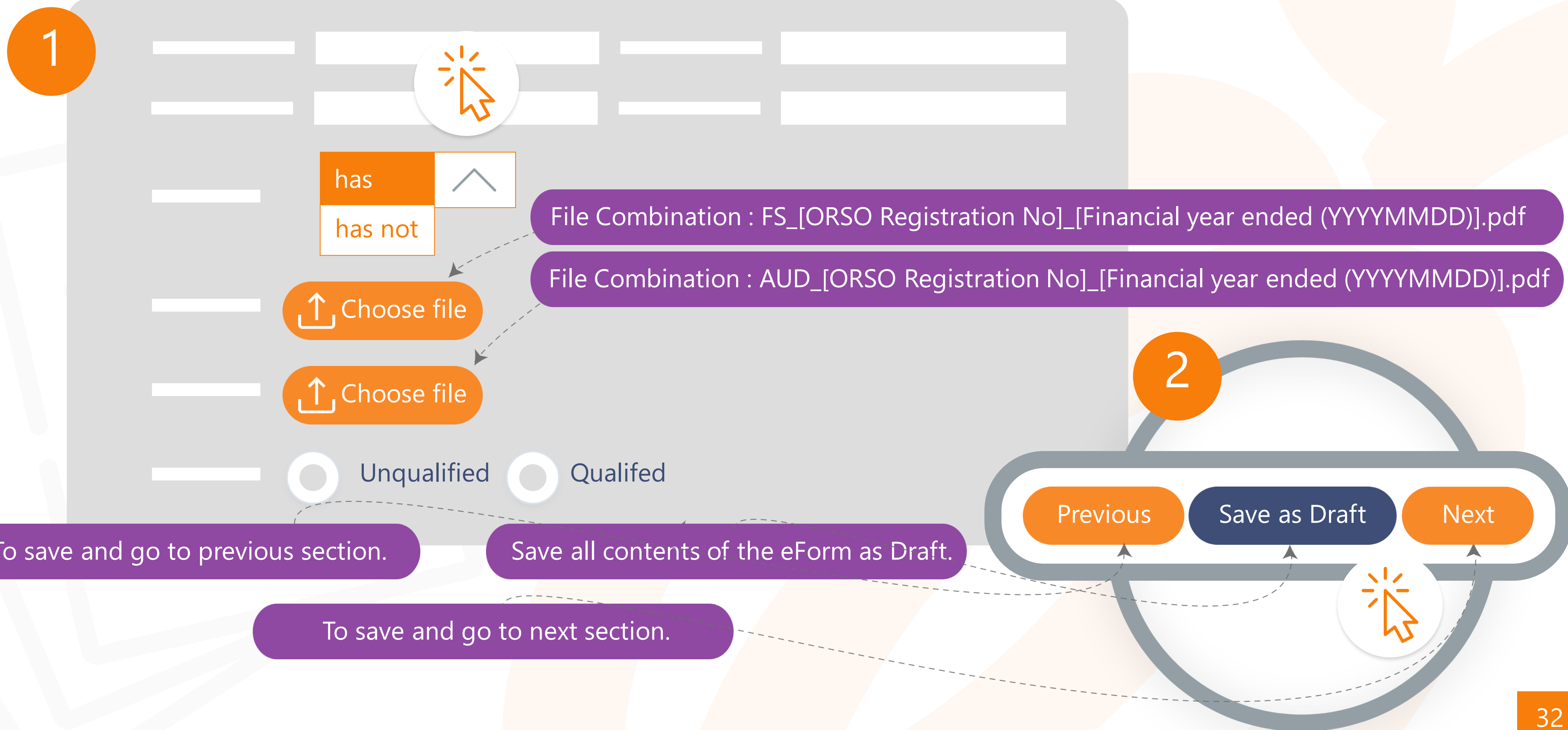
eForm of Annual Return of MPF Exempted ORSO Registered Scheme

Section VIII – DISCLAIMER



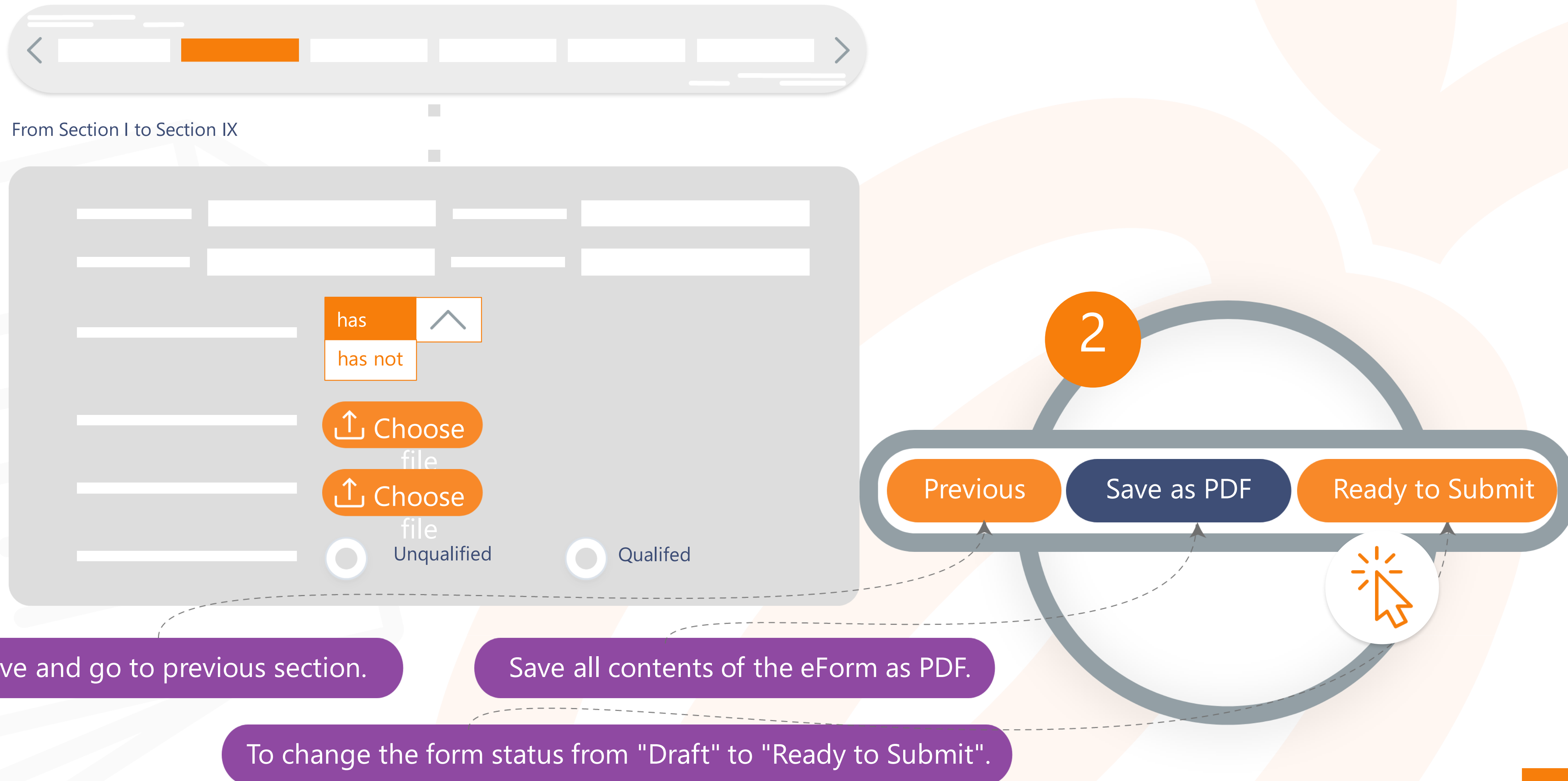
eForm of Annual Return of MPF Exempted ORSO Registered Scheme

Section IX – CONFIRMATION AND DECLARATION



eForm of Annual Return of MPF Exempted ORSO Registered Scheme

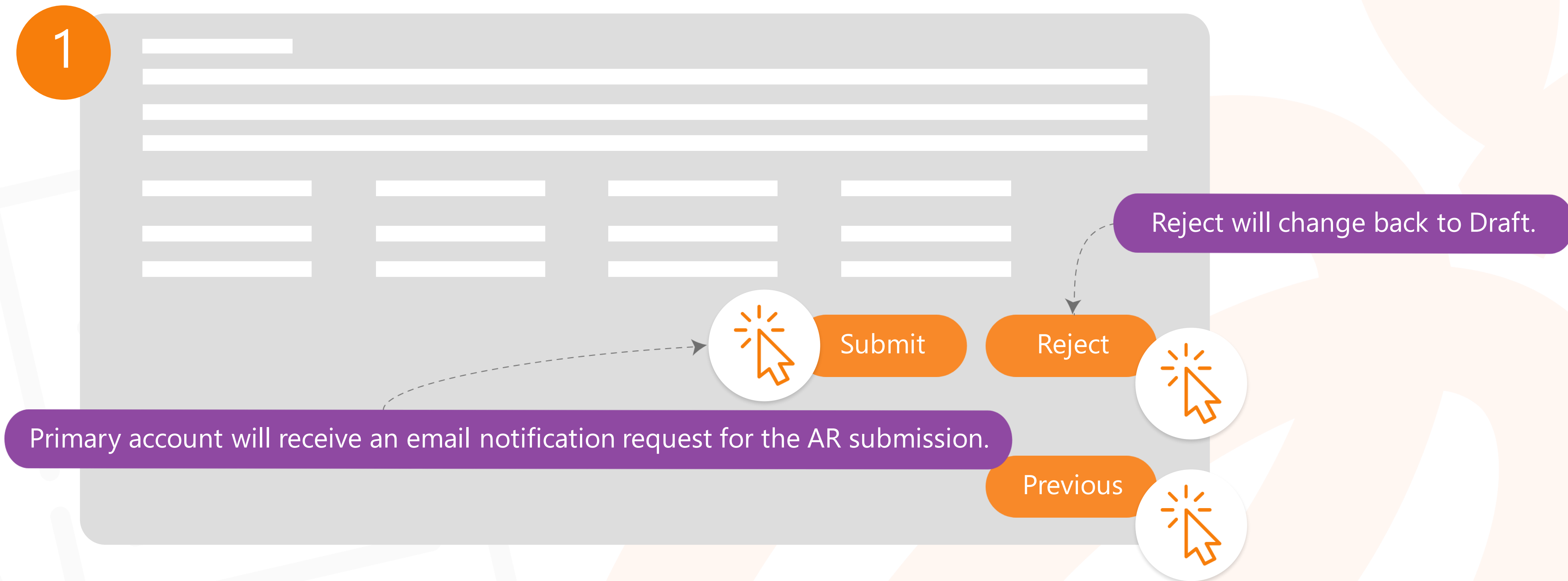
VALIDATION AND SUMMARY



eForm of Annual Return of MPF Exempted ORSO Registered Scheme

SUBMISSION

1



eForm of Annual Return of MPF Exempted ORSO Registered Scheme

SUBMISSION RESULT

1

Submission on :

Submission ID :

Show the submission date and time and the submission ID.

eForm of Annual Return of Non-MPF Exempted ORSO Registered Scheme

AR Submission

eForm Submission

AR of Non-MPF Exempted ORSO Reg Sch.

1

AR of Non-MPF Exempted...



2

Notes



3

Close



Read it carefully.

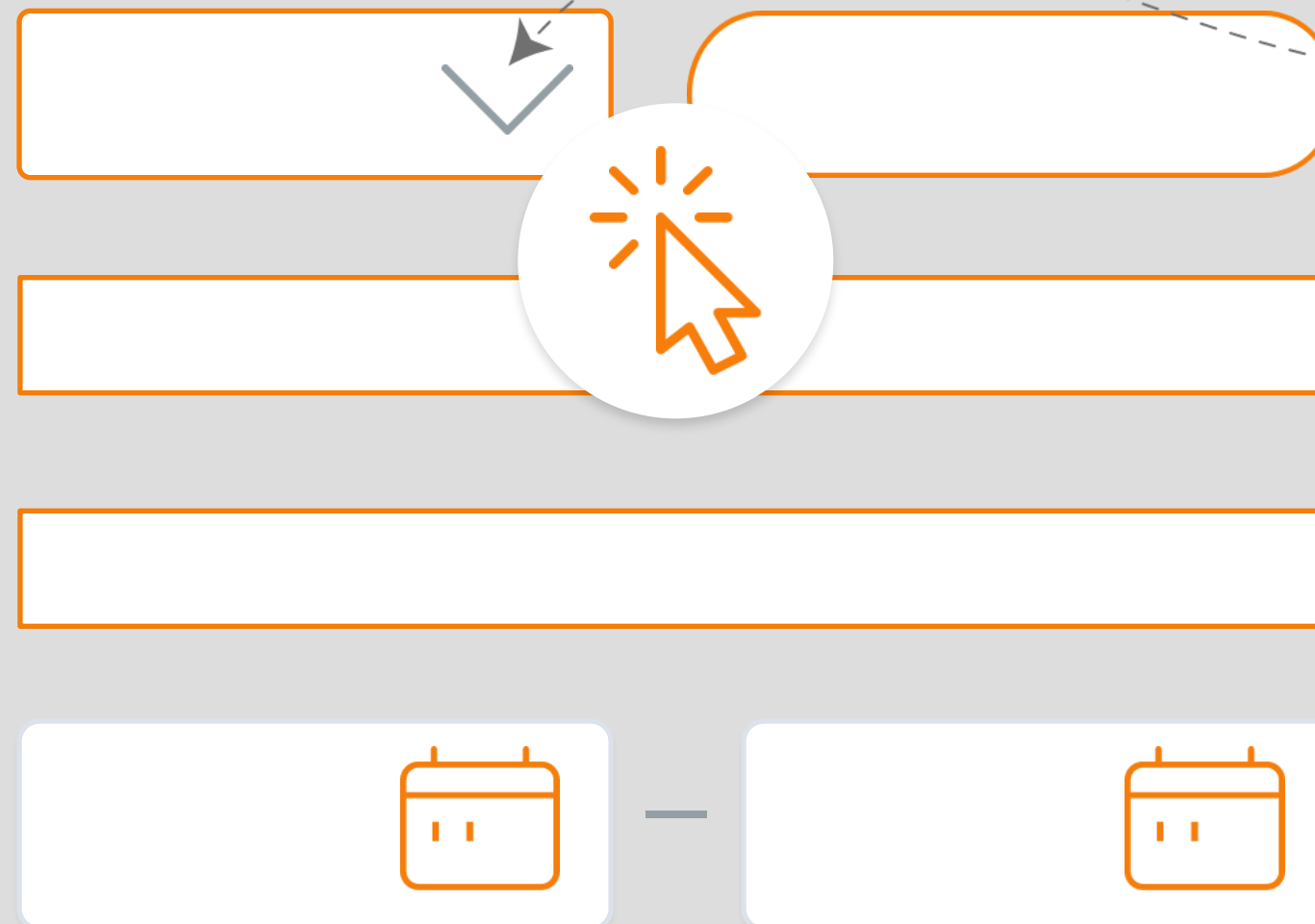
eForm of Annual Return of Non-MPF Exempted ORSO Registered Scheme

Section I – THE SCHEME

1

Choose the registration No. of the scheme.

ORSO Registration No. of the Scheme:



The form consists of three horizontal input fields for the registration number. A mouse cursor icon is positioned over the first field. Below the input fields are two date pickers, each represented by a calendar icon and a text box, separated by a minus sign.

2

Save as Draft

Next

Save all contents of the eForm as Draft.

To save and go to next section.

eForm of Annual Return of Non-MPF Exempted ORSO Registered Scheme

Section II – CHANGE IN SCHEME PARTICULARS

1

Has there been any change in the scheme particulars which have not yet reported to the Registrar?



Yes



No

If Yes, fill in the required fields.

2

Previous

Save as Draft

Next

To save and go to previous section.

Save all contents of the eForm as Draft.

To save and go to next section.

eForm of Annual Return of Non-MPF Exempted ORSO Registered Scheme

Section III – MEMBERSHIP

1

Total number of members of the Scheme...

☒

Yes

☐

No



2

Previous

Save as Draft

Next



To save and go to previous section.

Save all contents of the eForm as Draft.

To save and go to next section.

eForm of Annual Return of Non-MPF Exempted ORSO Registered Scheme

Section IV – CONTRIBUTION

1

2

Expand All

Collapse All

Previous

Save as Draft

Next

To save and go to previous section.

Save all contents of the eForm as Draft.

To save and go to next section.

eForm of Annual Return of Non-MPF Exempted ORSO Registered Scheme

Section V – FINANCIAL INFO

1

2

Previous

Save as Draft

Next

To save and go to previous section.

Save all contents of the eForm as Draft.

To save and go to next section.

eForm of Annual Return of Non-MPF Exempted ORSO Registered Scheme

Section VI – CONFIRMATION AND DECLARATION

1

File Combination : FS_[ORSO Registration No]_[Financial year ended (YYYYMMDD)].pdf

File Combination : AUD_[ORSO Registration No]_[Financial year ended (YYYYMMDD)].pdf

Choose file

Choose file

☐

Unqualified

☐

Qualified

To save and go to previous section.

Save all contents of the eForm as Draft.

To save and go to next section.

2

Previous

Save as Draft

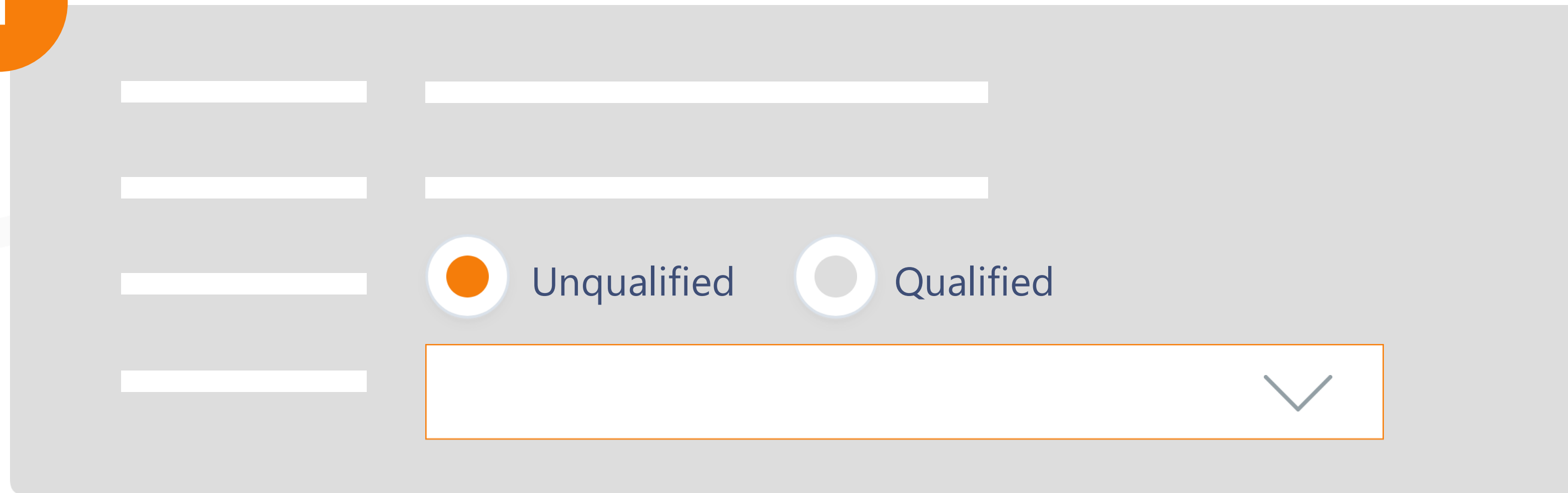
Next



eForm of Annual Return of Non-MPF Exempted ORSO Registered Scheme

VALIDATION AND SUMMARY

1



The form interface includes several input fields represented by horizontal lines. It features two radio buttons: 'Unqualified' (selected) and 'Qualified'. Below these is a dropdown menu with a downward arrow icon.

2

Previous

Save as PDF

Ready to Submit

To save and go to previous section.

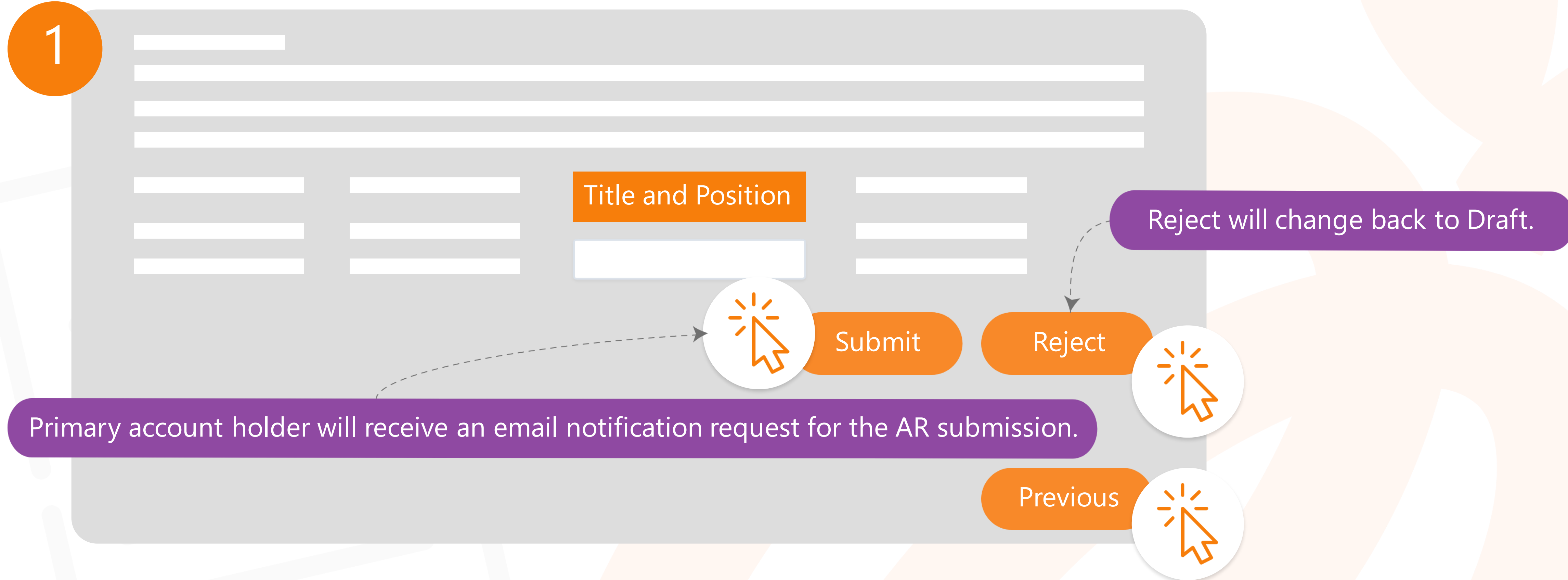
Save all contents of the eForm as PDF.

To change the form status from "Draft" to "Ready to Submit".

eForm of Annual Return of Non-MPF Exempted ORSO Registered Scheme

SUBMISSION

1



eForm of Annual Return of Non-MPF Exempted ORSO Registered Scheme

SUBMISSION RESULT

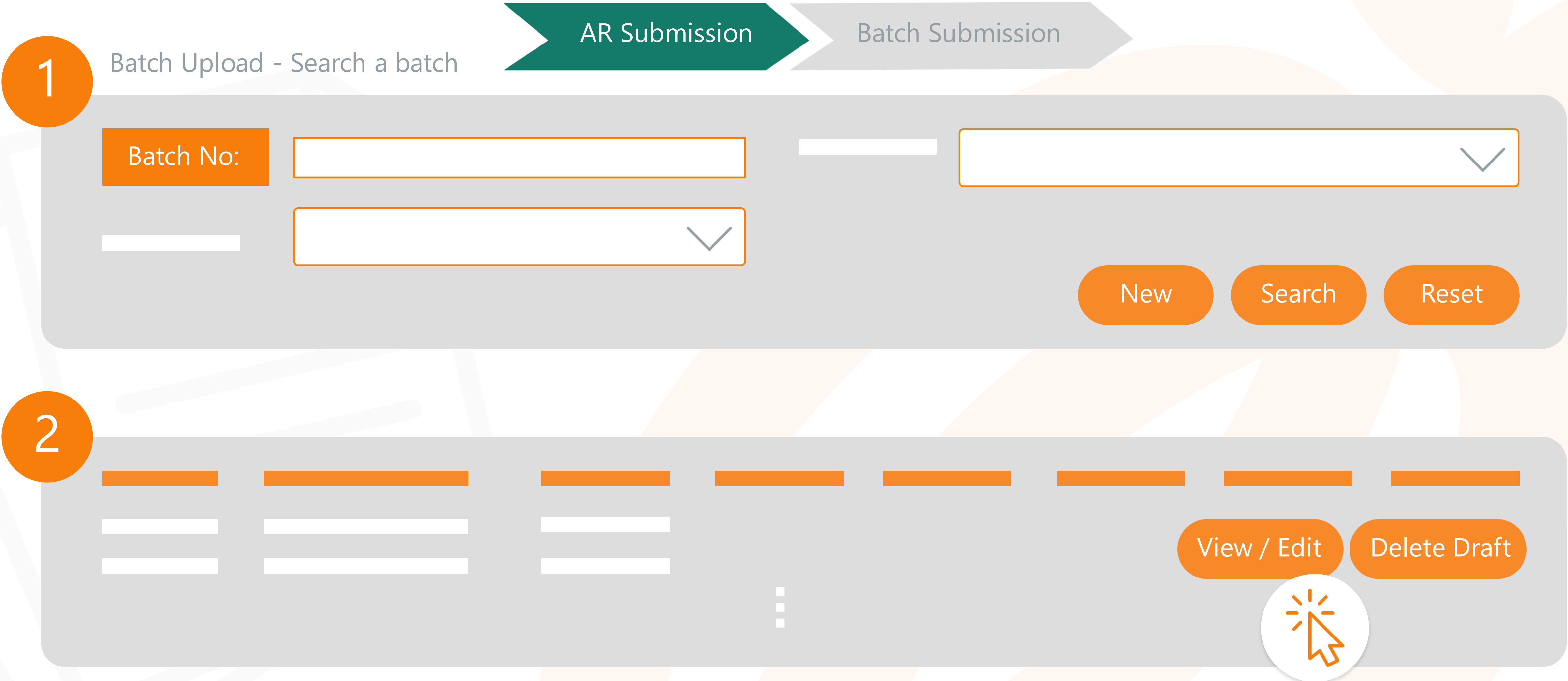
1

Submission On

Submission ID :

Show the submission date and time and the submission ID.

Batch Upload of Annual Return of MPF Exempted / Non-MPF Exempted ORSO Registered Scheme



Batch Upload of Annual Return of MPF Exempted / Non-MPF Exempted ORSO Registered Scheme

1

Batch Upload - Create New Batch

Batch No. :





New



Search

Reset

Select the Pooling Agreement Name.

Select the Type of Document.

2

Pooling Agreement Name:







Close

Create

Select Name of Auditor.

Batch Upload of Annual Return of MPF Exempted / Non-MPF Exempted ORSO Registered Scheme

Click here to download an Excel template of Annual Return of MPF Exempted.

Download Excel Template

/ non-MPF Exempted ORSO Registered Scheme.

3



<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Batch Upload of Annual Return of MPF Exempted / Non-MPF Exempted ORSO Registered Scheme

4

Document

File Combination

Example

Annual Return	AR_[Any name].xlsx	AR_ABCD_20201222.xlsx
Zip of Financial Statements	FS_[Any name].zip	FS_Batch01.zip
Financial Statement	FS_[ORSO Registration No]_[Financial year ended (YYYYMMDD)].pdf	FS_R0210000_20201231.pdf
Zip of Auditor Report	AUD_[Any name].zip	AUD_Batch01.zip
Auditor Report	AUD_[Any name].pdf	AUD_Batch01_20201222.pdf

Batch Upload of Annual Return of MPF Exempted / Non-MPF Exempted ORSO Registered Scheme

5

Only applicable to MPF Exempted ORSO Registered Schemes

Zip of Governing Rules	GR_[any name].zip	GR_ABC.zip
Governing Rules	GR_[ORSO Registration No]_[Financial year ended (YYYYMMDD)].pdf Or GR_[ORSO Registration No]_[Financial year ended (YYYYMMDD)]_[Any name].pdf	GR_R0210000_2201231_file1.pdg

Batch Upload of Annual Return of MPF Exempted / Non-MPF Exempted ORSO Registered Scheme

6

Upload the excel files of annual returns and searchable PDFs of financial statements, auditor reports and governing rules if any.

↑ Choose file

File Name		Exception Report		Delete
				×
				×
				×
				×

Close

Validate

Next

Validate your uploaded files again after rectification of all errors.

Batch Upload of Annual Return of MPF Exempted / Non-MPF Exempted ORSO Registered Scheme

7

Disclaimer

Placeholder for the Disclaimer form content, which is currently obscured by a grey box.

Close

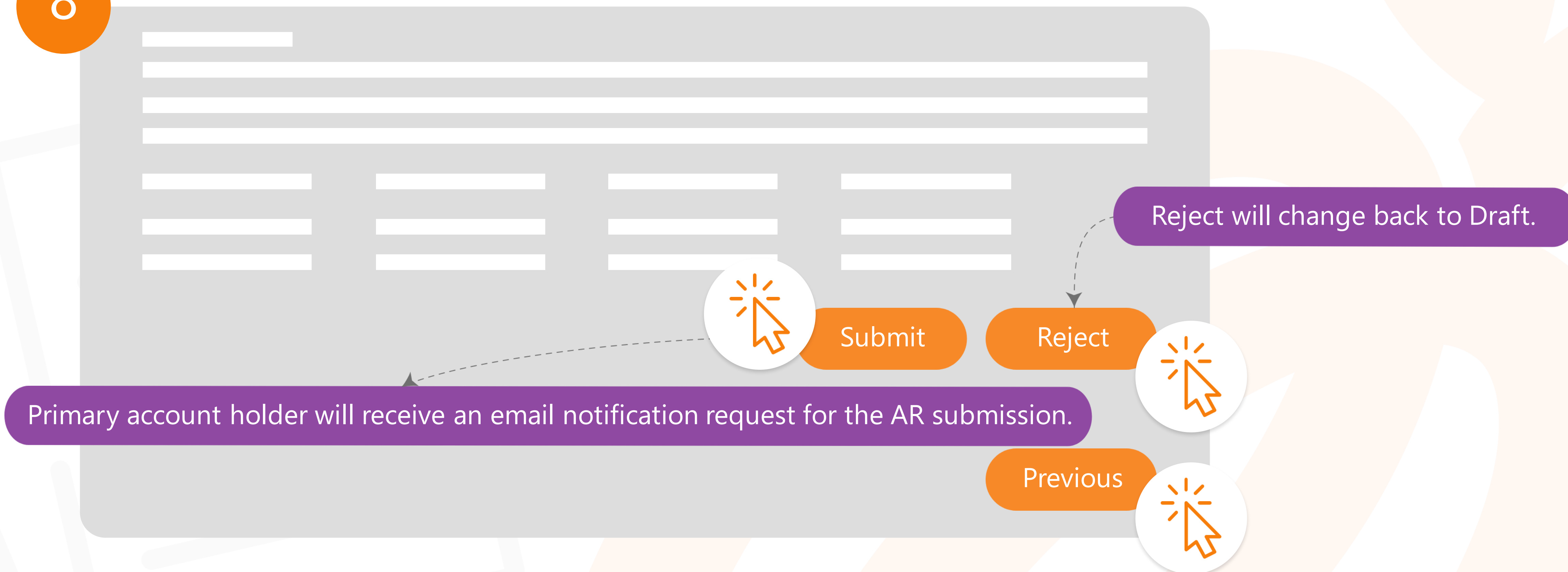
Save as Draft

Previous

Next

Batch Upload of Annual Return of MPF Exempted / Non-MPF Exempted ORSO Registered Scheme SUBMISSION

8



Batch Upload of Annual Return of MPF Exempted / Non-MPF Exempted ORSO Registered Scheme SUBMISSION RESULT

12


Submission on :

Submission ID :

Show the submission date and time and the submission ID.

Notification of Changes

– New eForm



強制性公積金計劃管理局
MANDATORY PROVIDENT FUND
SCHEMES AUTHORITY

General Information

AR Submission

Notification of Changes

Other Submission

Account Management

中文

Notification of Changes > New eForm

eForm Draft and Submission History

1

New eForm

Select Type of Changes

Type of Changes:


of Changes

Scheme

Scheme No.	Scheme Name (in English)	Scheme Name (in Chinese, if any)
<div></div>		

Notification of Changes

– New eForm ORS5



強制性公積金計劃管理局
MANDATORY PROVIDENT FUND
SCHEMES AUTHORITY

General Information

AR Submission

Notification of Changes

Other Submission

Account Management

中文

Notification of Changes > New eForm

eForm Creation

Type of Changes:

Change of Scheme Name (ORS5)

Scheme

Scheme No.

Scheme Name (in English)

Scheme Name (in Chinese, if any)

R000XXX(X)

▼

SAMPLE SCHEME

例子計劃

Involved / For ER(s)

Name of ER:

New ER

(for New ER, please specify)

ENGLISH NAME

CHINESE NAME

eForm and ER Account setting:

Authorized Person

Email Address

Re-enter Email Address

Office Phone No.

COUNTRY

AREA

CONTACT

3

Check read and agree

☒ I have reviewed and agree to the [Privacy Policy](#) terms for account management in an eForm

4

Click to create

Close

Create

Notification of Changes

– New eForm ORS6 (1/2)



General Information

AR Submission

Notification of Changes

Account Management

Notification of Changes > New eForm

eForm Creation

Type of Changes:

Change of ER by Replacement (ORS6)

Select Scheme No.

Scheme

Scheme No.

Scheme Name (in English)

Scheme Name (in Chinese, if any)

E00XXXX(X)

SAMPLE SCHEME

例子計劃

Involved / For ER(s)

Original ER

No.

ER

Name of ER:

eForm and ER Account setting:

Authorized Person

Email Address

Re-enter Email Address

Office Phone No.

COUNTRY

AREA

CONTACT

Select Name of Original ER & fill in information

2.2

Add additional Original ER (optional)

Add

Notification of Changes

– New eForm ORS6 (2/2)

Succeeding ER

No.	ER														
	<p>Name of ER: <input type="text"/></p>														
	<p>eForm and ER Account setting:</p>														
1	<table><tr><td>Authorized Person</td><td>Email Address</td><td>Re-enter Email Address</td><td>Office Phone No.</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><table><tr><td>COUNTRY</td><td>AREA</td><td>CONTACT</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table></td></tr></table>	Authorized Person	Email Address	Re-enter Email Address	Office Phone No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table><tr><td>COUNTRY</td><td>AREA</td><td>CONTACT</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	COUNTRY	AREA	CONTACT	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Person	Email Address	Re-enter Email Address	Office Phone No.												
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COUNTRY	AREA	CONTACT													
<input type="text"/>	<input type="text"/>	<input type="text"/>													

☒ I have reviewed and agree to the [Privacy Policy](#) terms for account management in an eForm

Select Name of Succeeding ER & fill in information

3.1

3.2

Add additional Succeeding ER (optional)

Add

4

Check read and agree

Click to create

5

Close

Create

Notification of Changes

– New eForm ORS7



General Information

AR Submission

Notification of Changes

Other Submission

Account Management

中文

Notification of Changes > New eForm

eForm Creation

Type of Changes:

Change of ER without Replacement (ORS7)

Select Scheme No.

Scheme

Scheme No.

Scheme Name (in English)

Scheme Name (in Chinese, if any)

R000XXX(X)

SAMPLE SCHEME

例子計劃

Involved / For ER(s)

Name of ER:

THE ER COMPANY

Select Name of ER & fill in information

eForm and ER Account setting:

Authorized Person

Email Address

Re-enter Email Address

Office Phone No.

COUNTRY

AREA

CONTACT

3

Check read and agree



I have reviewed and agree to the [Privacy Policy](#) terms for account management in an eForm

Click to create

4

Close

Create

Notification of Changes

– New eForm ORS8



General Information

AR Submission

Notification of Changes

Account Management

Notification of Changes > New eForm

eForm Creation

Type of Changes:

Change of Name / Address of relevant ER (ORS8)

Select Scheme No.

Scheme

Scheme No.

Scheme Name (in English)

Scheme Name (in Chinese, if any)

R000XXX(X)

SAMPLE SCHEME

例子計劃

1.1

Add

Add additional Scheme (optional)

1.2

Involved / For ER(s)

Name of ER:

THE ER COMPANY

Select Name of ER & fill in information

2

eForm and ER Account setting:

Authorized Person

Email Address

Re-enter Email Address

Office Phone No.

3

COUNTRY

AREA

CONTACT

Check read and agree



I have reviewed and agree to the [Privacy Policy](#) terms for account management in an eForm

Click to create

4

Close

Create

Notification of Changes

– New eForm ORS9



General Information

AR Submission

Notification of Changes

Other Submission

Account Management

中文

Notification of Changes > New eForm

eForm Creation

Type of Changes:

Change of Scheme for (ORS9)

Scheme

Scheme No.

Scheme Name (in English)

Scheme Name (in Chinese, if any)

R000XXX(A)

SAMPLE SCHEME

例子計劃

Involved / For ER(s)

Name of ER:

THE ER COMPANY

Select Name of ER

Click to create

Close

Create

Notification of Changes

– New eForm ORS11 (1/2)



General Information

AR Submission

Notification of Changes

Other Submission

Account Management

中文

Notification of Changes > New eForm

eForm Creation

Type of Changes:

Change of Representative ER (ORS11)

Scheme

Select Scheme No.

Scheme No.

Scheme Name (in English)

Scheme Name (in Chinese, if any)

R000XXX(X)

SAMPLE SCHEME

Involved / For ER(s)

Outgoing ER:

THE ER COMPANY

Fill in Outgoing ER Account Setting information

eForm and ER Account setting:

Authorized Person

Email Address

Re-enter Email Address

Office Phone No.

COUNTRY

AREA

CONTACT

Notification of Changes – New eForm ORS11 (2/2)

Incoming ER:

New ER

(for New ER, please specify)

ENGLISH NAME

3

Select Name of Incoming ER & fill in information

CHINESE NAME

eForm and ER Account setting:

Authorized Person

Email Address

Re-enter Email Address

Office Phone No.

COUNTRY

AREA

CONTACT

Click to create

4



I have reviewed and agree to the [Privacy Policy](#) terms for account management in an eForm

Check read and agree

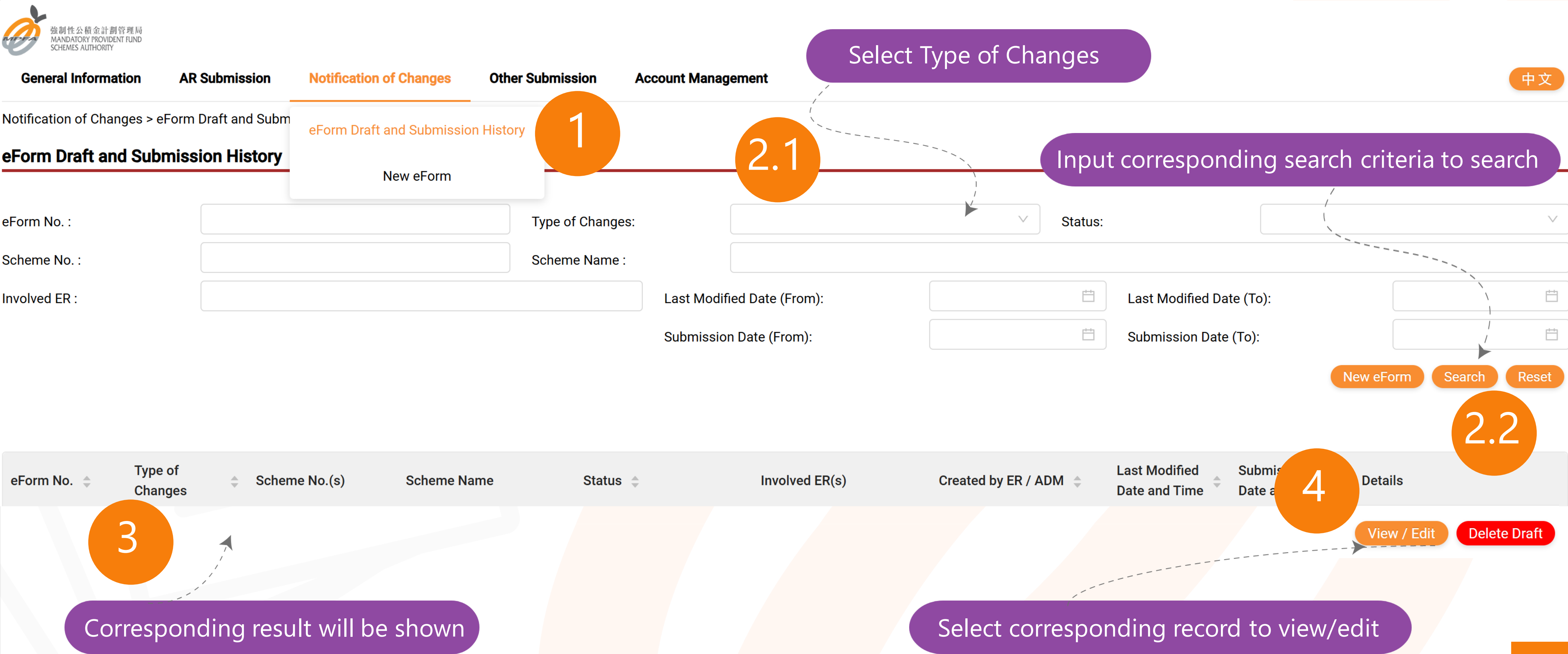
5

Close

Create

Notification of Changes

– eForm Draft and Submission History



eForm Preparation Page
- General Feature



- General Information
- AR Submission
- Notification of Changes
- Account Management

Notification of Changes > eForm Draft and Submission History

eForm of Notification of Changes

Type of Changes :

Change of Scheme Name (ORS5)

Last Modified Date and Time :

DD-MM-YYYY hh:mm:ss

Last Modified by :

ADM/ER

Created by ER/ADM :

SAMPLE COMPANY

Submission Date and Time :

Submitted by :

eForm No. :

ORS05YYMM001

Status :

Draft

eForm and ER Account Setting

Click to open

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eForm Preparation Page

- eForm and ER Account Setting



General Information

AR Submission

Notification of Changes

Account Management

Setting of eForm No.: ORS06YYMM001

Type of Changes : Change of ER by Replacement (ORS6)

Scheme No.	Scheme Name (in English)	Scheme Name (in Chinese, if any)
E000XXX(X)	SCHEME SAMPLE	

Involved / For ER(s)

No.	Name of ER
1	SAMPLE COMPANY

Succeeding ER

No.	Name of ER
1	(for New ER, please specify) : <div>BR NAME EDIT</div> <div>名稱可改</div>

eForm ER Account Setup

No.	Name of ER	Login ID	Authorized Person	Email Address	Office Phone No.	Status	Creation Date Time
1	BR NAME	ORS06YYMM001E01	PERSON NAME	A@B.COM	123321334	Partially Submitted	DD-MM-YYYY-hh:mm

2

Select to edit corresponding eForm ER Account

Back

Save

Save changes after editing

eForm Preparation Page

- eForm ER Account Setup popup

eForm ER Account Setup

Account Maintenance

Login ID :

ORS06YYMM001E01

Modified Date

DD-MM-YYYY hh:mm:ss

Creation Date

DD-MM-YYYY hh:mm:ss

Time :

Time :

Name of ER :

SAMPLE COMPANY

Authorized Person :

PERSON NAME

Email Address :

A@B.COM

Office Phone No. :

COUNTRY

Re-enter Email Address :

AREA

123321334

4

Edit eForm ER Account

5

Save changes

Close

Resend Login ID and Password Email

Save

3

Resend email

ORS5 eForm (Change of Scheme Name) Submission

- Scheme Tab

Notice

Notes

Occupational Retirement Schemes Ordinance

Notice of Change to the Name of a Registered or Exempted Scheme

(Under Section 10(1)(d), 21A(2), 67(2)(g) Or 67(2)(gd) of The Occupational Retirement Schemes Ordinance)

Scheme

Declaration

Validation and Summary

Submission

TO:

The Registrar of Occupational Retirement Schemes ("Registrar")
Level 12, Tower 1, The Millennity
98 How Ming Street, Kwun Tong, Hong Kong.

(1)

Name of scheme last reported to the Registrar

(in English) :

SCHEME SAMPLE

("Scheme")

(in Chinese, if any) :

(2)

Registration/Exemption no. of the Scheme:

E000XXX(X)

(3)

In relation to the Scheme, and pursuant to section 10(1)(d) (regarding an exempted scheme) / section 21A(2) (regarding a registered scheme) / section 67(2)(g) (regarding an exempted group scheme) / section 67(2)(gd) (regarding a registered group scheme) of the Occupational Retirement Schemes Ordinance ("Ordinance"), I/we hereby notify the Registrar of the change to the name of the Scheme as follows :

The new name of the Scheme

Effective date of the change to the name

(in English)

(in Chinese, if any)

(4)

The reasons for the change (if any) are (please tick the appropriate box(es) below) :

☐ change of relevant employer(s) of the Scheme (see note 2).

☐ change of name(s) of relevant employer(s) of the Scheme (see note 3).

☐ change of the representative employer of the Scheme (see note 4).

☐ change to the name of the representative employer of the Scheme (see note 3).

☐ others, please specify

1

Fill the new name of the Scheme

2

Fill effective date

3

Check a reason

4

Click to Next tab

View Notice and Notes

View PDF form reference

Back

Save as Draft

Next

eFORM ORS-5

ORS5 eForm (Change of Scheme Name) Submission

- Declaration Tab

Notice Notes

OCCUPATIONAL RETIREMENT SCHEMES ORDINANCE
NOTICE OF CHANGE TO THE NAME OF A REGISTERED OR EXEMPTED SCHEME
(Under Section 10(1)(d), 21A(2), 67(2)(g) Or 67(2)(gd) of The Occupational Retirement Schemes Ordinance)

eFORM ORS-5

Scheme Declaration Validation and Summary Submission

(5) I/We hereby request the Registrar to record the above reported change in the Register of Occupational Retirement Schemes under the Ordinance.

Attachments

⬆️ Add File to Upload ⓘ

Choose file

1

Mouse over to view upload info

No.	Document	Description/Remark	Document File
1	<div>⌵</div>		copy.docx X

2

- Board resolution
- Deed of amendment
- Other supporting document evidencing the change

Choose document type

Click to Next tab

Previous Save as Draft Next


3

ORS5 eForm (Change of Scheme Name) Submission

- Validation and Summary Tab

! Error Message:
Declaration - Please enter the value

Scheme

Declaration 

Validation and Summary

Submission

中文名

(4) The reasons for the change (if any) are (please tick the appropriate box(es) below) :

☒ change of relevant employer(s) of the Scheme (see note 2).

☐ change of name(s) of relevant employer(s) of the Scheme (see note 3).

☐ change of the representative employer of the Scheme (see note 4).

☐ change to the name of the representative employer of the Scheme (see note 3).

☐ others, please specify

(5) I/We hereby request the Registrar to record the above reported change in the Register of Occupational Retirement Schemes under the Ordinance.

Attachments

No.	Document	Description/Remark	Document File
1			

Click to Submit

Previous

Save as PDF

Ready to Submit

Go back to tab if there is error

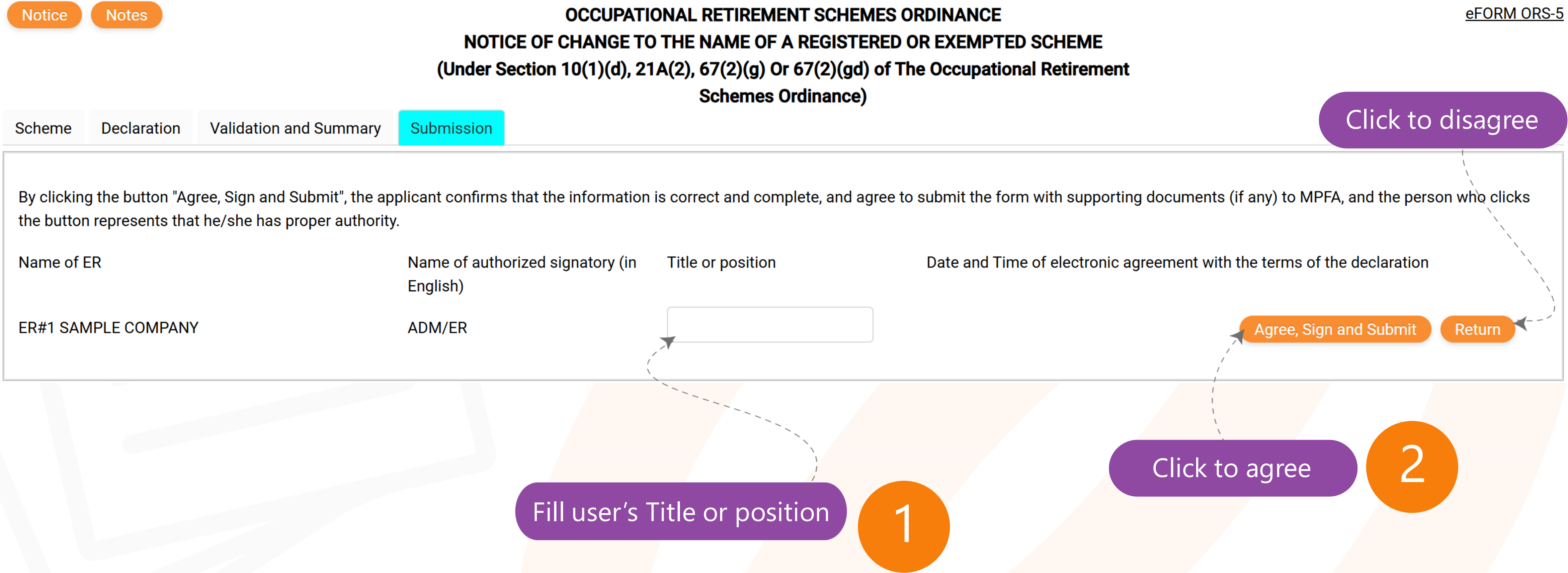
Save a copy of data before submitting

3

2

ORS5 eForm (Change of Scheme Name) Submission

- Submission Tab



ORS6 eForm (Change of ER by Replacement) Submission

- Scheme Tab

Notice

Notes

Personal Information Collection Statement

Scheme

Original ER

Succeeding ER

Declaration

Validation and Summary

Submission

TO: The Registrar of Occupational Retirement Schemes (the Registrar)
Level 12, Tower 1, The Millennity
98 How Ming Street, Kwun Tong, Hong Kong.

(1) Name of scheme (in English) :

SCHEME SAMPLE

(in Chinese, if any) :

(2) Registration/Exemption no. of the Scheme :

E000XXX(X)

(the Scheme)

View Notice and Notes and PICS

View PDF form reference

Click to Next tab

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Next

eFORM ORS-6

1

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ORS6 eForm (Change of ER by Replacement) Submission

- Original ER Tab (1/2)

Scheme

Original ER

Succeeding ER

Declaration

Validation and Summary

Submission

1

ER#1 SAMPLE COMPANY ▲

(3) In relation to the Scheme, and pursuant to section 10(1)(e) (regarding an exempted scheme)/section 21A(1) (regarding a registered scheme)* of the Occupational Retirement Schemes Ordinance (the Ordinance), we hereby notify the Registrar of the change of the relevant employer of the Scheme with details as follows :

(a) The particulars of the original relevant employer are:

(i) Name (in English) : SAMPLE COMPANY

(in Chinese) :

(Insert surname first for individual)

(ii) Please tick the appropriate box below (see note 1):

For Individual, business address is preferred.

- ☐ Registered office in Hong Kong
- ☐ Principal place of business in Hong Kong
- ☐ Business address
- ☐ Residential Address

2

Choose address type

Toggle to expand and collapse ER#N

ORS6 eForm (Change of ER by Replacement) Submission

- Original ER Tab (2/2)

Address (in English)

Flat/Room Floor Block Name of building

Street no. Name of street

Name of district/city Area code/postal code

Name of region/country

(iii) Telephone no. :

Fax no. :

(iv) Email address :

(v) Business registration no. in Hong Kong, if any :

(b) How many succeeding relevant employer(s) is/are there to replace the original relevant employer? (see note 2)

Fill address detail

Fill telephone & Email

Click to Next tab

Previous

Save as Draft

Next

ORS6 eForm (Change of ER by Replacement) Submission

- Succeeding ER Tab

1

Scheme

Original ER

Succeeding ER

Declaration

Validation and Summary

Submission

ER#1 NEW ER1

ER#2 NEW ER2

Toggle to expand and collapse ER#N, fill in method same as Original ER Tab

(d) The effective date of the change of the relevant employer:

(e) The circumstances of and reasons for the change of the relevant employer of the Scheme are (please tick the appropriate box(es) below):

☐ the business of the Scheme's original relevant employer was closed while the employees and that part of the Scheme that applied to the original relevant employer were taken over by the succeeding relevant employer(s).

☐ the business of the Scheme's original relevant employer, the employees and that part of the Scheme that applied to the original employer were taken over by the succeeding relevant employer(s).

☐ others, please specify

(f) Please submit a copy of any document evidencing the change (e.g. written agreement between the original relevant employer, succeeding relevant employer and scheme members, if appropriate, evidencing the consent of the change of the relevant employer) together with this form.

(g) For a scheme governed by trust:

(i) How many trustees are there in relation to the Scheme? :

(ii) How many of the trustees are non-employer trustees (within the meaning of section 25 of the Ordinance) after the change of the relevant employer? :

(insert 0 if there is none)

2

Fill effective date, reason of change, no. of trustees and no. of non-employer trustees

Click to Next tab

3

Previous

Save as Draft

Next

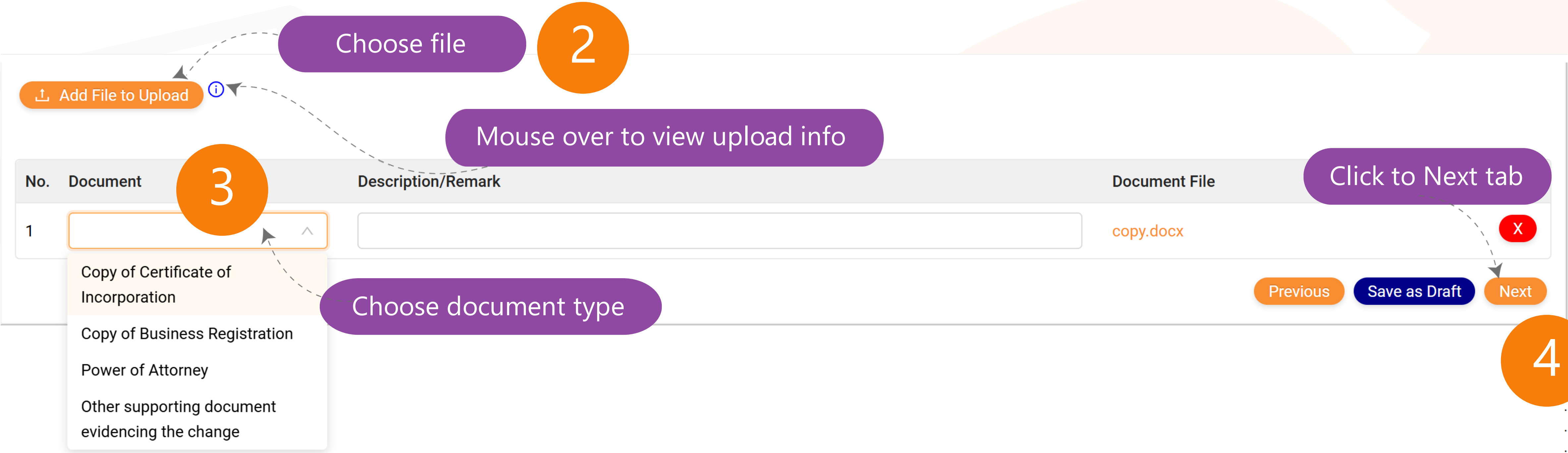
ORS6 eForm (Change of ER by Replacement) Submission

- Declaration Tab (1/2)

Scheme	Original ER	Succeeding ER	Declaration	Validation and Summary	Submission
<p>(4) We declare that we have read the Personal Information Collection Statement and understand our rights and obligations in relation to the supply of personal data to the Registrar and the manner in which the Registrar may use or deal with the data.</p> <p>We hereby request the Registrar to record the above reported change in the Register of Occupational Retirement Schemes under the Ordinance.</p> <p><u>Original Relevant Employer</u></p> <p><u>Succeeding Relevant Employer</u></p> <p>(a) For a registered defined benefit scheme:</p> <p>State whether each of the succeeding relevant employer(s) has given a written undertaking to the administrator(s) to contribute to the Scheme's funds in accordance with recommendations contained in the most recent actuarial certificate supplied as regards to the Scheme to the Registrar in accordance with the Ordinance.</p> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><div>1</div><div>Check Yes/ No</div></div> <p>(b) For a group scheme under section 67 of the Ordinance of which any of the succeeding relevant employer(s) is a new relevant employer (note 3):</p> <p>We attach herewith a copy/copies of the power(s) of attorney executed by the new relevant employer(s) nominating the representative employer of the Scheme under section 67 of the Ordinance.</p> <p>[N.B. Authentication or certification of the power(s) of attorney should be in the manner as provided in section 2(4) and/or 3 (as appropriate) of the Occupational Retirement Schemes (Authentication and Certification of Documents) Rules (Cap 426A) (Cap 426A).]</p>					

ORS6 eForm (Change of ER by Replacement) Submission

- Declaration Tab (2/2)



ORS6 eForm (Change of ER by Replacement) Submission




- Validation and Summary Tab

! Error Message:

Original ER - Please enter the value

Succeeding ER - Please enter the value

Declaration - Please enter the value

Scheme Original ER  Succeeding ER  Declaration  Validation and Summary Submission

Succeeding Relevant Employer

(a) For a registered defined benefit scheme:

State whether each of the succeeding relevant employer(s) has given a written undertaking to the administrator(s) to contribute to the Scheme's funds in accordance with recommendations contained in the most recent actuarial certificate supplied as regards to the Scheme to the Registrar in accordance with the Ordinance.

- ☐ Yes
☐ No

(b) For a group scheme under section 67 of the Ordinance of which any of the succeeding relevant employer(s) is a new relevant employer (note 3):

We attach herewith a copy/copies of the power(s) of attorney executed by the new relevant employer(s) nominating the representative employer of the Scheme under section 67 of the Ordinance.

[N.B. Authentication or certification of the power(s) of attorney should be in the manner as provided in section 2(4) and/or 3 (as appropriate) of the Occupational Retirement Schemes (Authentication and Certification of Documents) Rules (Cap 426A) (Cap 426A).]

Attachments

No. Document

Description/Remark

Document File

1

1

Go back to tab if there is error

2

Save a copy of data before submitting

Click to Submit

3

Previous

Save as PDF

Ready to Submit

ORS6 eForm (Change of ER by Replacement) Submission

- Submission Tab

Notice

Notes

Personal Information Collection Statement

OCCUPATIONAL RETIREMENT SCHEMES ORDINANCE

NOTICE OF CHANGE OF RELEVANT EMPLOYER OF A

REGISTERED OR EXEMPTED SCHEME BY WAY OF REPLACEMENT

(Under Section 10(1)(e) or 21A(1) of The Occupational Retirement Schemes Ordinance)

eFORM ORS-6

Scheme

Original ER

Succeeding ER

Declaration

Validation and Summary

Submission

By clicking the button "Agree and Sign / Agree, Sign and Submit", the applicant confirms that the information is correct and complete and agree to submit the form with supporting documents(if any) to MPFA, and the person who clicks the button represents that he/she has proper authority.

Name of ER

Name of authorized signatory (in English)

Title or position

Date and Time of electronic agreement with the terms of the declaration

Original ER

ER#1 SAMPLE COMPANY

Succeeding ER

ER#1 NEW ER1

ER#2 NEW ER2

ADM/ER

SIR AUTH

MADAM AUTH

Click to disagree

Click to agree

Agree and Sign

Return

Fill user's Title or position

1

2

[Waiting for agreement]

[Waiting for agreement]

79

ORS7 eForm (Change of ER without Replacement) Submission

- Scheme Tab

Notice

Notes

Personal Information Collection Statement

OCCUPATIONAL RETIREMENT SCHEMES ORDINANCE
NOTICE OF CHANGE OF RELEVANT EMPLOYER OF A
REGISTERED OR EXEMPTED SCHEME UPON A
RELEVANT EMPLOYER JOINING OR WITHDRAWING FROM THE
SCHEME WHEN NO REPLACEMENT IS INVOLVED

(Under Section 10(1)(e) or 21A(1) of The Occupational Retirement Schemes Ordinance)

eFORM ORS-7

View PDF form reference

[This form should not be used for notification of the change of relevant employer involving replacement by succeeding relevant employer(s), which includes the situation where the succeeding relevant employer(s) is/are existing relevant employer(s) of the scheme.]

View Notice and Notes and PICS

Scheme ER Joining / Withdrawal Declaration Validation and Summary Submission

TO: The Registrar of Occupational Retirement Schemes (the Registrar)
Level 12, Tower 1, The Millennity
98 How Ming Street, Kwun Tong, Hong Kong.

(1) Name of the scheme to which section 67 (regarding a group scheme) of the Occupational Retirement Schemes Ordinance (the Ordinance) applies OR the scheme which became a group scheme consequent upon the joining of the relevant employer reported under this form:

(in English) :

SCHEME SAMPLE

(the Scheme)

(in Chinese, if any) :

(2) Registration/Exemption no. of the Scheme :

E00XXXX(X)

Click to Next tab

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Next

1

ORS7 eForm (Change of ER without Replacement) Submission

- ER Tab (1/2)

Scheme

ER

Joining / Withdrawal

Declaration

Validation and Summary

Submission

(3) Indicate whether the change of the relevant employer of the Scheme arises from (please tick the relevant box below):

☒ a relevant employer joining the Scheme together with his employees

☐ a relevant employer withdrawing from the Scheme together with his employees

(4) In relation to the Scheme, and pursuant to section 10(1)(e) (regarding an exempted scheme) of the Ordinance, we hereby notify the Registrar of the change of the relevant employer of the Scheme with details as follows:

(a) The particulars of the relevant employer joining / withdrawing from the Scheme:

(i) Name (in English) :

(in Chinese) :

(ii) Please tick the appropriate box below (see note 1):

☐ Registered office in Hong Kong (for employer joining the Scheme only, please provide copy of Certificate of Incorporation/Certificate of Re-domiciliation and Business Registration Certificate)

☐ Principal place of business in Hong Kong (for employer joining the Scheme only, please provide copy of Certificate of Registration and Business Registration Certificate)

☐ Business address (for employer joining the Scheme only, please provide copy of Business Registration Certificate)

1

Choose business type

ORS7 eForm (Change of ER without Replacement) Submission

- ER Tab (2/2)

Address (in English)

2 Fill address detail

Flat/Room

Name of building

Street no.

Name of street

Name of district/city

Area code/postal code

Name of region/country

3 Fill telephone & Email

(iii) Telephone no. :

COUNTRY

AREA

CONTACT

Fax no. :

COUNTRY

AREA

CONTACT

(iv) Email address :

(v) Business registration no. in Hong Kong, if any :

(b) The effective date of the above relevant employer joining / withdrawing from the Scheme:

4 Fill effective date

5 Click to Next tab

Previous Save as Draft Next

ORS7 eForm (Change of ER without Replacement) Submission

- Joining/Withdrawal Tab (1/2)

Scheme ER **Joining / Withdrawal** Declaration Validation and Summary Submission

(5) The circumstances of and reasons for joining / withdrawal from the Scheme are (please tick the appropriate box(es) below):

Joining

- ☐ new company satisfying the relationship requirement specified in section 67 (regarding a group scheme) of the Ordinance was set up within the grouping of companies and joined the Scheme as a relevant employer.
- ☐ existing company satisfying the relationship requirement specified in section 67 (regarding a group scheme) of the Ordinance, previously not participating in the Scheme, joined the Scheme as a relevant employer.
- ☐ Others, please specify

Withdrawal

- ☐ the relevant employer withdrawing from the Scheme no longer has any employee participating in the Scheme.
- ☐ the business of the relevant employer withdrawing from the Scheme was closed.
- ☐ the relevant employer withdrawing from the Scheme no longer satisfies the relationship requirement specified in section 67 (regarding a group scheme) of the Ordinance.
- The date of ceasing being part of the grouping of companies:
- ☐ Others, please specify

(6) For a scheme governed by trust:

- (i) How many trustees are there in relation to the Scheme?
- (ii) How many of the trustees are non-employer trustees (within the meaning of section 25 of the Ordinance) after the change of the relevant employer?

(insert 0 if there is none)

Choose a Joining/Withdrawal reason

Fill no. of trustees and no. of non-employer trustees

ORS7 eForm (Change of ER without Replacement) Submission

- Joining/Withdrawal Tab (2/2)

(7) For a relevant employer joining the Scheme only:

We attach herewith a copy of the power of attorney nominating the representative employer of the Scheme in accordance with section 67 (regarding a group scheme) of the Ordinance.

[N.B. Authentication or certification of the power of attorney should be in the manner as provided in section 2(4) and/or 3 (as appropriate) of the Occupational Retirement Schemes (Authentication and Certification of Documents) Rules (Cap 426A) (Cap 426A).]

(8) For completion by a relevant employer withdrawing from the Scheme only:

Give details of the arrangements for:

(a) the transfer of the rights of the members who are employed by the withdrawing relevant employer and corresponding assets of the Scheme to another registered or exempted scheme or, where the affected members are employed outside Hong Kong, to a scheme outside Hong Kong;

- ☐ transferred to an Mandatory Provident Fund Scheme
- ☐ transferred to another registered / exempted scheme with
- ☐ Remain in same Scheme but under different employer
- ☐ The benefits have been paid out as there are no employee under the employer at the time of withdrawal
- ☐ Transferred to a scheme outside Hong Kong
- ☐ Other, please specify

[N.B. If the asset has not yet been transferred or paid out, please specify.]

(b) the orderly winding up of that part of the Scheme that applies to the withdrawing relevant employer.

Choose & Fill arrangement if Withdrawal

3

Click to Next tab

4

Previous

Save as Draft

Next

ORS7 eForm (Change of ER without Replacement) Submission

- Declaration Tab

SchemeERJoining / WithdrawalDeclarationValidation and SummarySubmission

(9) We declare that we have read the Personal Information Collection Statement and understand our rights and obligations in relation to the supply of personal data to the Registrar and the manner in which the Registrar may use or deal with the data.

We hereby request the Registrar to record the above reported change in the Register of Occupational Retirement Schemes under the Ordinance.

Attachments

Choose file1

⬆ Add File to Upload ⓘ

Mouse over to view upload info

No.	Document	Description/Remark	Document File
1	<div>2</div> <div>Copy of Certificate of Incorporation</div> <div>Copy of Business Registration</div> <div>Power of Attorney</div> <div>Other</div>		copy.docx

Choose document type

Click to Next tab

Previous




Save as Draft

Next3

ORS7 eForm (Change of ER without Replacement) Submission

- Validation and Summary Tab

! Error Message:
ER - Please enter the value
Joining / Withdrawal - Please enter the value
Declaration - Please enter the value

SchemeER Joining / Withdrawal Declaration Validation and SummarySubmission

☐The benefits have been paid out as there are no employee under the employer at the time of withdrawal

☐Transferred to a scheme outside Hong Kong

☐Other, please specify

[N.B. If the asset has not yet been transferred or paid out, please specify.]

(b) the orderly winding up of that part of the Scheme that applies to the withdrawing relevant employer.

(9) We declare that we have read the Personal Information Collection Statement and understand our rights and obligations in relation to the supply of personal data to the Registrar and the manner in which the Registrar may use or deal with the data.

We hereby request the Registrar to record the above reported change in the Register of Occupational Retirement Schemes under the Ordinance.

Attachments

No.	Document	Description/Remark	Document File
1			

Previous

Save as PDF

Ready to Submit

1

Go back to tab if there is error

2

Save a copy of data before submitting

3

Click to Submit

ORS7 eForm (Change of ER without Replacement) Submission

- Submission Tab

Notice

Notes

Personal Information Collection Statement

OCCUPATIONAL RETIREMENT SCHEMES ORDINANCE

NOTICE OF CHANGE OF RELEVANT EMPLOYER OF A

REGISTERED OR EXEMPTED SCHEME UPON A

RELEVANT EMPLOYER JOINING OR WITHDRAWING FROM THE

SCHEME WHEN NO REPLACEMENT IS INVOLVED

(Under Section 10(1)(e) or 21A(1) of The Occupational Retirement Schemes Ordinance)

eFORM ORS-7

[This form should not be used for notification of the change of relevant employer involving replacement by succeeding relevant employer(s), which includes the situation where the succeeding relevant employer(s) is/are existing relevant employer(s) of the scheme. eForm ORS-6 should be used in such case instead.]

Scheme

ER

Joining / Withdrawal

Declaration

Validation and Summary

Submission

By clicking the button "Agree, Sign and Submit", the applicant confirms that the information is correct and complete, and agree to submit the form with supporting documents (if any) to MPFA, and the person who clicks the button represents that he/she has proper authority.

Name of ER

Name of authorized signatory (in English)

Title or position

Date and Time of electronic agreement with the terms of the declaration

Withdrawal ER

ER#1 SAMPLE COMPANY

ADM/ER

Click to disagree

Agree, Sign and Submit

Return

1

Fill user's Title or position

2

Click to agree

87

ORS8 eForm (Change of Name/Address of relevant ER) Submission

- ER & Scheme(s) Tab (1/2)

OCCUPATIONAL RETIREMENT SCHEMES ORDINANCE
NOTICE OF CHANGE OF NAME AND/OR ADDRESS OF THE
RELEVANT / REPRESENTATIVE EMPLOYER OF A REGISTERED OR
EXEMPTED SCHEME NOT CAUSED BY CHANGE OF LEGAL ENTITY
OF THE RELEVANT / REPRESENTATIVE EMPLOYER

(Under Section 10(1)(f), 22(1)(a) or 67(2)(g)/(gc) of The Occupational Retirement Schemes Ordinance)

Notice
Notes
Personal Information Collection Statement

eFORM ORS-8

View PDF form reference

[This form should not be used for notification of the change of legal entity of the relevant / representative employer. eForm ORS-6 or eForm ORS-11 should be used in such case instead.]

ER & Scheme(s) Declaration Validation and Summary Submission

View Notice and Notes and PICs

TO: The Registrar of Occupational Retirement Schemes (the Registrar)
Level 12, Tower 1, The Millennity
98 How Ming Street, Kwun Tong, Hong Kong.

(1) Name of the relevant / representative employer last reported to the Registrar to which this change relates (see note 1)

(in English) :

SAMPLE COMPANY

(in Chinese, if any) :

(2) & (3)

Registration/Exemption no. of the Scheme:	Name of scheme (in English) (the Scheme)	(in Chinese, if any)
E00XXXX(1)	SCHEME A	
E00XXXX(2)	SCHEME B	

(4) This section is to be completed only for change of name:

(a) In relation to the Scheme, and pursuant to section 10(1)(f) (regarding an exempted scheme) of the Occupational Retirement Schemes Ordinance (the Ordinance), I/we hereby notify the Registrar of the following change of name of the relevant / representative employer:

The new name of the relevant / representative employer whose name has been changed (Insert surname first for individual)

Effective date of the change of name

(in English)

NEW NAME

(in Chinese, if any)

新的名字

1

Fill new name & effective date

(b) I/we attach herewith a copy of the certificate or document evidencing the change of name of the relevant / representative employer of the Scheme (see note 2).

ORS8 eForm (Change of Name/Address of relevant ER) Submission

- ER & Scheme(s) Tab (2/2)

(5) This section is to be completed only for change of address:

In relation to the Scheme, and pursuant to section 10(1)(f) (regarding an exempted scheme) of the Ordinance, I/we hereby notify the Registrar of the following change of address of the relevant / representative employer:

2

(a) The new address of relevant / representative employer:

Please tick the appropriate box below (see note 3):

For Individual, business address is preferred.

Choose address type

☐ Registered office in Hong Kong (please provide copy of Certificate of Incorporation/ Certificate of Re-domiciliation and Business Registration Certificate)

☒ Principal place of business in Hong Kong (please provide copy of Certificate of Registration and Business Registration Certificate)

☐ Business address (please provide copy of Business Registration Certificate)

☐ Residential Address

Address (in English)

2

Flat/Room

Floor

Block

Name of building

Street no.

Name of street

HONG KONG

Name of district/city

Area code/postal code

56781234

56781234

CONTACT

COUNTRY

AREA

COUNTRY

AREA

SAMPLE@EMAIL.COM

Fill email address

56781234

Fill telephone no

2

Flat/Room

Floor

Block

Name of building

Area code/postal code

56781234

56781234

CONTACT

COUNTRY

AREA

COUNTRY

AREA

SAMPLE@EMAIL.COM

Fill email address

56781234

Fill telephone no

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Flat/Room

Floor

Block

Name of building

Area code/postal code

56781234

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Fill telephone no

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ORS8 eForm (Change of Name/Address of relevant ER) Submission

- Declaration Tab

Notice

Notes

Personal Information Collection Statement

eFORM ORS-8

OCCUPATIONAL RETIREMENT SCHEMES ORDINANCE
NOTICE OF CHANGE OF NAME AND/OR ADDRESS OF THE
RELEVANT / REPRESENTATIVE EMPLOYER OF A REGISTERED OR
EXEMPTED SCHEME NOT CAUSED BY CHANGE OF LEGAL ENTITY
OF THE RELEVANT / REPRESENTATIVE EMPLOYER

(Under Section 10(1)(f), 22(1)(a) or 67(2)(g)/(gc) of The Occupational Retirement Schemes Ordinance)

[This form should not be used for notification of the change of legal entity of the relevant / representative employer. eForm ORS-6 or eForm ORS-11 should be used in such case instead.]

ER & Scheme(s)

Declaration

Validation and Summary

Submission

(6) I/We declare that we have read the Personal Information Collection Statement and understand my/our rights and obligations in relation to the supply of personal data to the Registrar and the manner in which the Registrar may use or deal with the data.

I/We hereby request the Registrar to record the above reported change in the Register of Occupational Retirement Schemes under the Ordinance.

Attachments

Choose file

1

⬆️ Add File to Upload ⓘ

Mouse over to view upload info

Click to Next tab

3

No. Document

Description/

Document File

1

- Certificate of Re-domiciliation
- Copy of Business Registration
- Copy of Certificate of Registration / Certificate of change of name
- Other
- Copy of Certificate of Incorporation

Choose document type

copy.docx

Previous

Save as Draft

Next

ORS8 eForm (Change of Name/Address of relevant ER) Submission

- Validation and Summary Tab

! Error Message:
ER & Scheme(s) - Please enter the value
Declaration - Please enter the value

1

Go back to tab if there is error

ER & Scheme(s) ! Declaration ! Validation and Summary Submission

Name of district/city
HONG KONG

Name of region/country

(b) Effective date of the change to the address :

(c) Telephone no. : 56781234

Fax no. :

(d) Email address : SAMPLE@EMAIL.COM

(6) I/We declare that we have read the Personal Information Collection Statement and understand my/our rights and obligations in relation to the supply of personal data to the Registrar and the manner in which the Registrar may use or deal with the data.

I/We hereby request the Registrar to record the above reported change in the Register of Occupational Retirement Schemes under the Ordinance.

Attachments

2

3

Click to Submit

Save a copy of data before submitting

No.	Document	Description/Remark	Document File
1			

Previous

Save as PDF

Ready to Submit

ORS8 eForm (Change of Name/Address of relevant ER) Submission

- Submission Tab

NoticeNotesPersonal Information Collection Statement

OCCUPATIONAL RETIREMENT SCHEMES ORDINANCE
NOTICE OF CHANGE OF NAME AND/OR ADDRESS OF THE
RELEVANT / REPRESENTATIVE EMPLOYER OF A REGISTERED OR
EXEMPTED SCHEME NOT CAUSED BY CHANGE OF LEGAL ENTITY
OF THE RELEVANT / REPRESENTATIVE EMPLOYER
(Under Section 10(1)(f), 22(1)(a) or 67(2)(g)/(gc) of The Occupational Retirement Schemes Ordinance)

[This form should not be used for notification of the change of legal entity of the relevant / representative employer. eForm ORS-6 or eForm ORS-11 should be used in such case instead.]

ER & Scheme(s)DeclarationValidation and SummarySubmission

By clicking the button "Agree, Sign and Submit", the applicant confirms that the information is correct and complete, and agree to submit the form with supporting documents (if any) to MPFA, and the person who clicks the button represents that he/she has proper authority.

Name of ER	Name of authorized signatory (in English)	Title or position	Date and Time of electronic agreement with the terms of the declaration
ER#1 SAMPLE COMPANY	ADM/ER	<input type="text"/>	<div>Agree, Sign and SubmitReturn</div>

Click to disagree

1Fill user's Title or position

2Click to agree

ORS9 eForm (Change of Administrator) Submission

- Scheme Tab

Notice

Notes

Personal Information Collection Statement

Scheme

Section I

Section II

Section III

Section IV

Section V

Declaration

Validation and Summary

Submission

TO:

The Registrar of Occupational Retirement Schemes (the Registrar)
Level 12, Tower 1, The Millennity
98 How Ming Street, Kwun Tong, Hong Kong.

(1)

Name of scheme

(in English) :

SCHEME SAMPLE

(in Chinese, if any) :

(2)

Registration no. of the Scheme :

R000XXX(X)

(“Scheme”)

View Notice and Notes and PICS

View PDF form reference

Click to Next tab

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eFORM ORS-9

1

ORS9 eForm (Change of Administrator) Submission

- Section I Tab

Scheme

Section I

Section II

Section III

Section IV

Section V

Declaration

Validation and Summary

Submission

In relation to the Scheme, and pursuant to section 22(1)(b) (regarding a registered scheme) / section 67(2)(ge) (regarding a registered group scheme)* of the Occupational Retirement Schemes Ordinance (the Ordinance), I/we hereby notify the Registrar of the change of the administrator of the Scheme with details as follows :

Section I - GENERAL INFORMATION OF THE ADMINISTRATION OF THE SCHEME AFTER THE CHANGE OF ADMINISTRATOR

(1) Particulars of the Scheme after the change of administrator:

(a) The Scheme is: (Please tick the appropriate box(es) below)

☐ a registered scheme participating in a pooling agreement

☐ governed by trust (supply particulars in (2), (3) and SECTION II below)

☐ which is the subject of or regulated by an insurance arrangement (supply particulars in (2)(i) and SECTION III below)

☒ a registered scheme not participating in a pooling agreement

☒ governed by trust (supply particulars in SECTION II below)

☐ which is the subject of or regulated by an insurance arrangement (supply particulars in SECTION III below)

☐ which is neither governed by trust nor the subject of or regulated by an insurance arrangement (supply particulars in SECTION IV below)

(b) In there any change in the domicile of the Scheme as a result of the change of administrator?

☐ Yes ☐ No

[N.B.: If yes, under section 37 of the Ordinance, the designated person of the Scheme shall, as soon as reasonably practicable, supply to the Registrar particulars in writing of the change.]

(2) Particulars of the Pooling Agreement (if applicable):

(a) Name of pooling agreement which applies to the Scheme :

(b) Name of the registered trust company managing the pooling agreement :

(3) General particulars of trustee(s) after the change of administrator (if applicable):

(a) How many trustees are there in relation to the Scheme? :

(b) How many of the trustees are non-employer trustees (within the meaning of section 25 of the Ordinance)? (Insert 0 if there is none) :

Choose Yes/No

1

Fill no. of trustees and no. of non-employer trustees

2

Previous

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ORS9 eForm (Change of Administrator) Submission

- Section II Tab (1/3)

- Scheme
- Section I
- Section II
- Section III
- Section IV
- Section V
- Declaration
- Validation and Summary
- Submission

Section II - THIS SECTION IS TO BE COMPLETED ONLY IF THE SCHEME IS GOVERNED BY TRUST (see note 1)

Part 1 is used for providing the particulars of the person who became the trustee of the Scheme. In case where particulars of more than one trustee is involved, the particulars of one of the trustees should be given in Part 1 and those for the other should be given individually in Supplementary Form 9A annexed to this form. Photocopies of Supplementary Form 9A can be used to supply the particulars of all other trustees.

Part 2 is used for providing the particulars of the person who ceased to be the trustee of the Scheme. In case where particulars of more than one trustee is involved, the particulars of one the trustees should be given in Part 2 and those for the other should be given individually in Supplementary Form 9B annexed to this form. Photocopies of Supplementary Form 9B can be used for notification of all other trustees.

Part 1

The following are particulars of the person who has been appointed as the trustee of the Scheme:

(a) Name (in English) : NEW NAME

(in Chinese) :

(Insert surname first for individual)

(b) Please tick the appropriate box below (see note 2):
For Individual, business address preferred.

- ☒ Registered office in Hong Kong (in case of a body corporate, please provide copy of Certificate of Incorporation/ Certificate of Re-domiciliation and Business Registration Certificate)
- ☐ Principal place of business in Hong Kong (in case of a body corporate, please provide copy of Certificate of Registration and Business Registration Certificate)
- ☐ Business address (in case of a body corporate, please provide copy of Business Registration Certificate)
- ☐ Residential Address

Address (in English)

2

Flat/RoomFloorBlockName of building

Street no.Name of street

Name of district/cityArea code/postal code

HONG KONG

Fill the name of the appointed person

1

Choose address type

Fill address detail

3

2

Fill Either
Part 1 / Part 2
Or Both
Part1 + Part 2

ORS9 eForm (Change of Administrator) Submission

- Section II Tab (2/3)

(c) **Telephone no. :**

Fax no. :

(d) **Email address :**

(e) **Place of incorporation (in case of a body corporate):**

(f) **Place of domicile (in case of a body corporate):**

(g) **Hong Kong Identity Card no./passport no.¹**
(if the trustee does not possess Hong Kong Identity Card) :

(h) **Effective date of appointment as trustee:**

(i) **The type of trustee as described under the governing rules of the scheme:**

☒ Alternate Trustee

☐ Emergency Trustee

☐ Co-Trustee

☐ Other, please specify:

☐ Not Applicable

(j) **Status of trustee:**

☒ Employer trustee

☐ Non-employer trustee

(k) **Is the trustee named above (in the case of an individual) ordinarily resident in Hong Kong and is the holder of a Hong Kong identity card within the meaning of the Registration of Persons Ordinance (Cap 177) or (in the case of a body corporate) having a place of business in Hong Kong?**

☒ Yes ☐ No

(l) **Is the trustee named above a registered trust company?**

☒ Yes ☐ No

Fill telephone & Email 3

Fill effective date 4

Fill type & status of trustee 5

Choose Yes/No 6

ORS9 eForm (Change of Administrator) Submission

- Section II Tab (3/3)

Fill Either
Part 1 / Part 2
Or Both
Part1 + Part 2

Part 2

The following are particulars of the person who ceased to be the trustee of the Scheme:

(a) **Name** (in English):

(in Chinese) :

(Insert surname first for individual)

(b) **Effective date of cessation as trustee:**

¹For verification purpose, please attach a copy of the Hong Kong Identity Card of the trustee (if the Hong Kong Identity Card no. is provided) or copies of the relevant pages of the trustee's passport (if the passport number is provided). Alternatively, he/she may choose to present his/her Hong Kong Identity Card or the relevant pages of his/her passport in person at the office of the Registrar. Failure to provide the required document by attaching a copy or presenting the original in person for verification may result in refusal of this notice.

If you have already attached the required copy of the Hong Kong Identity Card or copies of the relevant pages of the passport to the Application for Approval of Appointment of Trustee (Form OI-TI), you are not required to provide the additional copy(ies) again.

Previous

Save as Draft

Next

Choose the ceased person

7

Fill effective date

8

Click to Next tab

9

ORS9 eForm (Change of Administrator) Submission

- Section III Tab (1/2)

- Scheme
- Section I
- Section II
- Section III
- Section IV
- Section V
- Declaration
- Validation and Summary
- Submission

Section III - THIS SECTION IS TO BE COMPLETED ONLY IF THE SCHEME IS THE SUBJECT OF OR REGULATED BY AN INSURANCE ARRANGEMENT (see note 1)

Part 1 is used for providing the particulars of the authorized insurer which became the administrator of the Scheme.

Part 2 is used for providing the particulars of the insurer which ceased to be the administrator of the Scheme.

Part 1

The following are particulars of the authorized insurer which has been appointed as the administrator of the Scheme:

(a) Name (in English) :

(in Chinese) :

(b) Please tick the appropriate box below (see note 2):

- ☐ Registered office in Hong Kong (please provide copy of Certificate of Incorporation/ Certificate of Re-domiciliation and Business Registration Certificate)
- ☐ Principal place of business in Hong Kong (please provide copy of Certificate of Registration and Business Registration Certificate)
- ☒ Business address (please provide copy of Business Registration Certificate)

Address (in English)

Flat/Room

Floor

Block

Name of building

Street no.

Name of street

- ☐ Hong Kong
- ☐ Kownloon
- ☐ N.T.

Name of district

Fill the name of the authorized insurer

1

Choose address type

2

Fill address detail

3

Fill Either
Part 1 / Part 2
Or Both
Part1 + Part 2

ORS9 eForm (Change of Administrator) Submission

- Section III Tab (2/2)

(c) Telephone no. :

COUNTRY

AREA

CONTACT

Fax no. :

COUNTRY

AREA

CONTACT

(d) Email address :

(e) Place of incorporation:

(f) Place of domicile:

(g) Effective date of appointment as administrator:

Part 2

The following are particulars of the insurer which ceased to be the administrator of the Scheme:

(a) Name (in English):

(in Chinese) :

(b) Effective date of cessation as administrator:

Previous

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Next

4

Fill telephone & Email

5

Fill effective date

6

Choose the ceased insurer

7

Fill effective date

8

Click to Next tab

Fill Either
Part 1 / Part 2
Or Both
Part1 + Part 2

ORS9 eForm (Change of Administrator) Submission

- Section IV Tab (1/2)

Scheme Section I Section II Section III **Section IV** Section V Declaration Validation and Summary Submission

Section IV -THIS SECTION IS TO BE COMPLETED ONLY IF THE SCHEME IS NOT PARTICIPATING IN POOLING AGREEMENT AND IS NEITHER GOVERNED BY TRUST NOR THE SUBJECT OF OR REGULATED BY AN INSURANCE ARRANGEMENT (see note 1)

Part 1 is used for providing the particulars of the person who became the administrator of the Scheme.

Part 2 is used for providing the particulars of the person who ceased to be the administrator of the Scheme.

Part 1

Following are particulars of the person who has been appointed the administrator of the Scheme:

(a) **Name** (in English) :

(in Chinese) :

(Insert surname first for individual)

(b) Please tick the appropriate box below (see note 2):
For Individual, business address is preferred.

2

☐ Registered office in Hong Kong (please provide copy of Certificate of Incorporation/ Certificate of Re-domiciliation and Business Registration Certificate)

☐ Principal place of business in Hong Kong (please provide copy of Certificate of Registration and Business Registration Certificate)

☐ Business address (please provide copy of Business Registration Certificate)

☐ Residential Address

Address (in English)

Flat/Room Floor Block Name of building

Street no. Name of street

Name of district/city Area code/postal code

Name of region/country

Fill Either
Part 1 / Part 2
Or Both
Part1 + Part 2

Fill the name of the appointed person

1

Choose address type

3

Fill address detail

ORS9 eForm (Change of Administrator) Submission

- Section IV Tab (2/2)

(c) Telephone no. : COUNTRY AREA CONTACT

Fax no. : COUNTRY AREA CONTACT

(d) Email address :

(e) Place of incorporation (in case of a body corporate):

(f) Place of domicile (in case of a body corporate):

(g) Effective date of appointment as administrator:

Part 2

The following are particulars of the person who ceased to be the administrator of the Scheme:

(a) Name (in English):

(in Chinese) :

(Insert surname first for individual)

(b) Effective date of cessation as administrator:

Previous Save as Draft Next

Fill Either
Part 1 / Part 2
Or Both
Part1 + Part 2

4 Fill telephone & Email

5 Fill effective date

6 Choose the ceased person

7 Fill effective date

8 Click to Next tab

ORS9 eForm (Change of Administrator) Submission

- Section V Tab

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Personal Information Collection Statement

OCCUPATIONAL RETIREMENT SCHEMES ORDINANCE

NOTICE OF CHANGE OF ADMINISTRATOR OF A REGISTERED SCHEME

(Under Section 22(1)(b) or 67(2)(ge) of The Occupational Retirement Schemes Ordinance)

eFORM ORS-9

Scheme

Section I

Section II

Section III

Section IV

Section V

Declaration

Validation and Summary

Submission

Section V -STATEMENTS BY THE RELEVANT EMPLOYER(S)/ REPRESENTATIVE EMPLOYER OF THE SCHEME

(For offshore schemes only)

We attach herewith the submission(s) to the jurisdiction of the Court of First Instance to the extent requisite to enable the Court of First Instance to exercise in relation to the Scheme the jurisdiction conferred by section 74 of the Ordinance, made by or on behalf of the incoming administrator(s) of the Scheme.

(For defined benefit schemes only)

We confirm that a written undertaking has been given to the incoming administrator(s) to contribute to the Scheme’s funds in accordance with recommendations contained in the most recent actuarial certificate supplied as regards the Scheme to the Registrar in accordance with the Ordinance.

(For schemes governed by trust only)

State whether the terms of the relevant trust instrument require appointment of a trustee to replace the outgoing administrator as trustee.

☐ Yes

☐ No

Choose Yes/No

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Click to Next tab

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OCCUPATIONAL RETIREMENT SCHEMES ORDINANCE

NOTICE OF CHANGE OF ADMINISTRATOR OF A REGISTERED SCHEME

(Under Section 22(1)(b) or 67(2)(ge) of The Occupational Retirement Schemes Ordinance)

eFORM ORS-9

SchemeSection ISection IISection IIISection IVSection VDeclarationValidation and SummarySubmission

SECTION VI - THE REGISTER

I/We declare that I/we have read the Personal Information Collection Statement and understand my/our rights and obligations in relation to the supply of personal data to the Registrar and the manner in which the Registrar may use or deal with the data.

I/We hereby request the Registrar to record the above reported change in Register of Occupational Retirement Schemes under the Ordinance.

Attachments

Choose file1

⬆️ Add File to Upload ⓘ

2

Mouse over to view upload info

Choose document type

Undertaking by designated person for schemes not participating in a pooling agreement

Undertaking by designated person for schemes participating in a pooling agreement

Application for Release from Undertaking by a Designated Person

Submission to jurisdiction (for

Document File

copy.docx

3

Click to Next tab

Previous

Save as Draft

Next


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ORS9 eForm (Change of Administrator) Submission

- Validation and Summary Tab

! Error Message:
Section I - Please enter the value
Section II - Please enter the value
Section V - Please enter the value
Declaration - Please enter the value


Scheme


Section I 

Section II 

Section III

Section IV

Section V 

Declaration 

Validation and Summary

Submission

or on behalf of the incoming administrator(s) of the Scheme.

(For defined benefit schemes only)

We confirm that a written undertaking has been given to the incoming administrator(s) to contribute to the Scheme's funds in accordance with recommendations contained in the most recent actuarial certificate supplied as regards the Scheme to the Registrar in accordance with the Ordinance.

(For schemes governed by trust only)

State whether the terms of the relevant trust instrument require appointment of a trustee to replace the outgoing administrator as trustee.

☐ Yes ☐ No

SECTION VI - THE REGISTER

I/We declare that I/we have read the Personal Information Collection Statement and understand my/our rights and obligations in relation to the supply of personal data to the Registrar and the manner in which the Registrar may use or deal with the data.

I/We hereby request the Registrar to record the above reported change in Register of Occupational Retirement Schemes under the Ordinance.

Attachments

No.	Document	Description/Remark	Document File
1			

Previous

Save as PDF

Ready to Submit

1

Go back to tab if there is error

2

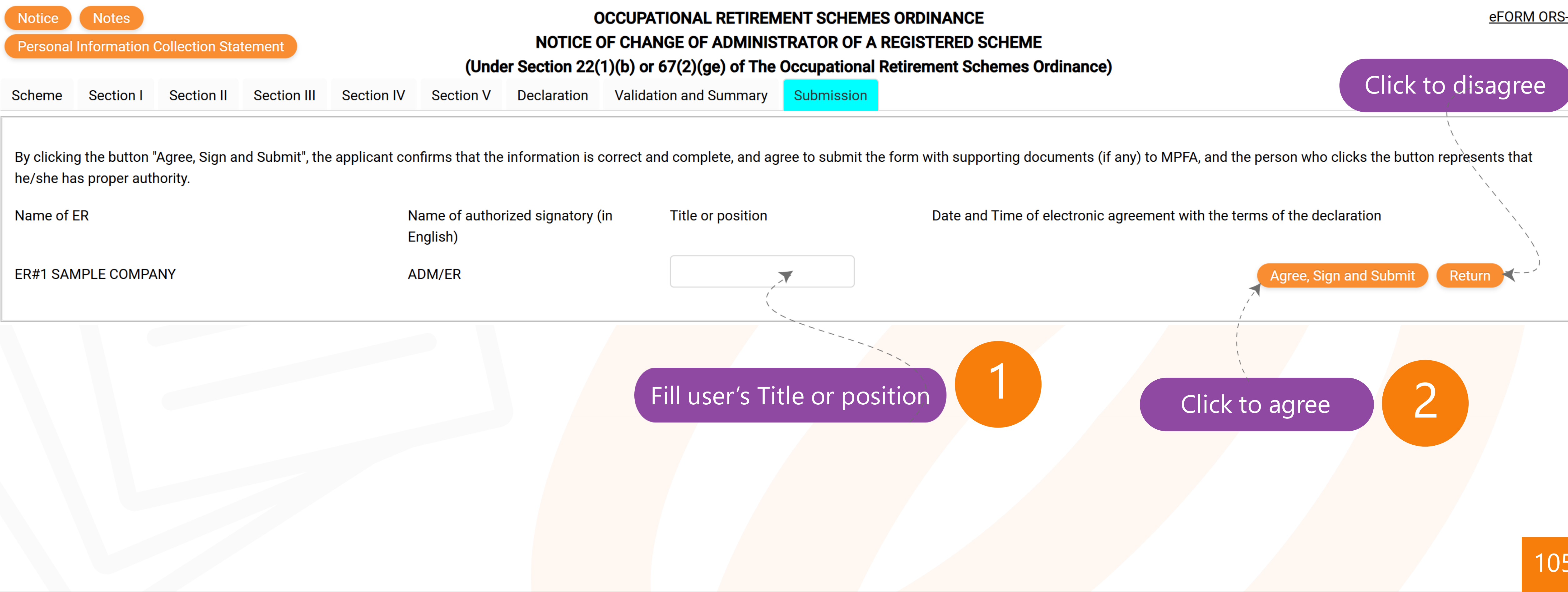
Save a copy of data before submitting

Click to Submit

3

ORS9 eForm (Change of Administrator) Submission

- Submission Tab



ORS11 eForm (Change of Representative ER) Submission

- Scheme Tab

- Notice
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OCCUPATIONAL RETIREMENT SCHEMES ORDINANCE
NOTICE OF CHANGE OF
REPRESENTATIVE EMPLOYER OF A GROUP SCHEME
(Under Section 67(2)(gb) of
The Occupational Retirement Schemes Ordinance)

eFORM ORS-11

View PDF form reference

- Scheme
- Employer
- Declaration
- Validation and Summary
- Submission

View Notice and Notes and PICS

TO: The Registrar of Occupational Retirement Schemes (the Registrar)
Level 12, Tower 1, The Millennity
98 How Ming Street, Kwun Tong, Hong Kong.

- (1)

Name of group scheme

(in English) :

SAMPLE SCHEME

(the Scheme)

(in Chinese, if any) :
- (2)

Registration/Exemption no. of the Scheme :

R000XXX(X)
- (3)

Name of the representative employer last reported to the Registrar

(in English) :

SAMPLE COMPANY NAME

(in Chinese, if any) :

Click to Next tab

1

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ORS11 eForm (Change of Representative ER) Submission

- Employer Tab (1/2)

(4) In relation to the Scheme, and pursuant to section 67(2)(gb) of the Occupational Retirement Schemes Ordinance (the Ordinance), we hereby notify the Registrar of the change of the representative employer of the Scheme with details as follows :

(a) The particulars of the incoming representative employer are:

(i) Name (in English) : SAMPLE COMPANY

(in Chinese, if any) :

1

Please tick the appropriate box below (see note 1):

Choose address type

- ☐ Registered office in Hong Kong (please provide copy of Certificate of Incorporation/Certificate of Re-domiciliation and Business Registration Certificate)
- ☐ Principal place of business in Hong Kong (please provide copy of Certificate of Registration and Business Registration Certificate)
- ☐ Business address (please provide copy of Business Registration Certificate)

Address (in English):

Flat/Room Floor Block Name of building

Street no. Name of street

Name of district/city Area code/postal code

Name of region/country

2

Fill address detail

ORS11 eForm (Change of Representative ER) Submission

- Employer Tab (2/2)

(iii) Telephone no. :

Fax no. :

(iv) Email address :

(v) Business registration no. in Hong Kong, if any :

(b) The effective date of the change of the representative employer:

(c) The circumstances and reasons for the change are (please tick the appropriate box(es) below) (see note 2):

☐ the outgoing representative employer no longer satisfies the relationship requirement specified in section 67 (regarding a group scheme) of the Ordinance.

☐ the change of representative employer is due to operational needs or group restructuring.

☐ Others, please specify

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Click to Submit

Fill telephone & Email

Fill effective date

ORS11 eForm (Change of Representative ER) Submission

- Declaration Tab

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OCCUPATIONAL RETIREMENT SCHEMES ORDINANCE
NOTICE OF CHANGE OF
REPRESENTATIVE EMPLOYER OF A GROUP SCHEME
(Under Section 67(2)(gb) of
The Occupational Retirement Schemes Ordinance)

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Scheme Employer Declaration Validation and Summary Submission

(5) We declare that we have read the Personal Information Collection Statement and understand our rights and obligations in relation to the supply of personal data to the Registrar and the manner in which the Registrar may use or deal with the data.

We hereby request the Registrar to record the above reported change in the Register of Occupational Retirement Schemes under the Ordinance.

Attachments

Choose file

1

⬇ Add File to Upload ⓘ

Mouse over to view upload info

Click to Next tab

3

No. Document

Description/Remark

Document File

1

copy.docx

Copy of Certificate of Registration
Copy of Business Registration
Copy of Certificate of Incorporation
Power of Attorney
Other

Choose document type

Previous

Save as Draft

Next

ORS11 eForm (Change of Representative ER) Submission

- Validation and Summary Tab

! Error Message:

Employer - Please enter the value

Declaration - Please enter the value

1

Scheme Employer Declaration Validation and Summary Submission

Go back to tab if there is error

(iv) Email address : A@E.CO

(v) Business registration no. in Hong Kong, if any :

(b) The effective date of the change of the representative employer :

09-07-2025

(c) The circumstances and reasons for the change are (please tick the appropriate box(es) below) (see note 2):

- ☐ the outgoing representative employer no longer satisfies the relationship requirement specified in section 67 (regarding a group scheme) of the Ordinance.
- ☐ the change of representative employer is due to operational needs or group restructuring.
- ☐ Others, please specify

(5) We declare that we have read the Personal Information Collection Statement and understand our rights and obligations in relation to the supply of personal data to the Registrar and the manner in which the Registrar may use or deal with the data.

We hereby request the Registrar to record the above reported change in the Register of Occupational Retirement Schemes under the Ordinance.

Attachments

2

Click to Submit

3

Save a copy of data before submitting

No. Document

Description/Remark

Document File

1

Previous

Save as PDF

Ready to Submit

ORS11 eForm (Change of Representative ER) Submission

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eFORM ORS-11

OCCUPATIONAL RETIREMENT SCHEMES ORDINANCE

NOTICE OF CHANGE OF

REPRESENTATIVE EMPLOYER OF A GROUP SCHEME

(Under Section 67(2)(gb) of

The Occupational Retirement Schemes Ordinance)

Scheme

Employer

Declaration

Validation and Summary

Submission

By clicking the button "Agree and Sign / Agree, Sign and Submit", the applicant confirms that the information is correct and complete and agree to submit the form with supporting documents(if any) to MPFA, and the person who clicks the button represents that he/she has proper authority.

Name of Representative Employer	Name of authorized signatory (in English)	Title or position	Date and Time of electronic agreement with the terms of the declaration
<div><div>Outgoing Representative Employer</div><div>ER#1 STEVE HUI TEST SIT AND COMPANY, HONG KONG</div></div>			
<div><div>Incoming Representative Employer</div><div>ER#1 SAMPLE COMPANY</div></div>	<div>ADM/ER</div>	<div></div>	<div><div>Click to disagree</div><div>[Waiting for agreement]</div><div><div>Agree and Sign</div><div>Return</div></div></div>

Fill user's Title or position

1

Click to agree

2

Other Submission

– New eForm/Reporting

Other Submission > New eForm/Reporting

New eForm/Reporting

Type of Submission Item:

▼

eForm/Reporting Draft and Submission History

New eForm/Reporting

1

2

Select MMB Reporting

3

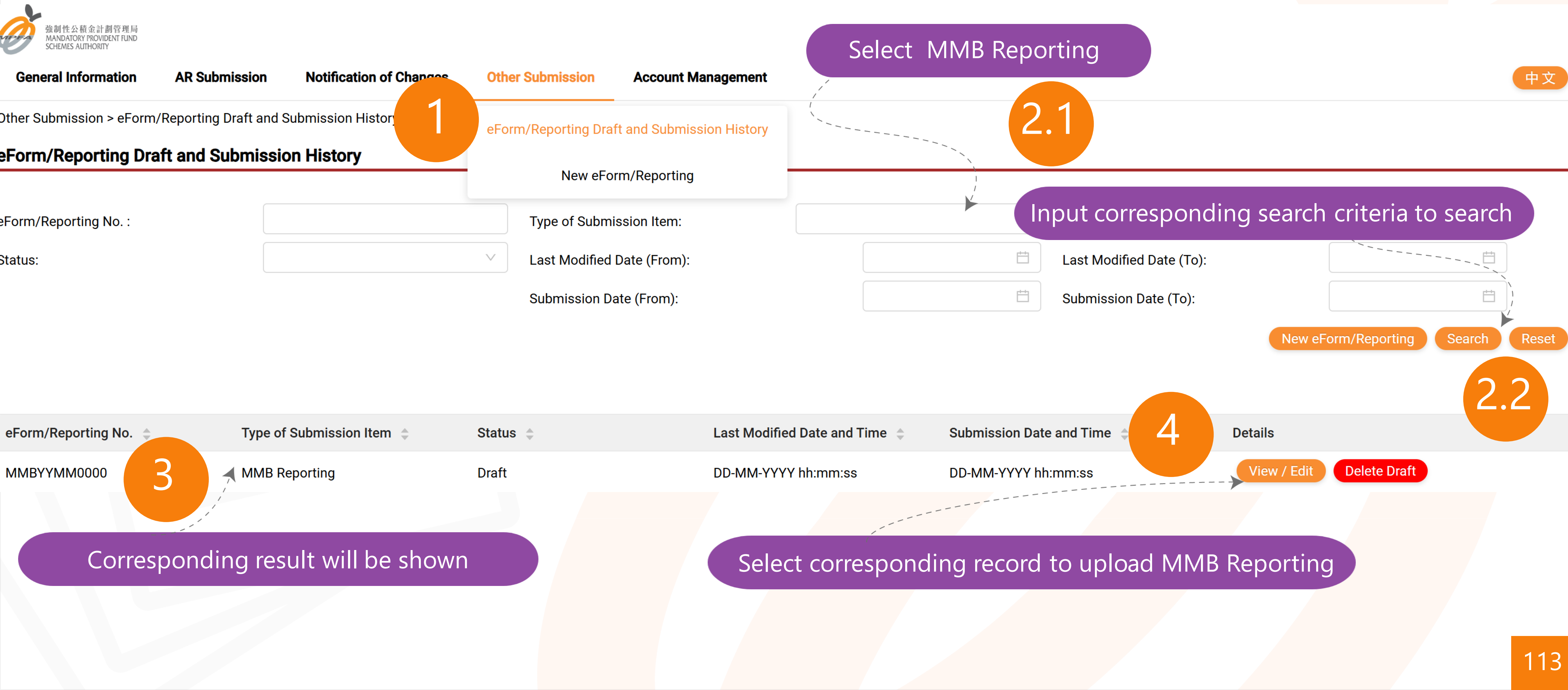
Close

Create

Create MMB Reporting

Other Submission

– eForm/Reporting Draft and Submission History



MMB Reporting Submission



General Information **AR Submission** **Notification of Changes** **Other Submission** **Account Management**

中文

Other Submission > eform/Reporting Draft and Submission History

MMB Reporting

eForm/Reporting No. : MMBYYMM0000 Status : Draft

Type of Submission MMB Reporting Last Modified Date and Time : DD-MM-YYYY hh:mm:ss Last Modified by : ADM/ER
Item : Submission Date and Time : Submitted By :

5

Reporting Validation and Submission

Click here to download an Excel template of MMB Reporting

Please [download the Excel template](#), provide reporting records in Excel and upload.

Reporting Excel File:

⬆️ Add File to Upload

Remarks:

6

Validate your uploaded file

7

Back Save as Draft Validate Next

Upload the prepared excel file of MMB Reporting

MMB Reporting Submission



General Information

AR Submission

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Account Management

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eForm/Reporting No. :

MMBYMM0000

Status :

Draft

Type of Submission Item :

MMB Reporting

Last Modified Date and Time :

DD-MM-YYYY hh:mm:ss

Last Modified by :

ADM/ER

Submission Date and Time :

Submitted By :

Reporting

Validation and Submission

Please [download the Excel template](#), provide reporting records in Excel and upload.

Reporting Excel File:

Add File to Upload

MMBReportUploload.xlsx

X

Exception Report:

[MMB_Reporting_records_Exception.xlsx](#)

Review the exception report if any

Reporting records for verification:

Item No.	Record Status
1	Validation Passed
2	Validation Error
3	Validation Error

8

Remarks:

REMARKS WRITE SOMETHING

9

Back

Save as Draft

Validate

Next

At least 1 record with "Validation Passed", go to Verification and Submission tab

MMB Reporting Submission



General Information

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eForm/Reporting No. : MMBYMM0000 Status : Draft

Type of Submission Item : MMB Reporting Last Modified Date and Time : DD-MM-YYYY hh:mm:ss Last Modified by : ADM/ER
Submission Date and Time : Submitted By :

Reporting Validation and Submission

Reporting Excel File: [MMBReportUploload.xlsx](#)

Exception Report: [MMB_Reporting_records_Exception.xlsx](#)

Total records ready to submit (Success/Total Records): 1/3

Reporting records for verification:

Item No.	Record Status	ORSO Scheme Name	ORSO Registration Number	Surname of Claimant
1	Ready to Submit	XXXXXXXXXX	RXXXXXX(X)	AAAAAAAAAA
2	Validation Error	XXXXXXXXXX	RXXXXXX(X)	AAAAAAAAAA
3	Validation Error	XXXXXXXXXX	RXXXXXX(X)	AAAAAAAAAA

Remarks:

REMARKS WRITE SOMETHING

Previous

Save as PDF

Submit

“Ready to Submit” record will be submitted, and acknowledgement email will be sent to submitter

10

MMB Reporting Submission



General Information

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eForm/Reporting No. : MMBYMM0000 Status : Partially Submitted

Type of Submission Item : MMB Reporting Last Modified Date and Time : DD-MM-YYYY hh:mm:ss Last Modified by : ADM/ER
Submission Date and Time : DD-MM-YYYY hh:mm:ss Submitted By : ADM/ER

Reporting

Validation and Submission

The MMB Reporting (Report No.: MMBYMM0000) is Partially Submitted successfully.
Please refer to the record status table below for details and follow-up with those records still not submitted (if any)

Reporting Excel File: [MMBReportUploload.xlsx](#)
Exception Report: [MMB_Reporting_records_Exception.xlsx](#)

Total records ready to submit (Success/Total Records): 1/3

Submission on : DD-MM-YYYY hh:mm:ss

Reporting records for verification:

Item No.	Record Status
1	Submitted
2	Not Submitted
3	Not Submitted

Remarks: REMARKS WRITE SOMETHING

Show the submission date and time for reference

Save as PDF

Submission History

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Batch
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1

Submission History

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Print

Submission History Detail

3

Submission History Detail