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Login Procedures

Login



Click [Login] to continue

If the login is successful,
go to OTP Verification

OTP Verification



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

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

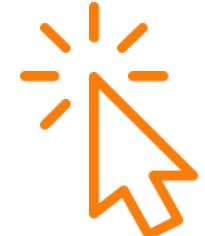
Account Management

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

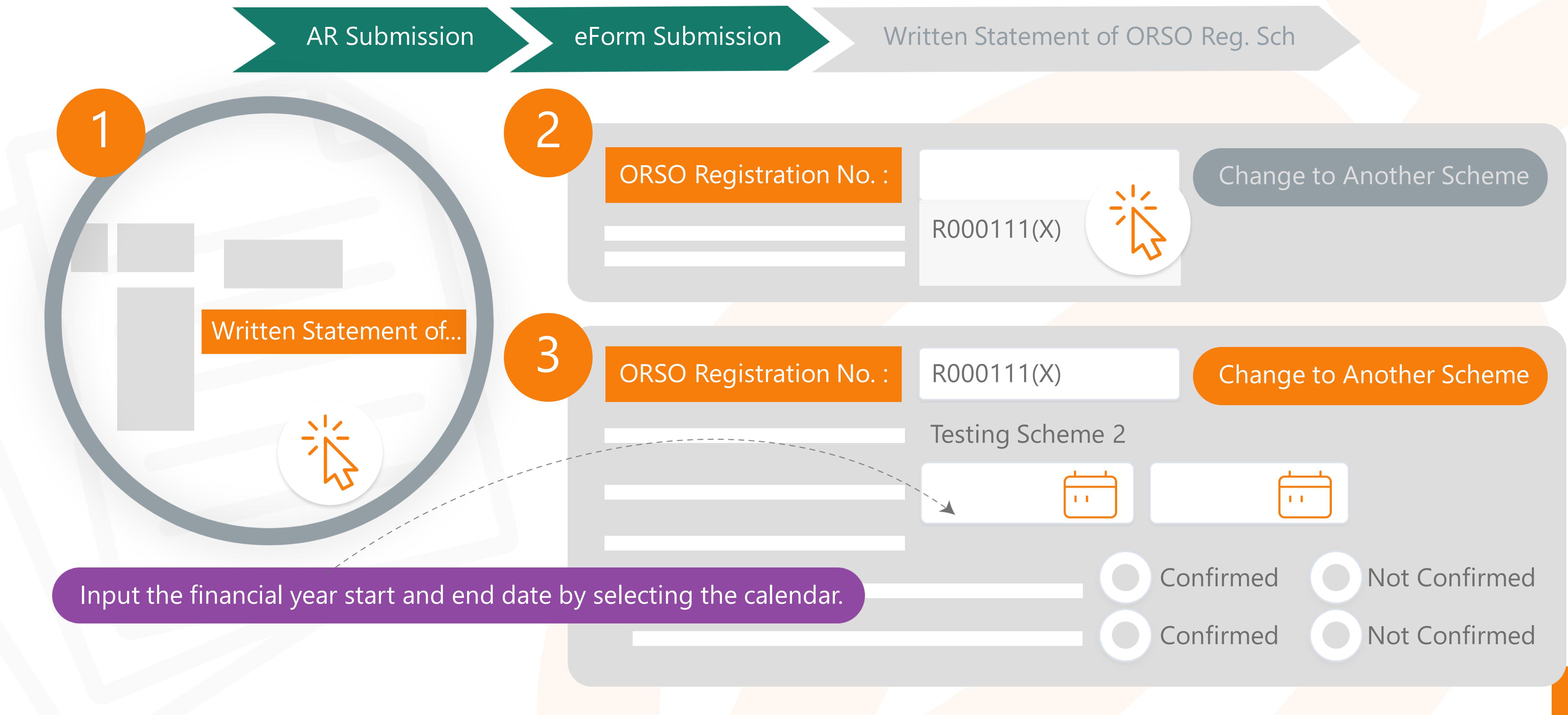
Create Sub Account

Edit

Close

Print

eForm of Written Statement of ORSO Registered Scheme



eForm of Written Statement of ORSO Registered Scheme

Submission Result

4

Submission on : [REDACTED]

Submission ID : [REDACTED]

Show the submission date and time and the submission ID.

eForm of Annual Report of ORSO Exempted Scheme

Section I – THE SCHEME



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

To save and go to previous section.

Save all contents of the eForm as Draft.

To save and go to next section.

Scheme exempted under
section 7(4)(a)

NA

NA

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

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

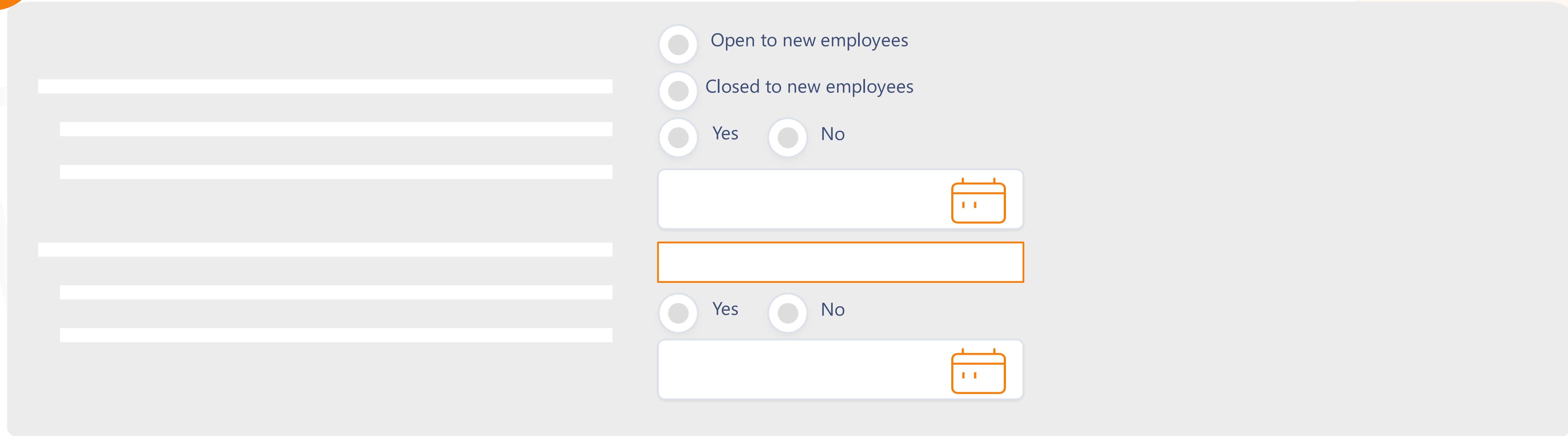
Save as Draft

Next

eForm of Annual Report of ORSO Exempted Scheme

Section V – SCHEME PARTICULARS

1



The eForm interface for Section V – SCHEME PARTICULARS. The form contains several input fields and buttons. At the top, there are two radio button options: 'Open to new employees' and 'Closed to new employees'. Below these are two sets of radio buttons for 'Yes' and 'No' responses, each associated with a date input field (calendar icon) and a text input field. The bottom of the form features a navigation bar with buttons for 'Previous', 'Save as Draft', and 'Next'.

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

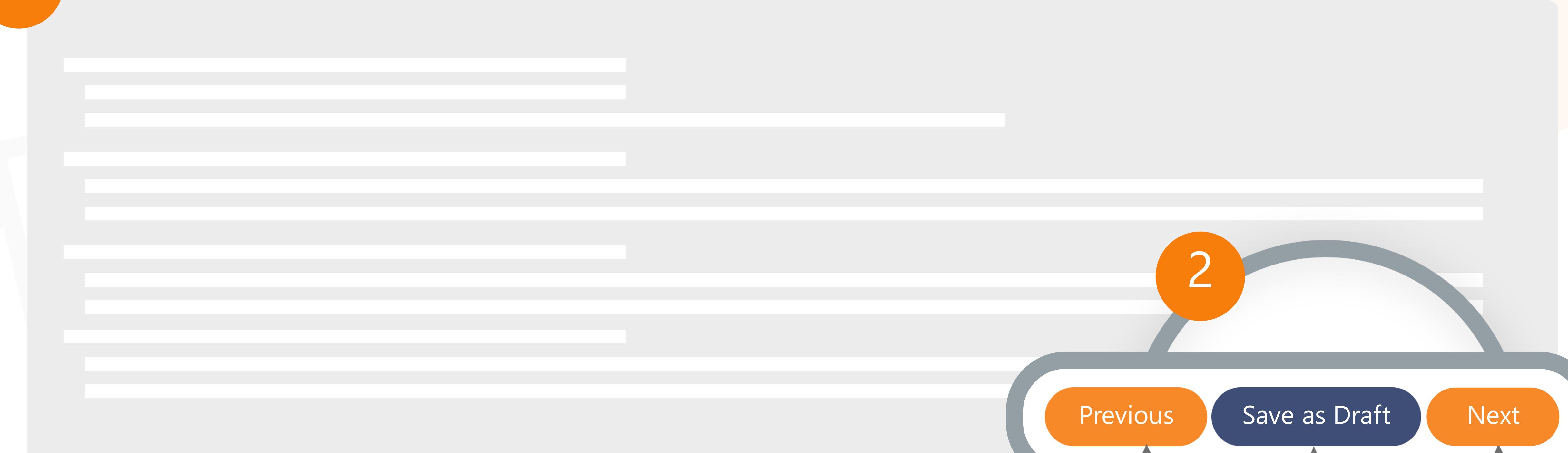
Save as Draft

Next

eForm of Annual Report of ORSO Exempted Scheme

Section VI – ONGOING REQUIREMENT

1



To save and go to previous section.

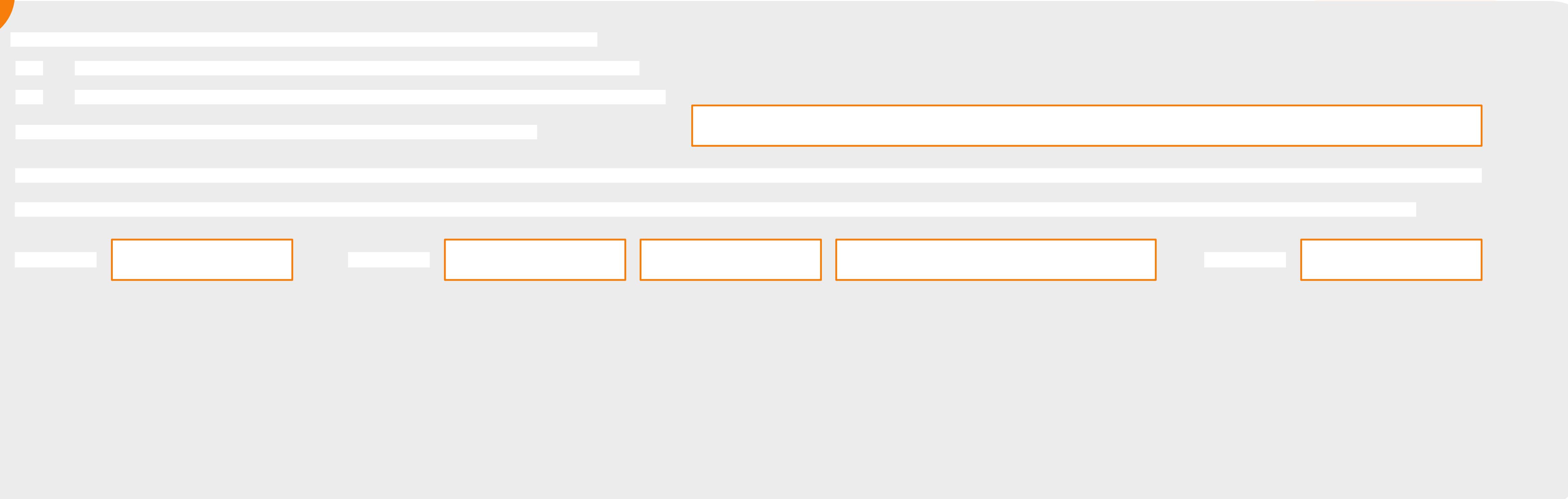
Save all contents of the eForm as Draft.

To save and go to next section.

eForm of Annual Report of ORSO Exempted Scheme

Section VII – CONFIRMATION AND DECLARATION

1



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

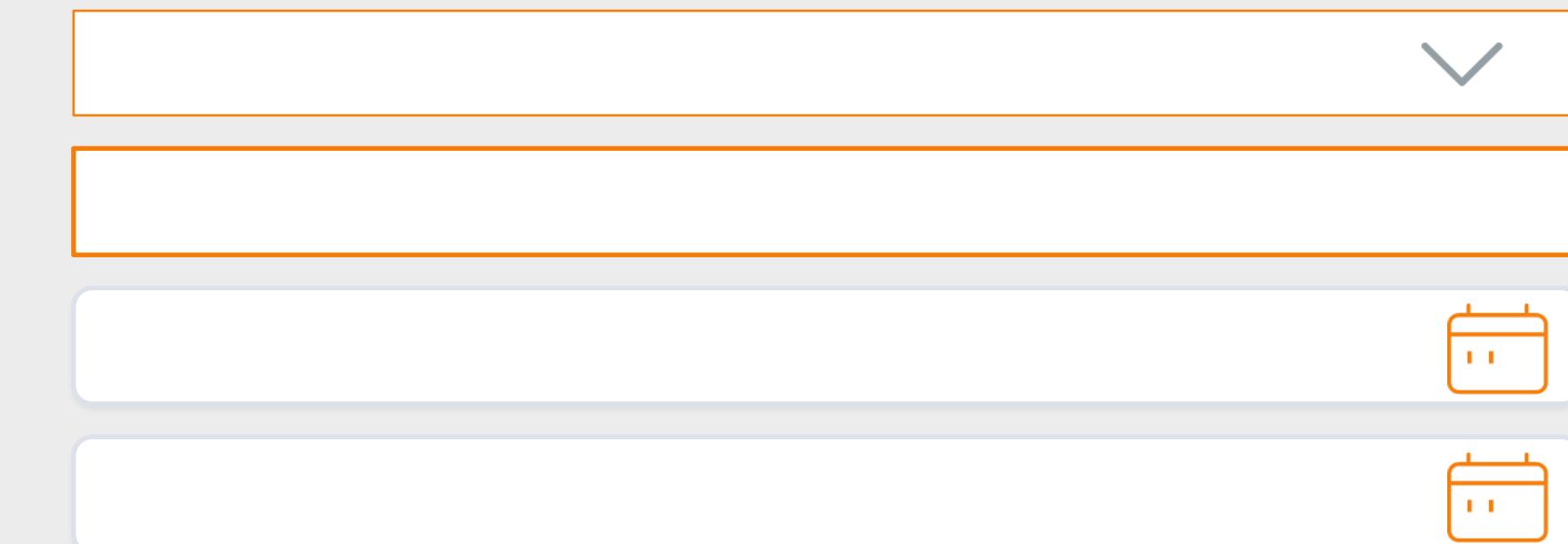
Next

eForm of Annual Report of ORSO Exempted Scheme

VALIDATION AND SUMMARY

1

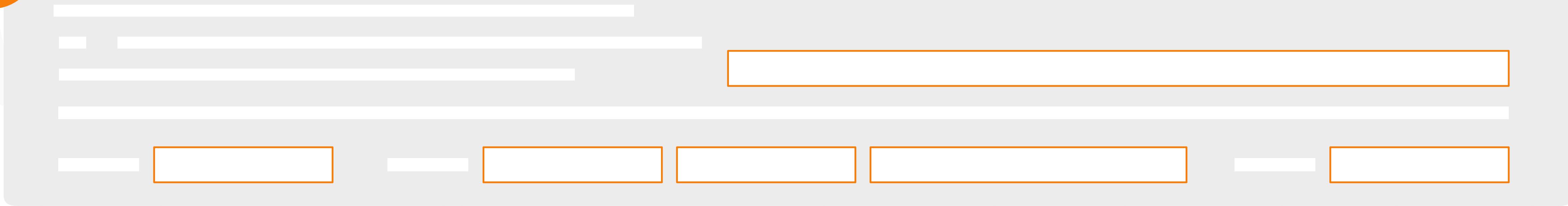
Section I - The Scheme



Placeholder for Section I: The Scheme. It includes a dropdown menu, a date input field, and two date input fields with calendar icons.

2

Section VII - Confirmation of compliance and declaration



Placeholder for Section VII: Confirmation of compliance and declaration. It includes several input fields and a large text area.

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

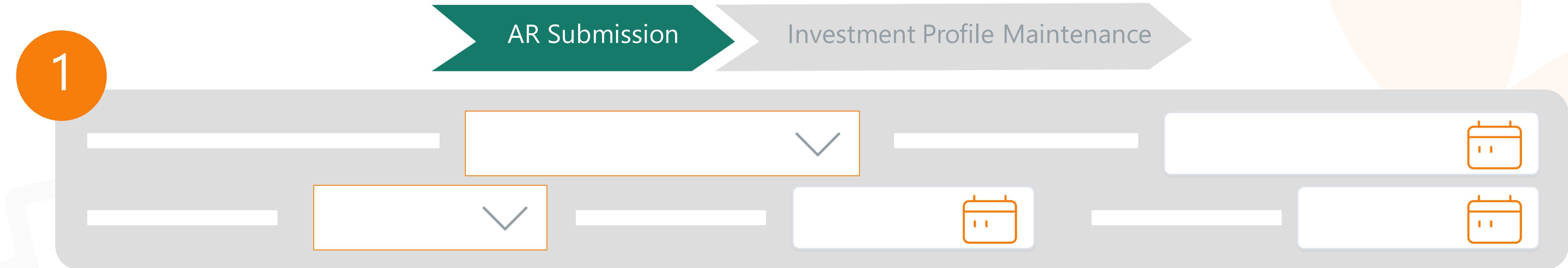
1

Submission on : 

Submission ID : 

Show the submission date and time and the submission ID.

Investment Profile Maintenance



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.

New

Search

Reset

Investment Profile Maintenance

3

Create an Investment Profile

Pooling Agreement Name (Eng):



Reporting Financial Year End



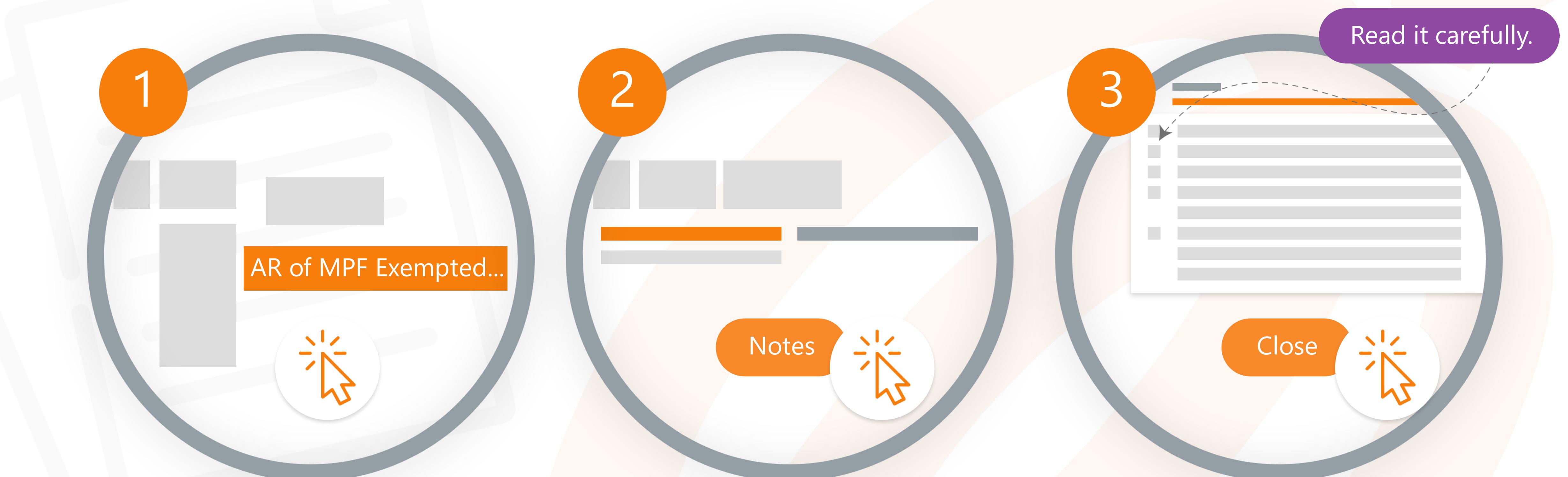
Close

Create

Close the investment profile popup.

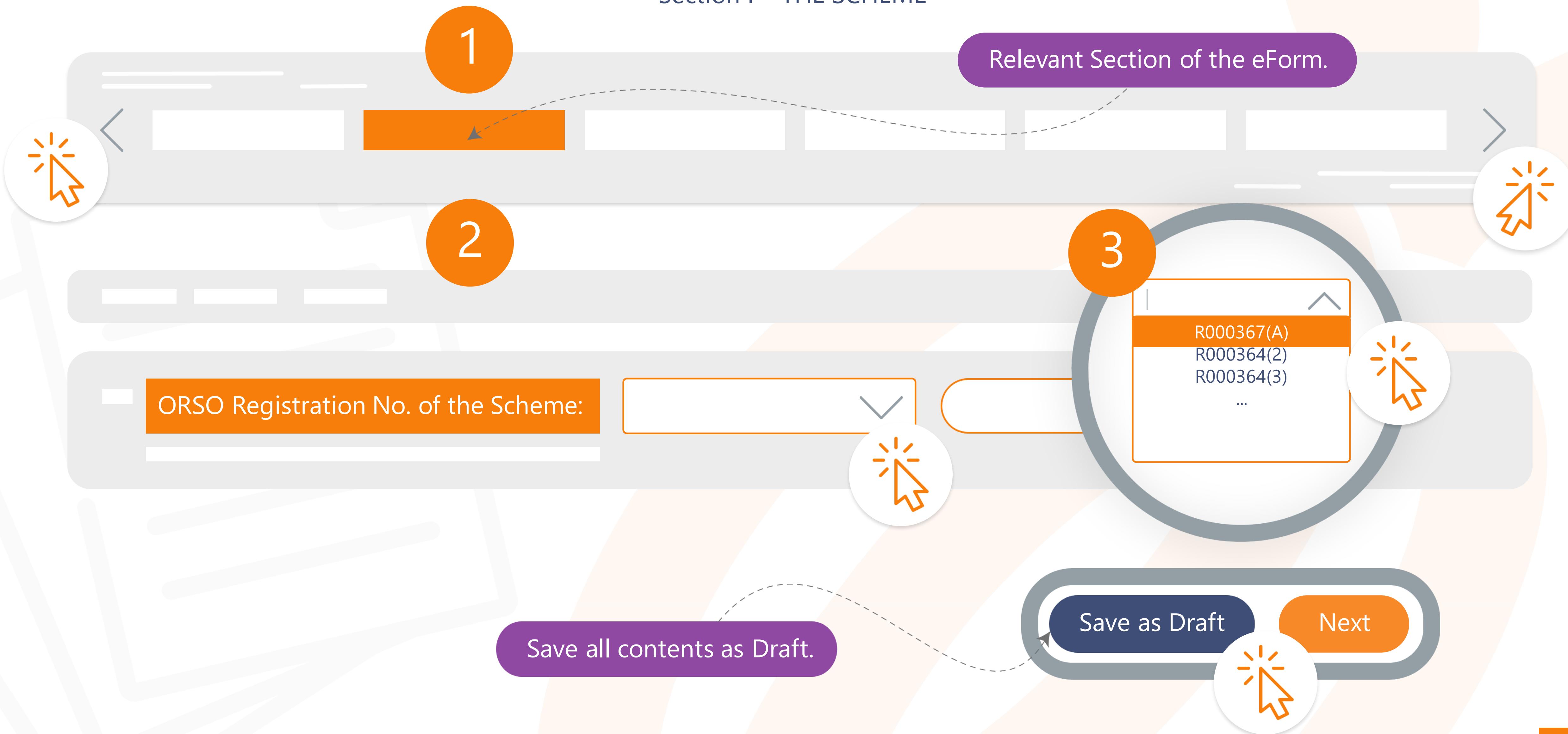
To save the investment profile as draft.

eForm of Annual Return of MPF Exempted ORSO Registered Scheme



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

Defined contribution scheme

Defined benefit scheme

Date change

Yes

No

Date change

If "Yes"

Choose Scheme



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

2

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

Yes

No



Choose file

Date change

specify

If "Yes"

Choose file

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

4

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

Address

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.

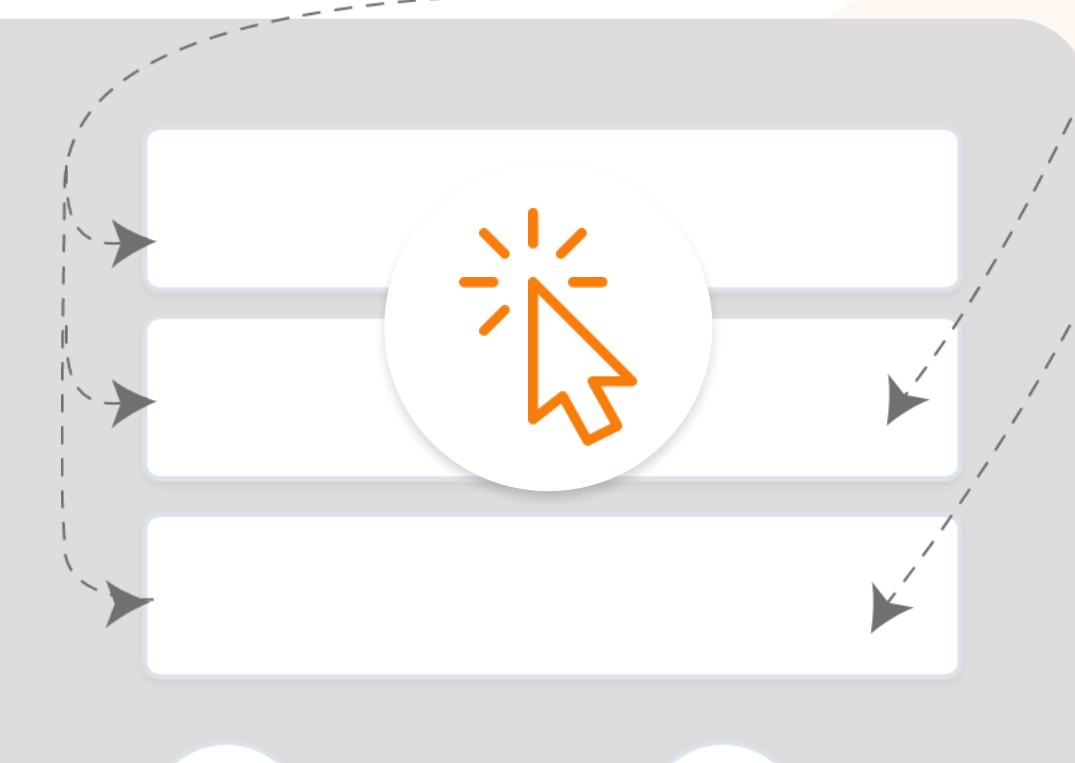
defined in Section 2 of the Ordinance.

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

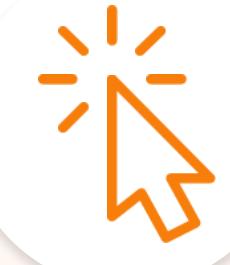


eForm of Annual Return of MPF Exempted ORSO Registered Scheme

Section IV – CONTRIBUTION SURCHARGE

1

HK\$



Amount of contribution surcharge paid.

Number of written notices issued by the designated person.

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 V - CONTRIBUTION

1

Expand All

Collapse All

Name of the representative / relevant employer (in English) :



Add New Row

Delete



fill in the required fields.

To save and go to previous section.

Save all contents of the eForm as Draft.

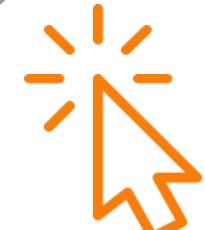
To save and go to next section.

2

Previous

Save as Draft

Next



eForm of Annual Return of MPF Exempted ORSO Registered Scheme

Annex to V - Employee Information

1

Name of the representative / relevant employer (in English) :

Expand All

Collapse All



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 MPF Exempted ORSO Registered Scheme

Section VI – FINANCIAL INFORMATION

1

(1) For schemes not participating in pooling agreement only

fill in the required fields.

HK\$

HK\$

HK\$

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 VII – INVESTMENT PROFILE

1

Choose the reporting level.

Reporting level:

at scheme level

at pooling agreement level

if "No" go to Section VIII and Fill in the required fields

2

At pool agreement level / At Scheme level

Add New Row



To save and go to previous section.

Save all contents of the eForm as Draft.

To save and go to next section.

Yes

No

3

Previous

Save as Draft

Next

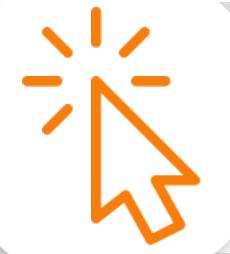


eForm of Annual Return of MPF Exempted ORSO Registered Scheme

Section VIII – DISCLAIMER

1

Fill in the required fields.



To save and go to previous section.

To save and go to next section.

2

Previous

Save as Draft

Next



Save all contents of the eForm as Draft.

eForm of Annual Return of MPF Exempted ORSO Registered Scheme

Section IX – CONFIRMATION AND DECLARATION

1



has
has not

Choose file

Choose file

Unqualified

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

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

2

Previous

Save as Draft

Next

To save and go to previous section.

Save all contents of the eForm as Draft.

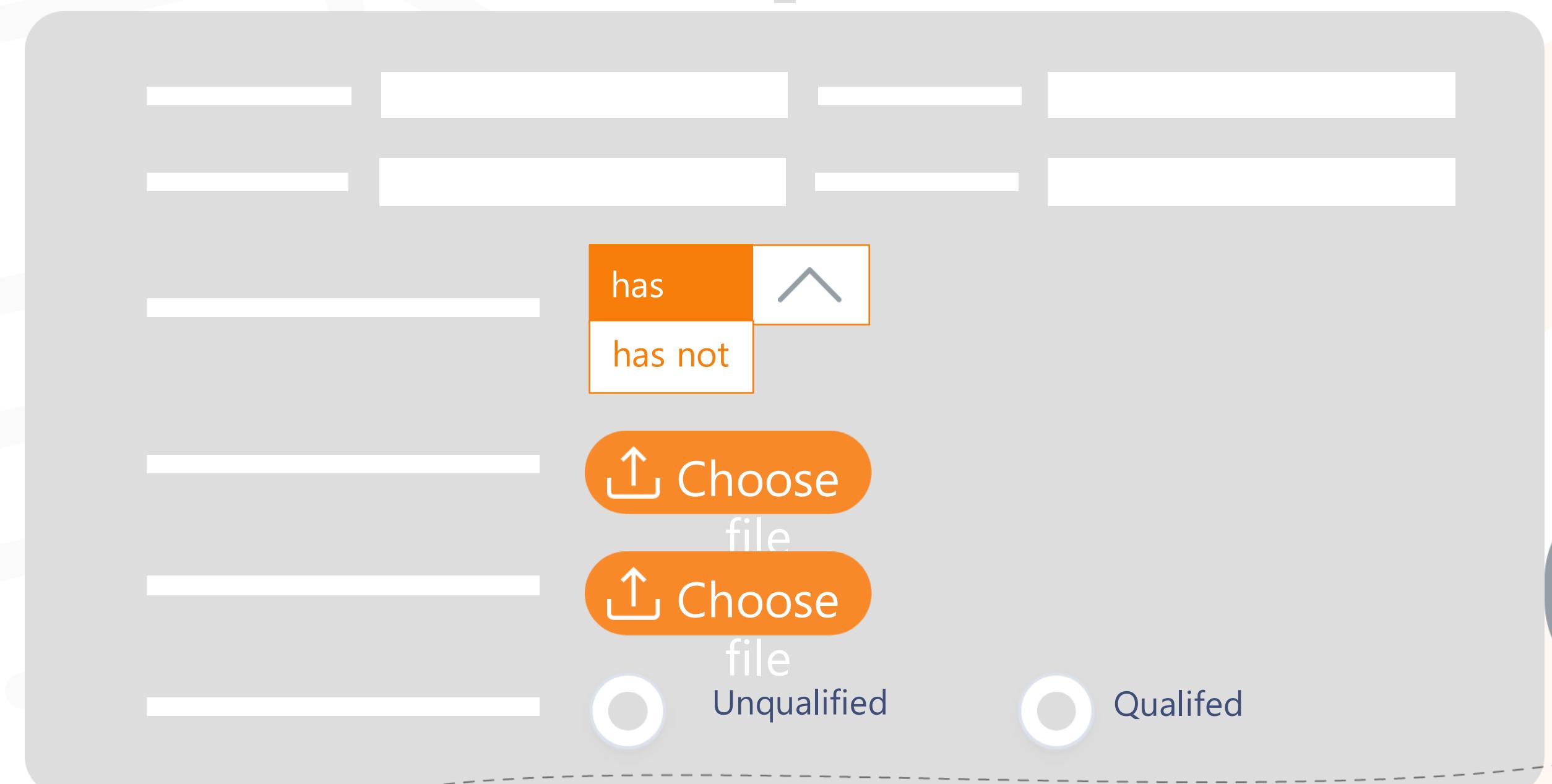
To save and go to next section.

eForm of Annual Return of MPF Exempted ORSO Registered Scheme

VALIDATION AND SUMMARY



From Section I to Section IX



has

Qualified

Unqualified

To save and go to previous section.

Save all contents of the eForm as PDF.

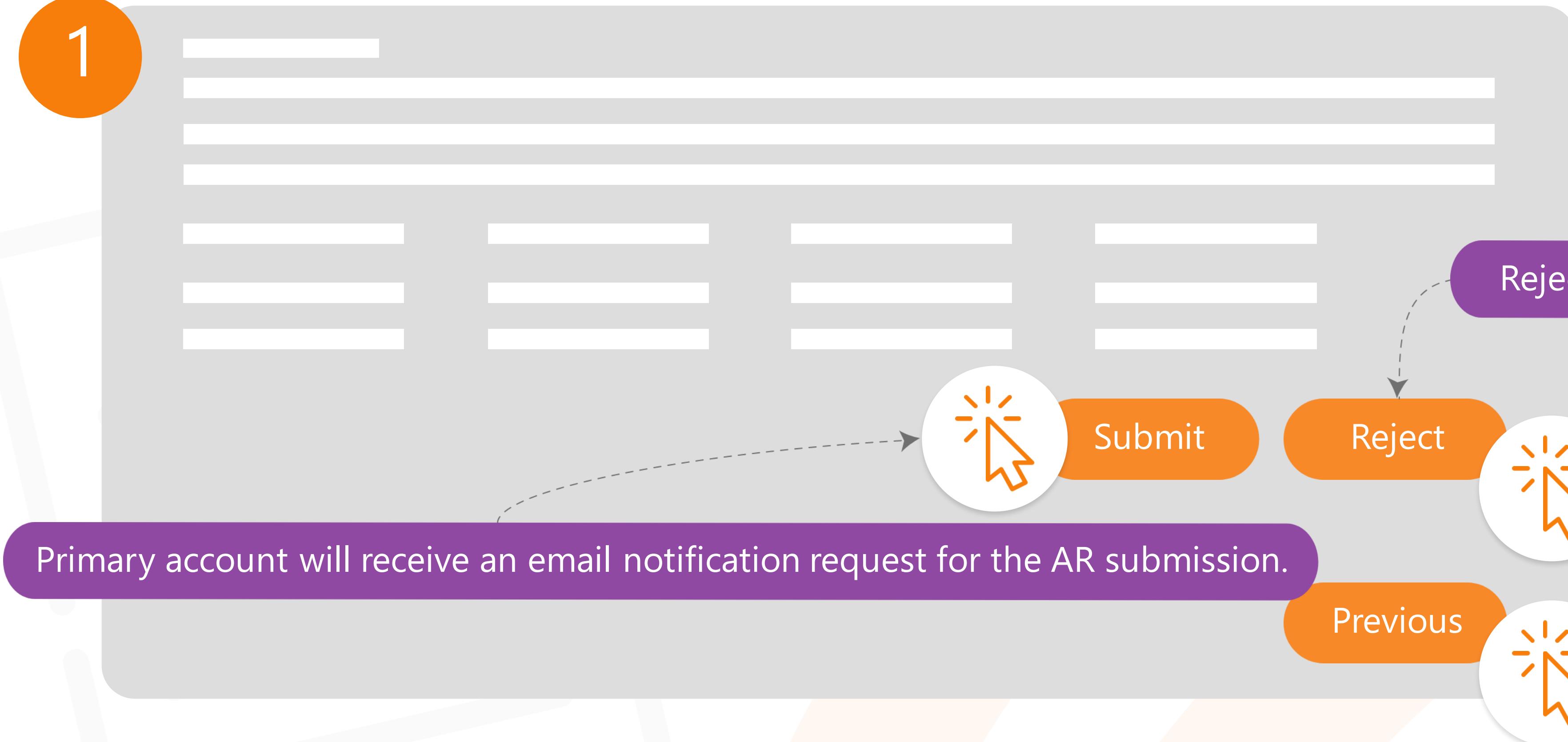
To change the form status from "Draft" to "Ready to Submit".



eForm of Annual Return of MPF Exempted ORSO Registered Scheme

SUBMISSION

1



eForm of Annual Return of MPF Exempted ORSO Registered Scheme

SUBMISSION RESULT

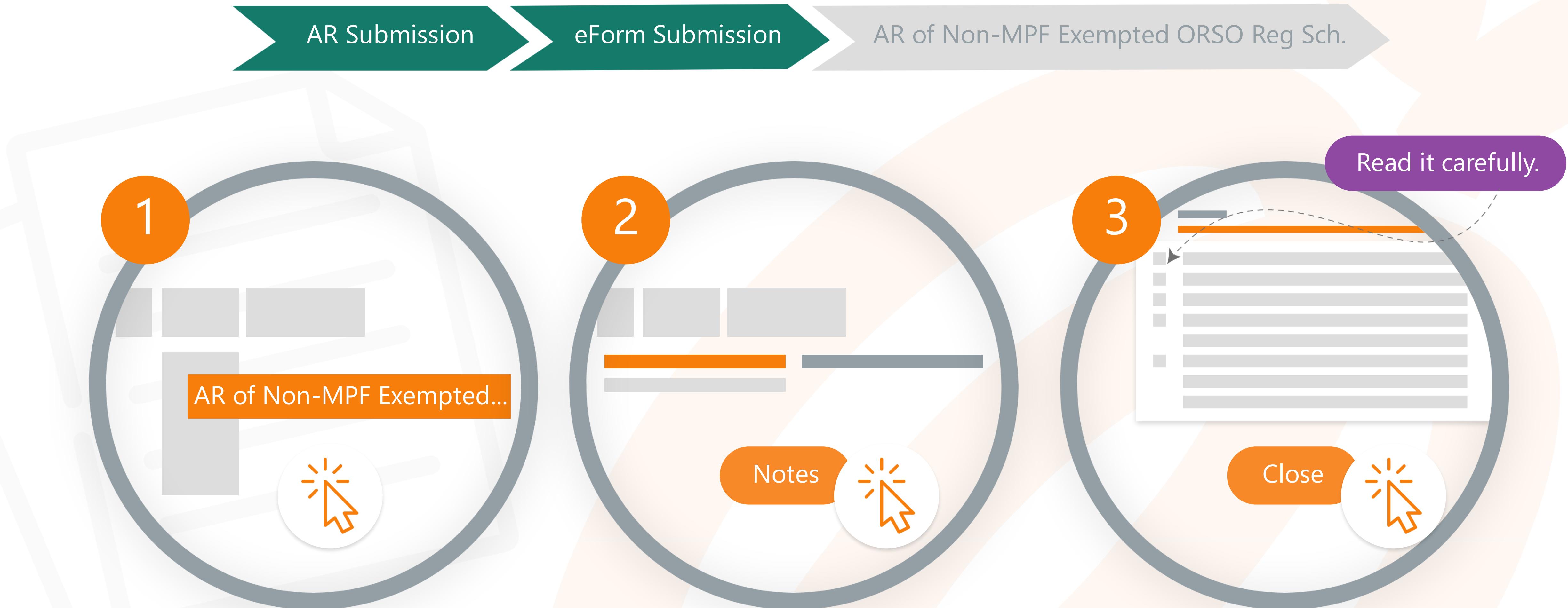
1

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



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

Section I – THE SCHEME

1

ORSO Registration No. of the Scheme:



Choose the registration No. of the scheme.

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

Expand All

Collapse All

To save and go to previous section.

Save all contents of the eForm as Draft.

To save and go to next section.

2

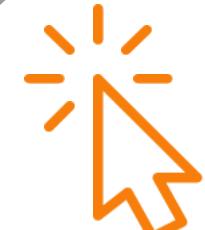
Previous

Save as Draft

Next



HK\$



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

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

VALIDATION AND SUMMARY

1



Unqualified



Qualified



2

Previous

Save as PDF

Ready to Submit



To save and go to previous section.

Save all contents of the eForm as PDF.

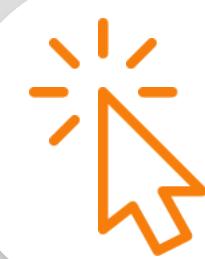
To change the form status from "Draft" to "Ready to Submit".

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

SUBMISSION

1

Title and Position



Submit

Reject

Primary account holder will receive an email notification request for the AR submission.

Reject will change back to Draft.

Previous

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

SUBMISSION RESULT

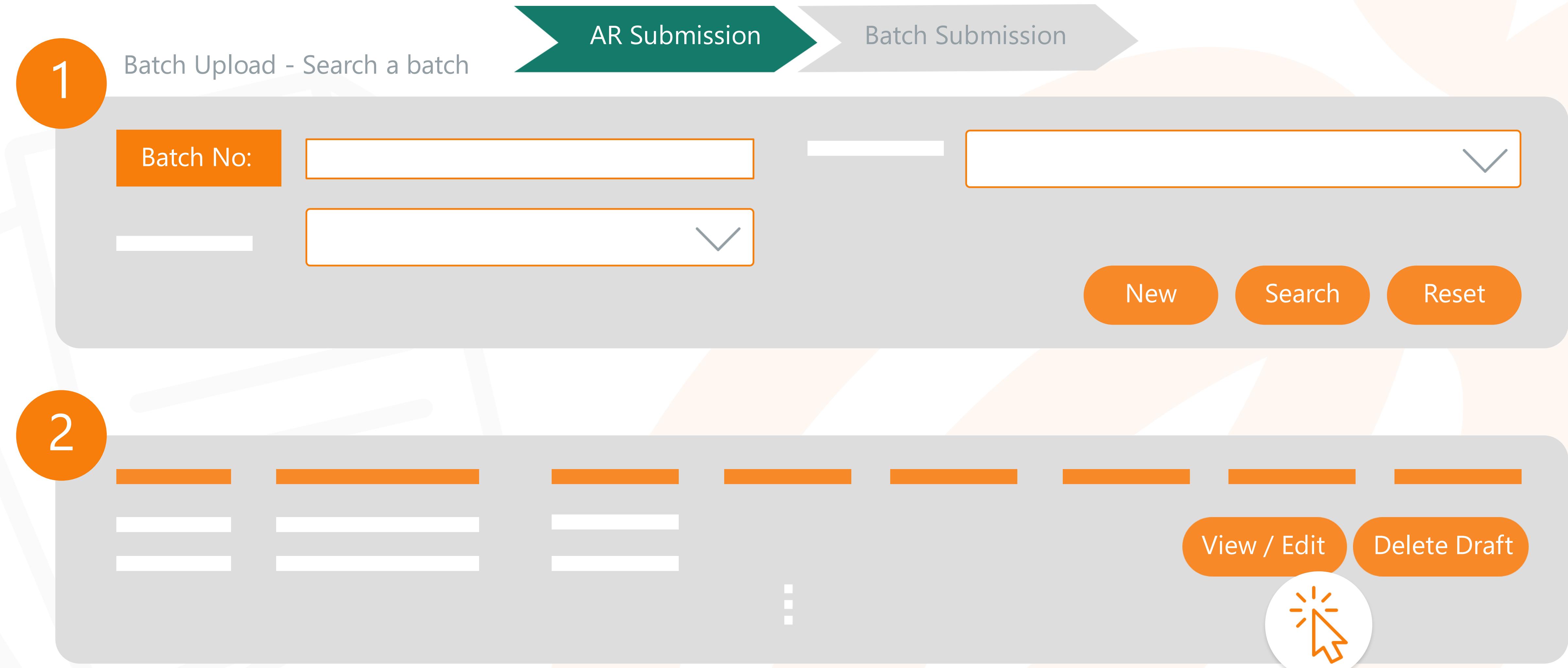
1

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.

2

Pooling Agreement Name:



Close

Create

Select the Type of Document.

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



3

/ non-MPF Exempted ORSO Registered Scheme.

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

 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



Close

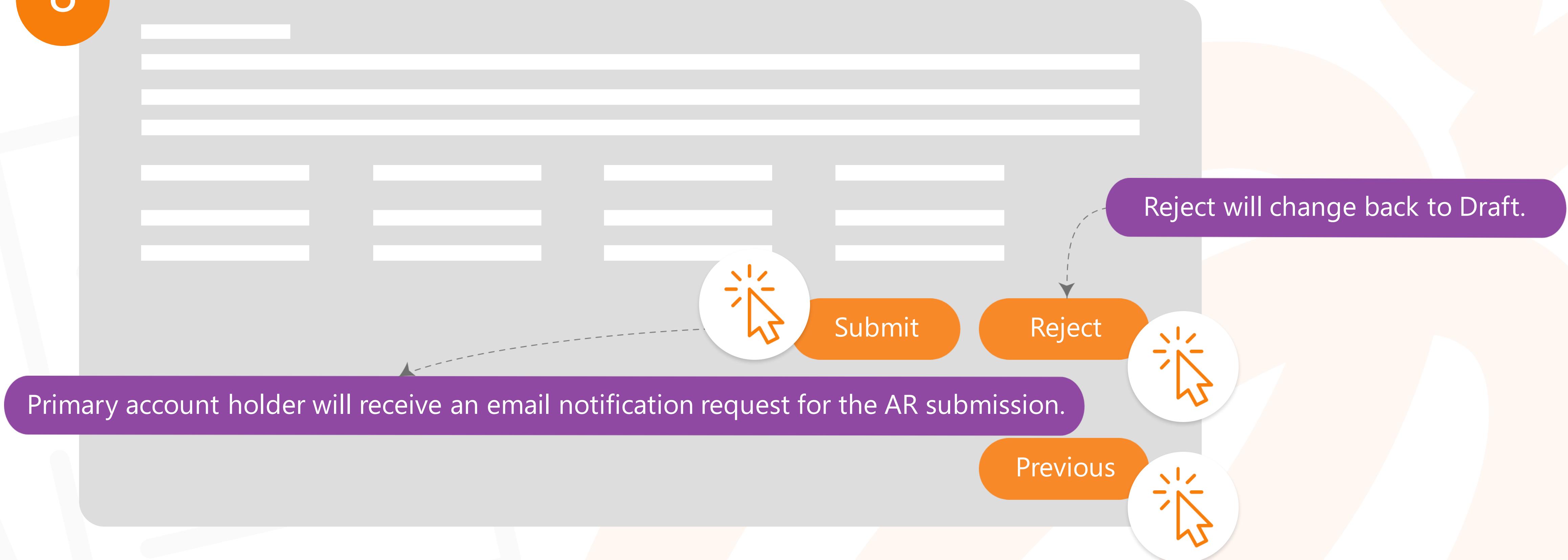
Save as Draft

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

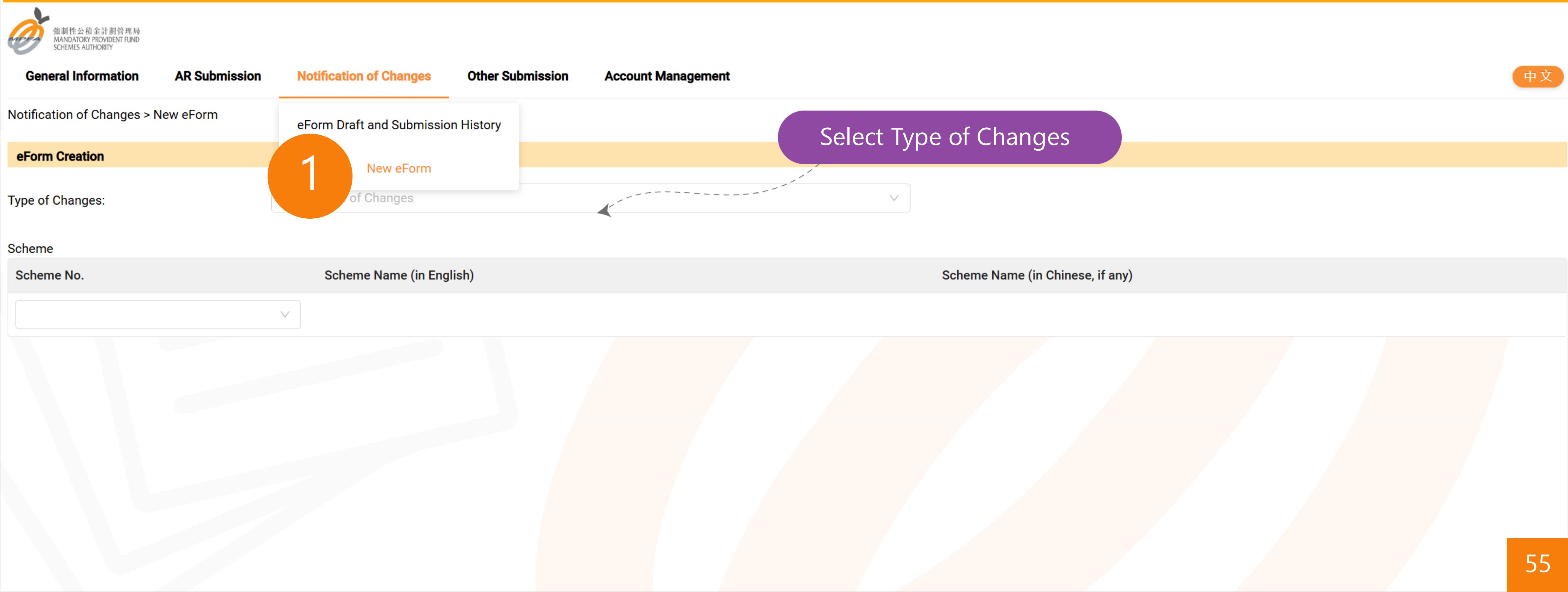
Submission on :

Submission ID :

Show the submission date and time and the submission ID.

Notification of Changes

– New eForm



The diagram illustrates the user flow for creating a new eForm notification of changes. The process starts with the user navigating to the 'Notification of Changes' section of the eORSO Portal. Within this section, the 'New eForm' button is highlighted with a large orange circle containing the number 1. A dashed arrow points from this button to a purple callout bubble containing the text 'Select Type of Changes'.

Key navigation steps:

- From the main menu, the user selects 'Notification of Changes'.
- Within the 'Notification of Changes' section, the user selects 'New eForm'.
- The user then proceeds to the 'Select Type of Changes' screen.

Other visible elements in the interface include:

- Header tabs: General Information, AR Submission, Notification of Changes, Other Submission, Account Management.
- Language switch: 中文 (Chinese).
- Breadcrumb: Notification of Changes > New eForm.
- Form fields: Type of Changes (dropdown), Scheme (dropdown).
- Table: Scheme (Scheme No., Scheme Name (in English), Scheme Name (in Chinese, if any)).



Notification of Changes > New eForm

eForm Creation

Type of Changes:

Change of Scheme Name (ORS5)

Scheme

Scheme No.

R000XXX(X)

1

Select Scheme No.

Scheme Name (in English)

SAMPLE SCHEME

Scheme Name (in Chinese, if any)

例子計劃

Involved / For ER(s)

New ER

(for New ER, please specify)

2

Select Name of ER & fill in information

ENGLISH NAME

CHINESE NAME

eForm and ER Account setting:

Authorized Person

Email Address

Re-enter Email Address

Office Phone No.

COUNTRY

AREA

4

Click to create

CONTACT

Close

Create

3

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

Check read and agree

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)

Scheme

Scheme No.

E00XXXX(X)

Select Scheme No.

1

Scheme Name (in English)

SAMPLE SCHEME

Scheme Name (in Chinese, if any)

例子計劃

Involved / For ER(s)

Original ER

No. ER

Name of ER:

eForm and ER Account setting:

1

2.2

Authorized Person

Email Address

Re-enter Email Address

Office Phone No.

COUNTRY

AREA

CONTACT

Select Name of Original ER & fill in information

2.1

Add additional Original ER (optional)

Add

Notification of Changes

– New eForm ORS6 (2/2)

Succeeding ER

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

3.2

Add additional Succeeding ER (optional)

Add

3.1

Select Name of Succeeding ER & fill in information

4

Check read and agree

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

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.

R000XXX(X)

1

Scheme Name (in English)

SAMPLE SCHEME

Scheme Name (in Chinese, if any)

例子計劃

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.

COUNTRY

AREA

CONTACT

Click to create

3



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

Check read and agree

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.

R000XXX(X)

1.1

Scheme Name (in English)

SAMPLE SCHEME

Scheme Name (in Chinese, if any)

例子計劃

1.2

Add

Add additional Scheme (optional)

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.

COUNTRY

AREA

CONTACT

Click to create

3

Check read and agree



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

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 Indicator (ORS9)

Select Scheme No.

Scheme

Scheme No.

R000XXX(A)

1

Scheme Name (in English)

SAMPLE SCHEME

Scheme Name (in Chinese, if any)

例子計劃

Click to create

Involved / For ER(s)

Name of ER:

THE ER COMPANY

2

Select Name of ER

3

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.

R000XXX(X)

1

Scheme Name (in English)

SAMPLE SCHEME

Scheme Name (in Chinese, if any)

Involved / For ER(s)

Outgoing ER:

THE ER COMPANY

eForm and ER Account setting:

Authorized Person

Email Address

Re-enter Email Address

Office Phone No.

COUNTRY

AREA

CONTACT

2

Fill in Outgoing ER Account Setting information

Notification of Changes

– New eForm ORS11 (2/2)

Incoming ER:

New ER
(for New ER, please specify)

ENGLISH NAME
CHINESE NAME

3

Select Name of Incoming ER & fill in information

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

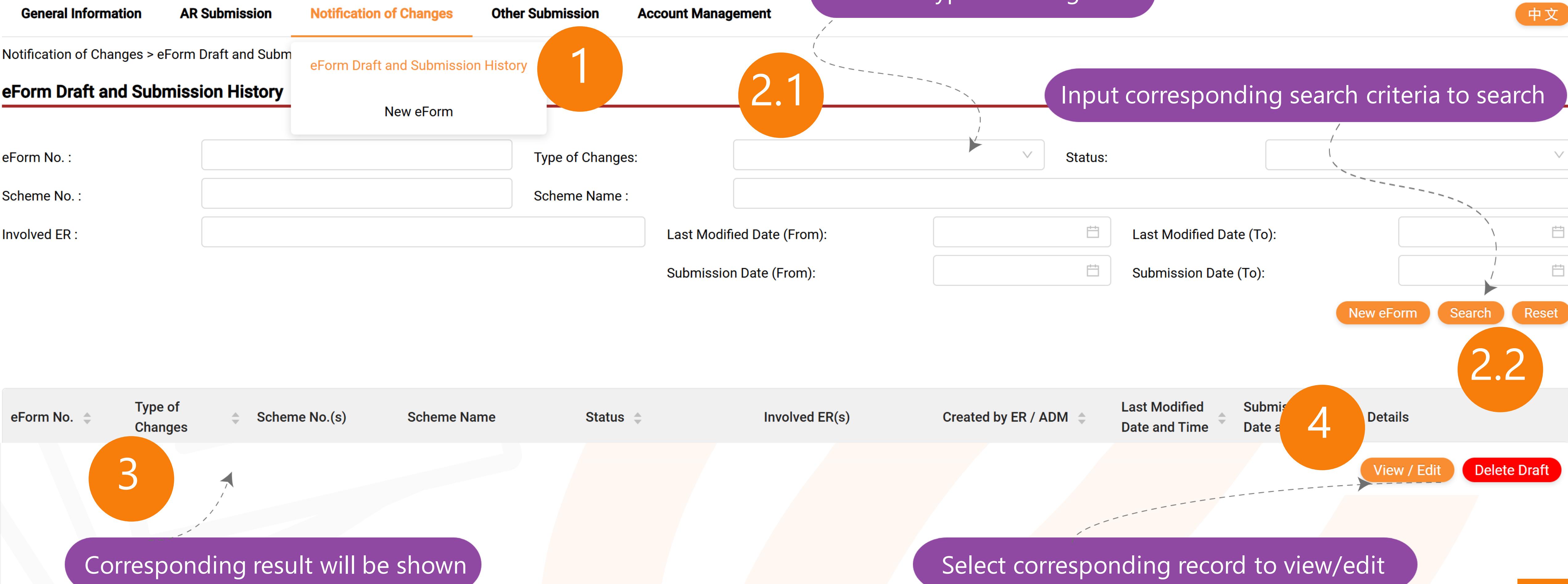
5

Close

Create

Notification of Changes

– eForm Draft and Submission History



Corresponding result will be shown

Select corresponding record to view/edit

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

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)

Original ER

No.	Name of ER
1	SAMPLE COMPANY

Succeeding ER

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

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 Edit

1

Editable for New ER

6

Save changes after editing

2

Select to edit corresponding eForm ER Account

Back Save

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
Time :

Creation Date DD-MM-YYYY hh:mm:ss
Time :

Name of ER : SAMPLE COMPANY

Authorized Person : PERSON NAME

Email Address : A@B.COM

Office Phone No. : COUNTRY

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

View Notice and Notes

View PDF form reference

eFORM ORS-5

TO: The Registrar of Occupational Retirement Schemes ("Registrar")
Level 12, Tower 1, The Millenity
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
(in English)
(in Chinese, if any)

Fill the new name of the Scheme

1

Effective date of the change to the name

Fill effective date

2

(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

Check a reason

3

4

Click to Next tab

Back **Save as Draft** **Next**

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

Choose file

1

↑ Add File to Upload

Mouse over to view upload info

No.	Document	Description/Remark	Document File	
1	Board resolution Deed of amendment Other supporting document evidencing the change	copy.docx	Click to Next tab	X

Choose document type

2

3

Previous [Save as Draft](#) Next

ORS5 eForm (Change of Scheme Name) Submission

- Validation and Summary Tab

! Error Message:
Declaration - Please enter the value

1

Scheme Declaration  Validation and Summary Submission

中文名

Go back to tab if there is error

(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

Save a copy of data before submitting

2

Previous

Save as PDF

Ready to Submit

3

ORS5 eForm (Change of Scheme Name) Submission

- Submission 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**

Click to disagree

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"/>	Agree, Sign and Submit Return

Fill user's Title or position

1

Click to agree

2

ORS6 eForm (Change of ER by 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 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

View PDF form reference

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 scheme (in English) : SCHEME SAMPLE (the Scheme)
(in Chinese, if any) :

(2) Registration/Exemption no. of the Scheme : E000XXX(X)

Click to Next tab

Back Next

1

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:

Toggle to expand and collapse ER#N

(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

ORS6 eForm (Change of ER by Replacement) Submission

- Original ER Tab (2/2)

Address (in English)

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

Flat/Room

Floor

Block

Name of building

Street no.

Name of street

3

Fill address detail

Name of district/city

Area code/postal code

Name of region/country

Fill telephone & Email

(iii) Telephone no. :

COUNTRY

AREA

CONTACT

Fax no. :

COUNTRY

AREA

CONTACT

(iv) Email address :

4

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

Click to Next tab

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

2

Previous

Save as Draft

Next

5

ORS6 eForm (Change of ER by Replacement) Submission

- Succeeding ER Tab

Scheme Original ER **Succeeding ER** Declaration Validation and Summary Submission

1

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

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

(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

Click to Next tab

Previous

Save as Draft

Next

3

ORS6 eForm (Change of ER by Replacement) Submission

- Declaration Tab (1/2)

Scheme Original ER Succeeding ER **Declaration** Validation and Summary Submission

(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.

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

Original Relevant Employer

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

1

Check Yes/ No

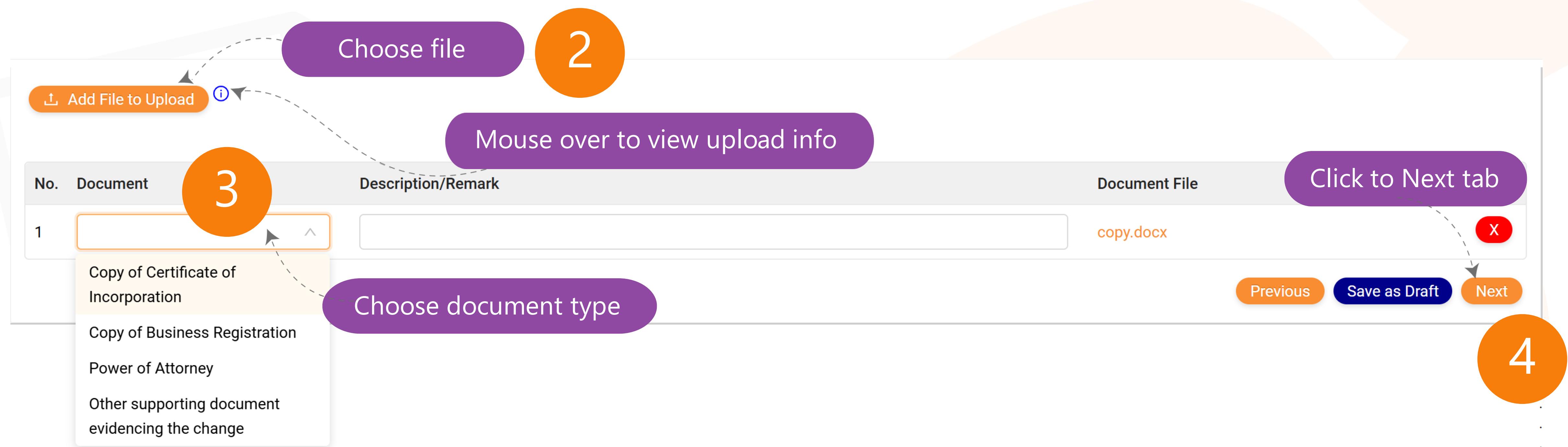
(b) For a group scheme under section 67 of the Ordinance of which any of the succeeding relevant employer(s) is a new relevant employer (note 3):

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).]

ORS6 eForm (Change of ER by Replacement) Submission

- Declaration Tab (2/2)



The diagram illustrates the user flow for submitting the ORS6 eForm (Change of ER by Replacement) on the Declaration Tab (2/2). The process is divided into four main steps, each marked with a large orange circle containing a number:

- Step 2:** Choose file. A purple callout points to the 'Choose file' button, which is highlighted with a purple oval. A dashed arrow points from this callout to the 'Add File to Upload' button.
- Step 3:** Choose document type. A purple callout points to the 'Choose document type' dropdown menu, which is highlighted with a purple oval. A dashed arrow points from this callout to the 'Description/Remark' field.
- Step 4:** Click to Next tab. A purple callout points to the 'Click to Next tab' button, which is highlighted with a purple oval. A dashed arrow points from this callout to the 'Document File' field.

The form itself has the following structure:

No.	Document	Description/Remark	Document File
1	Copy of Certificate of Incorporation Copy of Business Registration Power of Attorney Other supporting document evidencing the change		copy.docx

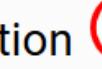
At the bottom of the form, there are navigation buttons: 'Previous', 'Save as Draft' (highlighted with a blue oval), and 'Next'.

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

1

SUCCEEDING RELEVANT EMPLOYER

(a) For a registered defined benefit scheme:

Go back to tab if there is error

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	Click to Submit
1				Save a copy of data before submitting

2

Previous

Save as PDF

Ready to Submit

3

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)**

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
<u>Original ER</u> ER#1 SAMPLE COMPANY	ADM/ER	<input type="text"/>	
<u>Succeeding ER</u> ER#1 NEW ER1 ER#2 NEW ER2	SIR AUTH MADAM AUTH	<input type="text"/>	

Click to disagree

1 **Fill user's Title or position**

2 **Click to agree**

Agree and Sign **Return**

[Waiting for agreement] [Waiting for agreement]

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 one or more 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

Back

Next

1

80

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) : SAMPLE ER

(in Chinese) : 例子僱主

(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

Fill telephone & Email

3

(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

Click to Next tab

5

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

1

Choose a Joining/Withdrawal reason

- 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

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

2

(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)

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;

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

Choose & Fill arrangement if Withdrawal

3

[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.

Click to Next tab

4

Previous

Save as Draft

Next

ORS7 eForm (Change of ER without Replacement) Submission

- Declaration Tab

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

(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 file 1

↑ Add File to Upload

Mouse over to view upload info

2

No. Document Description/Remark Document File

No.	Document	Description/Remark	Document File
1	copy.docx	copy.docx	copy.docx

Click to Next tab

3

Choose document type

Copy of Certificate of Incorporation

Copy of Business Registration

Power of Attorney

Other

Previous Save as Draft Next

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

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

1

- 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

Go back to tab if there is error

[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			

2

Save a copy of data before submitting

Click to Submit

3

Previous

Save as PDF

Ready 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**

Click to disagree

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

Agree, Sign and Submit

Return

Fill user's Title or position

1

Click to agree

2

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

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

Notice Notes
Personal 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) 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 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).

View PDF form reference

eFORM ORS-8

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:

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

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

For Individual, business address is preferred.

2

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

3

Fill address detail & effective date

Street no.

Name of street

Name of district/city

Area code/postal code

Name of region/country

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

(c) Telephone no. :

AREA

56781234

CONTACT

Fax no. :

AREA

(d) Email address :

SAMPLE@EMAIL.COM

4

Fill telephone no

5

Fill email address

If one or more of
step 1-5 is filled

Click to Next tab

6

Back Save as Draft Next

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

- Declaration Tab

Notice Notes
Personal 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

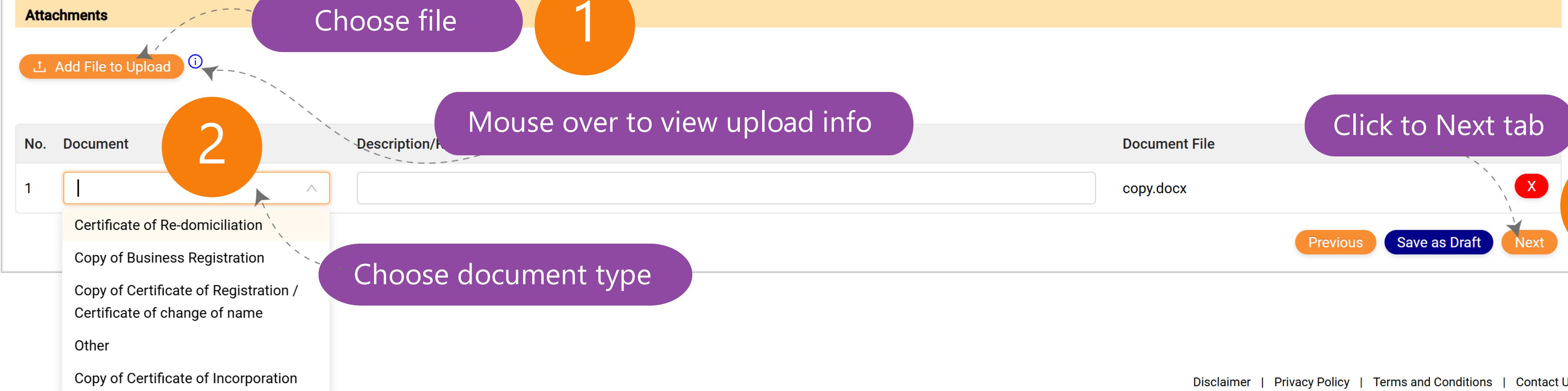
(Under Section 10(1)(f), 22(1)(a) or 67(2)(g)/(gc) of The Occupational Retirement Schemes Ordinance)

[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) 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.



The diagram illustrates the user flow for the Declaration Tab of the eForm ORS8. It shows three main steps: 1. Uploading a file, 2. Selecting a document type, and 3. Navigating to the next tab.

Step 1: Choose file (Orange circle 1) - A purple callout points to the 'Choose file' button. A dashed arrow points from the 'Add File to Upload' button to the 'Choose file' button.

Step 2: Choose document type (Orange circle 2) - A purple callout points to the 'Choose document type' dropdown menu. A dashed arrow points from the 'Description/Ref.' field to the 'Choose document type' dropdown.

Step 3: Click to Next tab (Orange circle 3) - A purple callout points to the 'Click to Next tab' button. A dashed arrow points from the 'Next' button to the 'Click to Next tab' button.

Form Fields and Buttons:

- Attachments:** A table with columns 'No.', 'Document', and 'Document File'. It shows one entry: '1' (document type 'Certificate of Re-domiciliation'), 'copy.docx' (file name).
- Buttons:** 'Add File to Upload', 'Choose file', 'Description/Ref.', 'Document File', 'copy.docx', 'Previous', 'Save as Draft', 'Next' (with a red 'X' icon).
- Dropdown Menu:** 'Choose document type' with options: Certificate of Re-domiciliation, Copy of Business Registration, Copy of Certificate of Registration / Certificate of change of name, Other, Copy of Certificate of Incorporation.

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

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

No.	Document	Description/Remark	Document File
1			

2

Save a copy of data before submitting

3

Click to Submit

Previous

Save as PDF

Ready to Submit

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

- Submission 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.]

Click to disagree

ER & Scheme(s) 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
ER#1 SAMPLE COMPANY	ADM/ER	<input type="text"/>	<input type="text"/>

Agree, Sign and Submit Return

1 Fill user's Title or position

2 Click to agree

ORS9 eForm (Change of Administrator) Submission

- Scheme Tab

Notice Notes

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

[View PDF form reference](#)

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) : [View Notice and Notes and PICS](#)

(in Chinese, if any) :

(2) Registration no. of the Scheme : [SCHEME SAMPLE](#) ("Scheme")

[R000XXX\(X\)](#)

[Click to Next tab](#)

[Back](#) [Next](#)

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) Is there any change in the domicile of the Scheme as a result of the change of administrator?

Choose Yes/No

1

Yes No

(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) :

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.

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

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) :

Fill the name of the appointed person

1

(Insert surname first for individual)

2

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

Choose address type

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/Room

Floor

Block

Name of building

Street no.

Name of street

Name of district/city

Area code/postal code

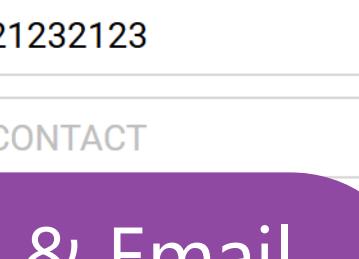
HONG KONG

3

Fill address detail

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):

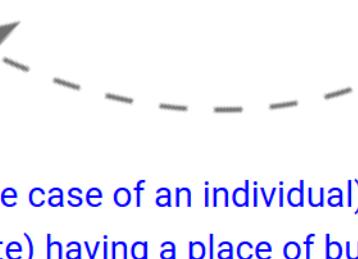
(g) Hong Kong Identity Card no./passport no.¹ (if the trustee does not possess Hong Kong Identity Card) :

(h) Effective date of appointment as trustee: 

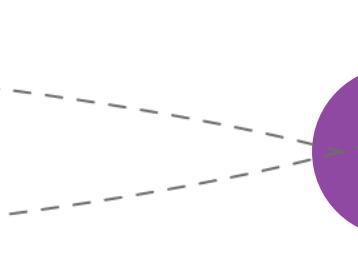
(i) The type of trustee as described under the governing rules of the scheme:

- 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 

Fill effective date 

Fill type & status of trustee 

Choose Yes/No 

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.

Choose the ceased person

7

Fill effective date

8

Previous Save as Draft Next

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:

Fill Either

Part 1 / Part 2

Or Both

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

Part1 + Part 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

3

Fill address detail

Street no.

Name of street

Hong Kong Kownloon N.T.

Name of district

1

Fill the name of the authorized insurer

2

Choose address type

3

Fill address detail

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:

Fill telephone & Email **4**

Fill effective date **5**

Choose the ceased insurer **6**

Fill effective date **7**

Previous **Save as Draft** **Next**

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

8 **Click to Next tab**

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)**

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

Part 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)

Fill the name of the appointed person

1

(b)

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

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)

Flat/Room

Floor

Block

Name of building

Street no.

Name of street

3

Fill address detail

Name of district/city

Area code/postal code

Name of region/country

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

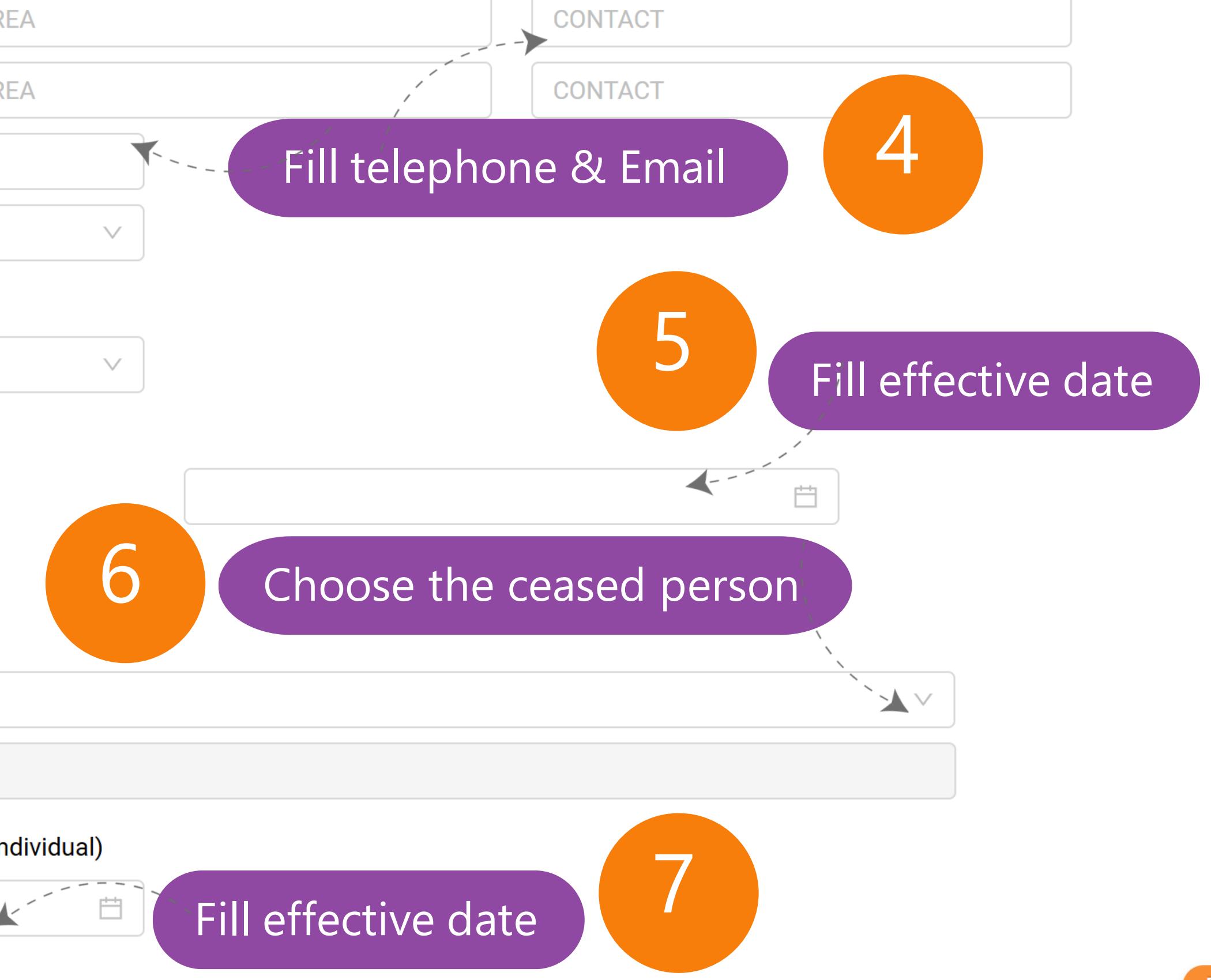
The following are particulars of the person who ceased to be the administrator of the Scheme:

(a) Name (in English):

(in Chinese) :

(b) Effective date of cessation as administrator: (Insert surname first for individual)

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



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8 Click to Next tab

ORS9 eForm (Change of Administrator) Submission

- Section V Tab

Notice

Notes

Personal Information Collection Statement

eFORM ORS-9

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)

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

1

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2

Click to Next tab

ORS9 eForm (Change of Administrator) Submission

- Declaration Tab

Notice Notes
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)

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

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

1 Choose file

2 Mouse over to view upload info

3 Click to Next tab

1 Add File to Upload

No. Document Description/Ref. Document File

No.	Document	Description/Ref.	Document File
1	Undertaking by designated person for schemes not participating in a pooling agreement		copy.docx

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

Previous Save as Draft Next

Disclaimer | Privacy Policy | Terms and Conditions | Contact Us

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			

Save a copy of data before submitting

1

Go back to tab if there is error

2

Click to Submit

3

Previous Save as PDF Ready to Submit

ORS9 eForm (Change of Administrator) Submission

- Submission Tab

Notice Notes eFORM ORS-9

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)

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

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

1 Fill user's Title or position

2 Click to agree

Agree, Sign and Submit Return

ORS11 eForm (Change of Representative ER) Submission

- Scheme Tab

Notice Notes

Personal Information Collection Statement

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) :

(in Chinese, if any) :

SAMPLE SCHEME

(the Scheme)

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

R000XXX(X)

(3) Name of the representative (in English) :
employer last reported to
the Registrar

(in Chinese, if any) :

SAMPLE COMPANY NAME

Click to Next tab

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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. : 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 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

Fill telephone & Email 3

Fill effective date 4

Previous Save as Draft Next

5 **Click to Submit**

ORS11 eForm (Change of Representative ER) Submission

- Declaration Tab

Notice Notes
Personal Information Collection Statement

**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](#)

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

1 Choose file

2 Mouse over to view upload info

3 Click to Next tab

1 Add File to Upload

No. Document Description/Remark Document File

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

Validation and Summary

Go back to tab if there is error

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

(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

Save a copy of data before submitting

3

Click to Submit

No.	Document	Description/Remark	Document File
1			

Previous Save as PDF Ready to Submit

ORS11 eForm (Change of Representative ER) Submission

- Submission Tab

Notice

Notes

Personal Information Collection Statement

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

Outgoing Representative Employer

ER#1 STEVE HUI TEST SIT AND COMPANY, HONG KONG

Incoming Representative Employer

ER#1 SAMPLE COMPANY

Name of authorized signatory (in English)

ADM/ER

Title or position



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

Click to disagree

[Waiting for agreement]

Fill user's Title or position

1

Click to agree

2

Other Submission

– New eForm/Reporting



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

Other Submission > New eForm/Reporting

New eForm/Reporting

Type of Submission Item:

2

Select MMB Reporting

eForm/Reporting Draft and Submission History

New eForm/Reporting

1

Create MMB Reporting

3

Close

Create

Other Submission

– eForm/Reporting Draft and Submission History



General Information AR Submission Notification of Changes Other Submission Account Management

中文

Other Submission > eForm/Reporting Draft and Submission History

eForm/Reporting Draft and Submission History

1

eForm/Reporting Draft and Submission History

New eForm/Reporting

eForm/Reporting No. :

Type of Submission Item:

Status:

Last Modified Date (From):

Select MMB Reporting

2.1

Input corresponding search criteria to search

Last Modified Date (To):

Submission Date (To):

New eForm/Reporting Search Reset

2.2

eForm/Reporting No. Type of Submission Item Status

Last Modified Date and Time Submission Date and Time

4

Details

MMBYYMM0000

MMB Reporting

Draft

DD-MM-YYYY hh:mm:ss

DD-MM-YYYY hh:mm:ss

View / Edit

Delete Draft

Corresponding result will be shown

Select corresponding record to upload MMB Reporting

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
Item :

MMB Reporting

5

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

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

Upload the prepared excel file of MMB Reporting

Back

Save as Draft

Validate

Next

MMB Reporting Submission



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

eForm/Reporting No. : MMBYYMM0000 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: MMBReportUpload.xlsx X

Exception Report: MMB_Report_records_Exception.xlsx

Reporting records for verification:

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

Review the exception report if any

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 AR Submission Notification of Changes Other Submission Account Management [中文](#)

eForm/Reporting No. :	MMBYYMM0000	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: [MMBReportUpload.xlsx](#)

Exception Report: [MMB_Report_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

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MMB Reporting Submission



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

eForm/Reporting No. : MMBYYMM0000 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.: MMBYYMM0000) 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: [MMBReportUpload.xlsx](#)

Exception Report: [MMB_Report_records_Exception.xlsx](#)

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

1/3

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

Show the submission date and time for reference

Reporting records for verification:

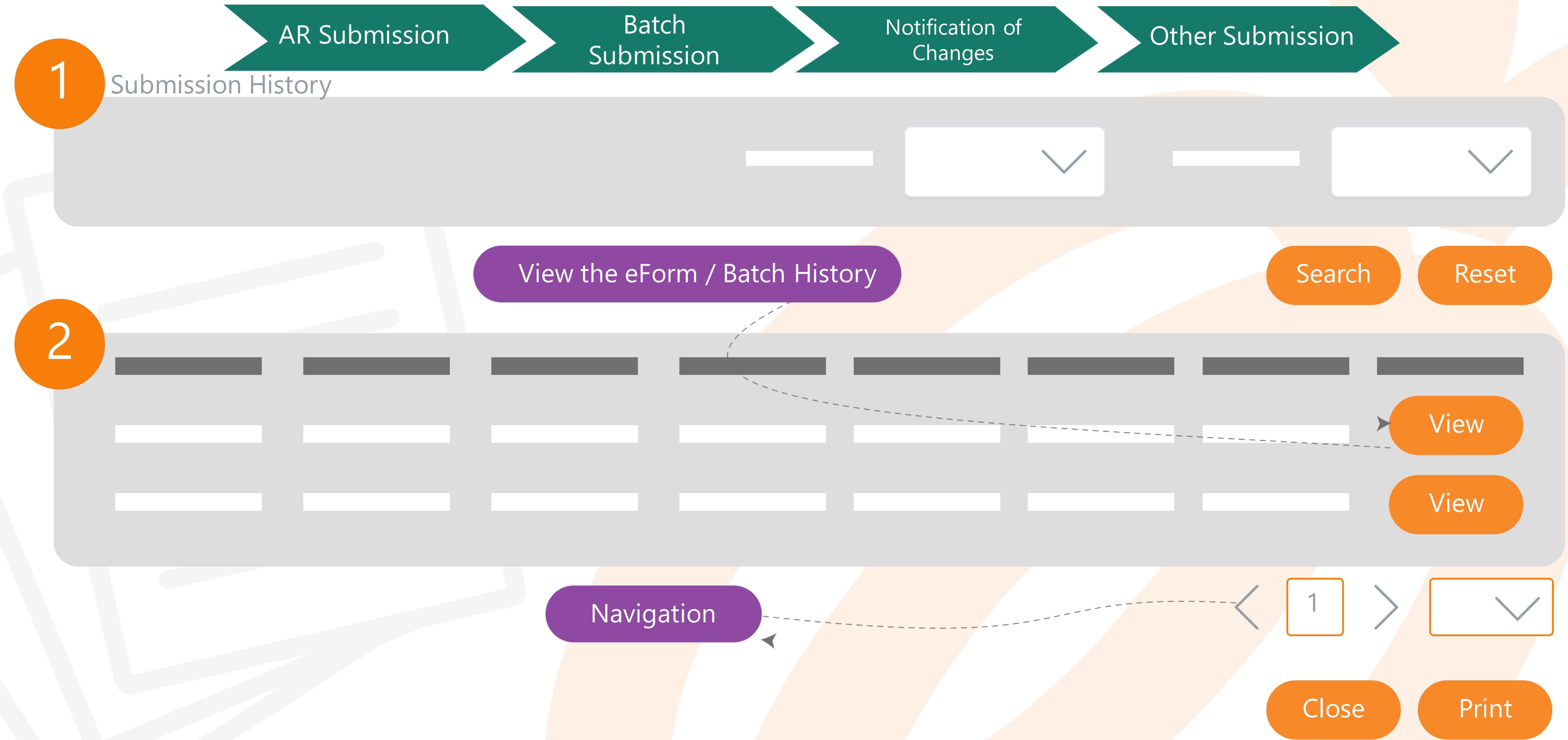
Item No.	Record Status
1	Submitted
2	Not Submitted
3	Not Submitted

Remarks:

REMARKS WRITE SOMETHING

Save as PDF

Submission History



Submission History Detail

3

Submission History Detail