FORM TI

# MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP 485) (the Ordinance)

# **APPLICATION FOR APPROVAL AS TRUSTEE** (for applicant who is a natural person)

| NOT  | vec.                                                                                                                                                                                                                               |                                  |  |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--|
| NOT  | ES:                                                                                                                                                                                                                                |                                  |  |
| (1)  | The applicant making an application for approval as trustee should read the Guidelines on Application for Approval as Trustees and Application for Approval as Controllers of Approved Trustees before submitting the application. |                                  |  |
| (2)  | Please read the Notes on Personal Information Collection before completing this Form.                                                                                                                                              |                                  |  |
| (3)  | All questions must be answered. If any question is not applicable, please write "N.A.".                                                                                                                                            |                                  |  |
| (4)  | Please provide any other information which may assist the Mandatory Provident Fund Schemes Authority (the Authority) in reaching a decision on the application if necessary.                                                       |                                  |  |
| (5)  | If boxes are provided, please                                                                                                                                                                                                      | e tick whichever is appropriate. |  |
| (6)  | * means delete whichever is inappropriate.                                                                                                                                                                                         |                                  |  |
|      |                                                                                                                                                                                                                                    |                                  |  |
|      | FOR                                                                                                                                                                                                                                | R OFFICIAL USE ONLY              |  |
| App  | lication no.:                                                                                                                                                                                                                      | Date application received:       |  |
| Fee  | receipt no.:                                                                                                                                                                                                                       | Subject officer:                 |  |
| Date | of fee receipt:                                                                                                                                                                                                                    | Input officer:                   |  |
| _    | e of letter of                                                                                                                                                                                                                     | Verification<br>officer:         |  |

### SECTION I - PARTICULARS OF THE APPLICANT

| (1)  | Surname (in English)                                             |         |
|------|------------------------------------------------------------------|---------|
| (2)  | Forenames (in English)                                           |         |
| (3)  | Name in Chinese (if any)                                         |         |
| (4)  | Name in Chinese Commercial Code (if any)                         |         |
| (5)  | Any previous name(s) by which you have been known                |         |
| (6)  | Hong Kong Identity Card/Passport<br>No.*                         |         |
| (7)  | Date of birth (DD/MM/YYYY)                                       |         |
| (8)  | Place of birth                                                   |         |
| (9)  | Nationality                                                      |         |
| (10) | Are you a public officer?                                        | Yes/No* |
| (11) | Your residential address                                         |         |
| (12) | Your previous residential addressees during the last three years |         |
| (13) | Telephone number and fax number                                  |         |
| (14) | Do you ordinarily reside in Hong Kong?                           | Yes/No* |
| (15) | Period of residence in Hong Kong (in years)                      |         |

### SECTION II - EDUCATIONAL BACKGROUND AND EMPLOYMENT HISTORY OF THE APPLICANT

(1) Please state your professional, academic, technical or other qualifications and the years in which they were obtained.

| Professional and academic qualifications | Issuing institutions | Dates obtained |
|------------------------------------------|----------------------|----------------|
|                                          |                      |                |
|                                          |                      |                |
|                                          |                      |                |
|                                          |                      |                |
|                                          |                      |                |
|                                          |                      |                |
|                                          |                      |                |

(2) Present occupation or employment and occupations and employment during the last 10 years, including the name of employer, the nature of the business, the position held and relevant dates.

| Details of employment |                                                             | 1<br>(Present<br>employment) | 2 | 3 |
|-----------------------|-------------------------------------------------------------|------------------------------|---|---|
| (A)                   | Name of employer/<br>corporation                            |                              |   |   |
| (B)                   | Principal business address                                  |                              |   |   |
| (C)                   | Nature of business                                          |                              |   |   |
| (D)                   | Capacity in which employed                                  |                              |   |   |
| (E)                   | Brief description of<br>your duties and<br>responsibilities |                              |   |   |
| (F)                   | Date of commencement of employment                          |                              |   |   |
| (G)                   | Date of termination of employment (if applicable)           | N.A.                         |   |   |
| (H)                   | Reasons for termination of employment                       | N.A.                         |   |   |

(3) The companies of which you have been appointed as a trustee to their retirement schemes at any time during the past 10 years, in Hong Kong or elsewhere.

| Details of appointment |                                                                                    | 1                                                    |                   | 2                  | 3                                            |  |
|------------------------|------------------------------------------------------------------------------------|------------------------------------------------------|-------------------|--------------------|----------------------------------------------|--|
| (A)                    | Name of company                                                                    |                                                      |                   |                    |                                              |  |
| (B)                    | Principal business address                                                         |                                                      |                   |                    |                                              |  |
| (C)                    | Nature of scheme<br>(defined benefit or<br>defined contribution)                   |                                                      |                   |                    |                                              |  |
| (D)                    | Approximate<br>number of scheme<br>members (if<br>available)                       | <100 □<br>100-499 □<br>500-999 □<br>≥1000 □<br>as at | 100<br>500<br>≥10 | )-499 [<br>)-999 [ | <100<br>100-499<br>500-999<br>≥1000<br>as at |  |
| (E)                    | Approximate size of<br>scheme assets (to the<br>nearest million) (if<br>available) | \$<br>as at                                          |                   | at                 | \$<br>as at                                  |  |
| (F)                    | Appointed as member trustee, employer trustee or independent trustee?              |                                                      |                   |                    |                                              |  |
| (G)                    | Date of appointment                                                                |                                                      |                   |                    |                                              |  |
| (H)                    | Date of retiring                                                                   |                                                      |                   |                    |                                              |  |
| (I)                    | Reasons for retiring                                                               |                                                      |                   |                    |                                              |  |

# SECTION III - DISCIPLINARY AND CONVICTION HISTORY, AND FINANCIAL STATUS

| (1) | (Cap 136), to be of unsound mind and incapable of managing your affairs?                                                                                                                                                                                                                       |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | Yes/No*                                                                                                                                                                                                                                                                                        |
| (2) | Have you ever been convicted of any offence (other than a traffic offence) or are you the subject of unresolved charges, in Hong Kong or elsewhere? Yes/No*                                                                                                                                    |
|     | If yes, please provide the following information:                                                                                                                                                                                                                                              |
|     | Nature of offence:                                                                                                                                                                                                                                                                             |
|     | Penalty imposed (if any):                                                                                                                                                                                                                                                                      |
|     | Date of conviction or trial:                                                                                                                                                                                                                                                                   |
|     | Name and place of court in which the offence was tried:                                                                                                                                                                                                                                        |
|     | Court reference (if any):                                                                                                                                                                                                                                                                      |
| (3) | Have you ever been a party to any civil litigation, other than arising from a traffic accident, in Hong Kong or elsewhere?  Yes/No*  If yes, please provide the following information:  Name of plaintiff, defendant and third party (if any):  Nature of litigation and outcome (with dates): |
|     | Name and place of court where proceedings commenced:                                                                                                                                                                                                                                           |
| (4) | Other than those listed under question (3), if any, have you ever been, or are you presently, or do you expect to be engaged in any litigation in Hong Kong or elsewhere?  Yes/No*                                                                                                             |
|     | If yes, please provide the following information:                                                                                                                                                                                                                                              |
|     | Name of the parties involved:                                                                                                                                                                                                                                                                  |
|     | Date and place of litigation:                                                                                                                                                                                                                                                                  |
|     | Nature of litigation:                                                                                                                                                                                                                                                                          |
|     |                                                                                                                                                                                                                                                                                                |

| (5) | Have you, in Hong Kong or elsewhere, ever been dismissed from any office or position, subject to disciplinary proceedings or barred from entry to any profession or occupation? Yes/No*                               |  |  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|     | If yes, please provide the following information:                                                                                                                                                                     |  |  |
|     | Name of the organization taking action:                                                                                                                                                                               |  |  |
|     | Nature of the action taken/proceedings:                                                                                                                                                                               |  |  |
|     | Outcome (if applicable):                                                                                                                                                                                              |  |  |
|     | Date of action/proceedings:                                                                                                                                                                                           |  |  |
|     | Reason for action/proceedings:                                                                                                                                                                                        |  |  |
| (6) | Have you ever been refused the right or restricted in the right to carry on any trade, business or profession for which a specific licence, registration or other authority is required by law in any place?  Yes/No* |  |  |
|     | If yes, please provide the following information:                                                                                                                                                                     |  |  |
|     | Name of the organization:                                                                                                                                                                                             |  |  |
|     | Address of the organization:                                                                                                                                                                                          |  |  |
|     | Action taken by the organization:                                                                                                                                                                                     |  |  |
|     | Date of such action:                                                                                                                                                                                                  |  |  |
|     | Reason for such action:                                                                                                                                                                                               |  |  |
| (7) | Have you ever been disqualified, censured or disciplined by any professional body or by any regulatory body in Hong Kong or elsewhere? Yes/No*                                                                        |  |  |
|     | If yes, please provide the following information:                                                                                                                                                                     |  |  |
|     | Name of the organization taking disciplinary action:                                                                                                                                                                  |  |  |
|     | Nature of the disciplinary action:                                                                                                                                                                                    |  |  |
|     | Outcome (if applicable):                                                                                                                                                                                              |  |  |
|     | Date of disciplinary action:                                                                                                                                                                                          |  |  |
|     | Reason for disciplinary action:                                                                                                                                                                                       |  |  |
|     |                                                                                                                                                                                                                       |  |  |

| (8)  | Have you ever been disqualified by a court of competent jurisdiction from being a trustee or a controller of a company? Yes/No*                                                                                                                                                             |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      | If yes, please provide the following information:                                                                                                                                                                                                                                           |
|      | Name and place of court:                                                                                                                                                                                                                                                                    |
|      | Reason for disqualification (with dates):                                                                                                                                                                                                                                                   |
| (9)  | Do you have any record of non-compliance with any non-statutory codes or guidelines promulgated by any regulator in Hong Kong or any relevant overseas authority?  Yes/No*                                                                                                                  |
|      | If yes, please provide the following information:                                                                                                                                                                                                                                           |
|      | Name and place of regulatory/authority:                                                                                                                                                                                                                                                     |
|      | Details of non-compliance (with dates):                                                                                                                                                                                                                                                     |
| (10) | Have you ever failed to meet any judgement debts, judgements or courts orders for the payment of damages, or other sums of money, in Hong Kong or elsewhere, outstanding against you?  Yes/No*                                                                                              |
|      | If yes, please provide the following information:                                                                                                                                                                                                                                           |
|      | Current status:                                                                                                                                                                                                                                                                             |
|      | Outcome:                                                                                                                                                                                                                                                                                    |
|      | Amount involved:                                                                                                                                                                                                                                                                            |
|      |                                                                                                                                                                                                                                                                                             |
| (11) | Have you ever been adjudicated bankrupt by a court or are you currently subject to bankruptcy proceedings or a bankrupt who has been discharged; or have you ever entered into any scheme of arrangement or any form of composition with the creditors, in Hong Kong or elsewhere?  Yes/No* |
|      | If yes, please provide the following information:                                                                                                                                                                                                                                           |
|      | Name and place of adjudication:                                                                                                                                                                                                                                                             |
|      | Court of adjudication:                                                                                                                                                                                                                                                                      |
|      | If discharged, the date of discharge and conditions (if any):                                                                                                                                                                                                                               |

Have you, as a controller, ever been concerned with a body corporate, partnership or

(12)

| `    | adjudicated bankrupt by a court or wadministrator appointed, or was the subject or by any professional body, association | wound up (other than voluntary dissolution), vas otherwise insolvent or had a receiver or ect of any investigation by inspector, the police, in, disciplinary tribunal or inspector appointed gulatory body in relation to any of its businesses Yes/No* |
|------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      | If yes, please provide the following info                                                                                | ormation:                                                                                                                                                                                                                                                |
|      | Name of the body corporate/<br>partnership/unincorporated institution:                                                   |                                                                                                                                                                                                                                                          |
|      | Date of event:                                                                                                           |                                                                                                                                                                                                                                                          |
|      | Details of event:                                                                                                        |                                                                                                                                                                                                                                                          |
|      |                                                                                                                          |                                                                                                                                                                                                                                                          |
|      | Name of the organization undertaking investigation:                                                                      |                                                                                                                                                                                                                                                          |
|      | Nature of investigation:                                                                                                 |                                                                                                                                                                                                                                                          |
|      |                                                                                                                          |                                                                                                                                                                                                                                                          |
|      | Summary of findings (with dates):                                                                                        |                                                                                                                                                                                                                                                          |
|      |                                                                                                                          |                                                                                                                                                                                                                                                          |
| (13) | unincorporated institution which wa<br>disciplined or reprimanded by, or de                                              | oncerned with a body corporate, partnership or as convicted of any offence; or censured, enied or disqualified from membership of, a authorization or registration or similar type of ded or revoked by a regulatory body?  Yes/No*                      |
|      | If yes, please provide the following info                                                                                | ormation:                                                                                                                                                                                                                                                |
|      | Name of the body corporate/<br>partnership/unincorporated institution:                                                   |                                                                                                                                                                                                                                                          |
|      | Nature and date of event:                                                                                                |                                                                                                                                                                                                                                                          |
|      |                                                                                                                          |                                                                                                                                                                                                                                                          |
|      | Details of event:                                                                                                        |                                                                                                                                                                                                                                                          |
|      |                                                                                                                          |                                                                                                                                                                                                                                                          |
|      | Name of the court/body:                                                                                                  |                                                                                                                                                                                                                                                          |
|      |                                                                                                                          |                                                                                                                                                                                                                                                          |

#### **SECTION IV - DETAILS OF APPOINTMENT**

| (1) | Propos | sed appointment                                                                      |         |
|-----|--------|--------------------------------------------------------------------------------------|---------|
|     | (A)    | Name of scheme:                                                                      |         |
|     | (B)    | Name of employer:                                                                    |         |
|     | (C)    | Business address of employer:                                                        |         |
|     |        |                                                                                      |         |
|     | (D)    | Telephone number of employer:                                                        |         |
|     | (E)    | Fax number of employer:                                                              |         |
|     | (F)    | Proposed date of appointment:                                                        |         |
|     | (G)    | Is the applicant to act as an independent trustee of the scheme:                     | Yes/No* |
|     | (H)    | Is the applicant an employee of the employer of the scheme:                          | Yes/No* |
|     | (I)    | Has an application in respect of the scheme registration been made to the Authority: | Yes/No* |
|     |        | If yes, please state:                                                                |         |
|     |        | Date of application:                                                                 |         |
|     |        | Application no.:                                                                     |         |

#### SECTION V - DOCUMENTS TO BE ATTACHED

|     | Documents                                                                            | Attachment No. |
|-----|--------------------------------------------------------------------------------------|----------------|
| (1) | An undertaking to the Authority in compliance with section 20(6)(b) of the Ordinance |                |
| (2) | Evidence of performance guarantee entered into/proposed to enter into, if available  |                |

#### **SECTION VI - DECLARATION**

I certify that I have read the Notes on Personal Information Collection and understand my rights and obligations in relation to the supply of personal data to the Authority and the manner in which the Authority may use or deal with the data.

I declare that to the best of my knowledge and belief, the information given in this application form is correct and complete. +

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

I undertake to notify the Authority of any matter which affects the validity of any information given in support of our application.

After the application is approved, I undertake to notify the Authority of any material changes to, or affecting the completeness or accuracy of, the information provided in this Form and any documents in relation to the application as soon as possible.

| Name of applicant:                |                                                                         |                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                   |                                                                         |                                                                                                                                                                                                                                                                                                                  |
| Signature:                        |                                                                         |                                                                                                                                                                                                                                                                                                                  |
| Date of applic                    | cation:                                                                 |                                                                                                                                                                                                                                                                                                                  |
| <b>→</b> Warning:                 | of one year's imprisonment<br>years' imprisonment<br>person who makes a | Ordinance makes it an offence punishable with a maximum onment and a fine of \$100,000 on the first occasion and two a and a fine of \$200,000 on each subsequent occasion for a statement that the person knows to be false or misleading act, or recklessly makes a statement which is false or erial respect. |
| Name and tele<br>this application | -                                                                       | tact person for the Authority's enquiries in connection with                                                                                                                                                                                                                                                     |
|                                   | Na                                                                      | ame:                                                                                                                                                                                                                                                                                                             |
|                                   | Te                                                                      | elephone no.:                                                                                                                                                                                                                                                                                                    |