

FORM S(E)

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

APPLICATION FOR REGISTRATION OF EMPLOYER SPONSORED SCHEME

**(PART B)
(INFORMATION RELATING TO THE EMPLOYER SPONSORING,
AND EMPLOYERS PARTICIPATING IN, THE SCHEME)**

NOTES:

- (1) *This Form must be completed by the employer sponsoring the Scheme to which this application for registration relates.*
- (2) *All questions must be answered. If any question is not applicable, please write "N.A."*
- (3) *If boxes are provided, please tick whichever is appropriate.*
- (4) ** means delete whichever is inappropriate.*

FOR OFFICIAL USE ONLY

Application no.: _____ **Date application received:** _____

Subject officer: _____ **Input officer:** _____

SECTION I - THE SCHEME

- (1) Name of the Scheme
(in English): _____

(in Chinese): _____
- (2) No. of employer(s) (including the employer sponsoring the Scheme) that will participate in the Scheme: _____

SECTION II - THE EMPLOYER SPONSORING THE SCHEME (THE EMPLOYER)

- (1) Name of the Employer
(in English): _____

(in Chinese, if any): _____

- (2) Address (Registered office in Hong Kong/Principal place of business in Hong Kong*):

Flat/Room	Floor	Block	Name of building
Street no.		Name of street	
			<i>Hong Kong/Kowloon/New Territories*</i>
Name of district			

Telephone no.: _____ Fax no.: _____

- (3) Business registration no. in Hong Kong (if any): _____

- (4) (For employer without business registration no.)

(A) Has the Employer registered with the government bureau or any of the government departments listed in (B) below? Yes No

(B) If "yes", please tick against the name of the relevant government bureau and departments and state the relevant registration no. with them, if any. More than one tick is possible, if appropriate. Registration no.

Inland Revenue Department

– in respect of charitable organizations

Societies Office of the Hong Kong Police Force

– in respect of societies

Education Bureau

Registry of Trade Unions of the Labour
Department

SECTION III - THE EMPLOYER(S) PARTICIPATING IN THE SCHEME

(1) (A) Is the employer sponsoring the Scheme a company?

Yes No

(B) (If the answer to (A) is “yes”) Does the Employer have one or more associated companies?

Yes No

(C) (If the answer to (B) is “yes”) Will the Scheme be participated by the relevant employee(s) of the associated companies as member(s)?

Yes No

(D) (If the answer to (C) is “yes”) Please state the no. of associated companies which will participate in the Scheme and give particulars of each of the associated companies as requested in (b)-(d) below:

(a) No. of associated companies that will participate in the Scheme: _____

(b) Name of the associated company (in English): _____

(in Chinese, if any): _____

(c) Address (Registered office in Hong Kong/Principal place of business in Hong Kong*):

Flat/Room	Floor	Block	Name of building

Street no.	Name of street

	<i>Hong Kong/Kowloon/New Territories*</i>
Name of district	

Telephone no.: _____ Fax no.: _____

(d) Business registration no. in Hong Kong (if any): _____

SECTION IV - DOCUMENT TO BE ATTACHED

- | | <u>Yes</u> | <u>Not
Applicable</u> |
|--|--------------------------|---------------------------|
| (1) <i>(If the associated companies of the employer sponsoring the Scheme will also participate in the Scheme)</i>
A copy of organizational chart showing the relationship between the employer sponsoring the Scheme and its associated companies. | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION V - DECLARATION

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

We certify that the document attached to this Form is a true and correct copy.

We undertake to notify the Mandatory Provident Fund Schemes Authority (the Authority) of any matter which affects the validity of any information given in support of this application.

After the application is approved, we 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 the Employer:

Signature and company chop (if any):

Name of person(s) signing:

Title or position of person(s) signing:

✦ **Warning:** Section 43E of the Ordinance makes it an offence punishable with a maximum of one year's imprisonment and a fine of \$100,000 on the first occasion and two years' imprisonment and a fine of \$200,000 on each subsequent occasion for a person who makes a statement that the person knows to be false or misleading in a material respect, or recklessly makes a statement which is false or misleading in a material respect.

Name and telephone no. of the contact person for the Authority's enquiries in connection with this application:

Name:

Telephone no.:
