FORM S(T)

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

APPLICATION FOR REGISTRATION OF SCHEME

(PART C) (INFORMATION RELATING TO THE TRUSTEE OF THE SCHEME)

NOTES:

- (1) Please read the Notes on Personal Information Collection before completing this Form.
- (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 Scheme to which the trustee is appointed or proposed to be appointed:

SECTION II - PARTICULARS OF THE TRUSTEE

(1) Name of the trustee (in English):

(in Chinese, if any):

(2) Business registration number/ Hong Kong Identity Card No.*:

SECTION III - STATUS OF THE TRUSTEE

(1)	Is the trustee an approved trustee?	Yes	No
(\mathbf{a})	If $(1, \dots, (1), (1), (37,, 2), (1,,, (1),, (1))$		

- (2) If the answer to (1) is "Yes", please state the trustee approval no.:
- (3) If the answer to (1) is "No", has an application for approval as a trustee been submitted to the Mandatory Provident Fund Schemes Authority (the Authority)?
- (4) If the answer to (3) is "Yes", please state the application number and/or date of submission:
- (5) Is there in force, or have arrangements been made to enter into, adequate insurance in accordance with section 23(9) of the Mandatory Provident Fund Schemes (General) Regulation (the Regulation)?
- (6) If the answer to (5) is "Yes", is the insurance obtained from a person specified in section 6(1) of the Insurance Ordinance (Cap 41)? (If the answer to (6) is "No", please submit FORM EI in respect of the person.)

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ndatory ılation	Yes	No
ance on 6(1)		
nit	Yes	No

For trustee that is a *natural person* only:

- **1** + + f +1 . . (7) Is the trustee Scheme?
- (8) Is the trustee the Scheme?

For trustee that is a

- (9) Are you a co employee of the employer
- (10) Do you hold you hold any employer?
- Do you have (11) (financial or
 - (A) the er
 - (B) any c
 - (C) any a assoc that could af independent

(12)Are you an a

SECTION IV - DOCUMENTS TO BE ATTACHED

	Documents	Attachment No.
(1)	An undertaking by the trustee in accordance with section 21(8) of the Ordinance	
(2)	Evidence of adequate insurance in accordance with section 23(9) of the Regulation (if not yet submitted when making an application for approval as trustee)	
(3)	FORM EI if the insurance is not entered into with a person specified in section 6(1) of the Insurance Ordinance (Cap 41), if applicable	
(4)	(For individual trustee only) Evidence of performance guarantee in accordance with section 23(6) of the Regulation (if not yet submitted when making an application for approval as trustee)	

an independent trustee of the	Yes	No
e a member/prospective member of	Yes	No
an <i>independent trustee</i> only:		
ontroller, close relative, partner or the employer or of an associate of r?	Yes	No
any shares of the employer or do y shares of any associate of the	Yes	No
e any past or present association otherwise) with – mployer; or controller of the employer; or associate of the employer or any ciate of any such controller,		
fect the impartiality of your judgment?	Yes	No
auditor or actuary of the Scheme?	Yes	No

SECTION V - DECLARATION

*(For trustee who is a natural person) 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/We* declare that myself/ourselves*, the custodian and the delegates of the custodians appointed or to be appointed are/will be independent from the investment manager appointed in respect of the Scheme and of all the delegates of the investment manager.

I/We* declare that to the best of my/our* knowledge and belief, the information given in this Form is correct and complete. +

I/We* certify that the documents attached to this Form are true and correct copies.

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

After the application is approved, I/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 trust	ee:		
•	d company chop) by two directors if the mpany):		
Name of pers	on(s) signing:		
Title or positi	on of person(s) signing:		
Date:			
✦ Warning:	of one year's imprison years' imprisonment ar	inance makes it an offence puncture and a fine of \$100,000 or and a fine of \$200,000 on each	n the first occasion and two a subsequent occasion for a

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.: