

**FORM S(C)**

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

**APPLICATION FOR REGISTRATION OF SCHEME  
(PART D)  
(INFORMATION RELATING TO THE CUSTODIAN  
OF THE ASSETS OF THE SCHEME)**

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**NOTES :**

- (1) *Please read the Guidelines on Custodians before completing the 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.*
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**FOR OFFICIAL USE ONLY**

**Application no.:** \_\_\_\_\_ **Date application received:** \_\_\_\_\_

**Subject officer:** \_\_\_\_\_ **Input officer:** \_\_\_\_\_

**SECTION I - PARTICULARS OF THE SCHEME**

- (1) Name of the Scheme to which the custodian\*\* is appointed or proposed to be appointed: \_\_\_\_\_

**SECTION II - PARTICULARS OF THE CUSTODIAN**

- (1) Name of the custodian (in English): \_\_\_\_\_

(in Chinese, if any): \_\_\_\_\_

- (2) Date of incorporation:

Day		Month		Year			

- (3) Place of incorporation: \_\_\_\_\_

- (4) Registered office:

Flat/Room	Floor	Block	Name of building
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Street no.	Name of street
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Name of district/city/province	Area code/Postal code
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Name of region/country
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Telephone no.: (\_\_\_\_) \_\_\_\_\_ Fax no.: (\_\_\_\_) \_\_\_\_\_

\*\* For the purpose of this Form, “custodian”, in relation to the assets of a registered scheme, means the person appointed by the approved trustee as a custodian of the assets of the scheme but does not include sub-custodians appointed by the trustee or the custodian.

- (5) Address where the business is carried out in Hong Kong (if not the same as the registered office):

Flat/Room	Floor	Block	Name of building

Street no.	Name of street

Name of district	

<i>Hong Kong/Kowloon/New Territories*</i>
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Telephone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

- (6) Address where day to day business activities are conducted (if not the same as (5)):

Flat/Room	Floor	Block	Name of building

Street no.	Name of street

Name of district/city/province	Area code/Postal code

Name of region/country

Telephone no.: (\_\_\_\_) \_\_\_\_\_ Fax no. : (\_\_\_\_) \_\_\_\_\_

- (7) Financial year end date:

Day	Month		

**SECTION III - CAPITAL ADEQUACY**

(1) Nature of the custodian:

(A) Authorized financial institution in Hong Kong (B) Registered Trust Company (RTC) in Hong Kong 

(2) Capital adequacy of the custodian: (please state the currency used)

(A) Paid up share capital \*\*: \_\_\_\_\_

(B) Net asset value \*\*: \_\_\_\_\_

(C) Date of valuation: \_\_\_\_\_

\*\* *If the custodian is an RTC with paid up capital or net assets value of less than HK\$150 million, please also complete (3) and (4) below.*

(3) Nature of the company that provides continuous financial support to the custodian (if applicable):

(A) RTC in Hong Kong (B) Authorized financial institution in Hong Kong (C) Authorized insurer in Hong Kong (D) Overseas trust company \*\*  Approving authority: \_\_\_\_\_(E) Overseas bank \*\*  Approving authority: \_\_\_\_\_(F) Overseas insurer \*\*  Approving authority: \_\_\_\_\_

\*\* *Please also complete 5(G) and 5(H) with regard to the approving authority and the company's credit rating.*

(4) Capital adequacy of the company that provides continuous financial support to the custodian (if applicable) (please state the currency used)

(A) Paid up share capital: \_\_\_\_\_

(B) Net asset value: \_\_\_\_\_

(C) Date of valuation: \_\_\_\_\_

(5) Particulars of the company that provides continuous financial support to the custodian (if applicable)

(A) Name of the Company  
(in English): \_\_\_\_\_

(in Chinese, if any): \_\_\_\_\_

(B) Date of incorporation: 

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Day Month Year

(C) Place of incorporation: \_\_\_\_\_

(D) Registration number under Part XI of the predecessor Ordinance (as defined in the Companies Ordinance (Cap 622)) or Part 16 of the Companies Ordinance (Cap 622) (if any): \_\_\_\_\_

(E) Financial year end date: 

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Day Month

(F) Relationship with the custodian (please attach a group chart showing the relationship):  
\_\_\_\_\_

(G) Particulars of the approving authority stated under (3)(D), (3)(E) or (3)(F):

(a) Address

Flat/Room	Floor	Block	Name of building
Street no.		Name of street	
Name of district/city/province			Area code/Postal code
Name of region/country			

Telephone no.: (\_\_\_\_) \_\_\_\_\_ Fax no.: (\_\_\_\_) \_\_\_\_\_

- (b) Type of licence, registration, authorization, or permit issued to the company by the approving authority and date of issue:

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Day    Month    Year

- (H) Credit rating of the company that provides continuous financial support to the custodian if either (3)(D), (3)(E) or (3)(F) is applicable:

(a) Current credit rating of the company: \_\_\_\_\_

(b) Name of credit rating agency: \_\_\_\_\_

(c) Date when the credit rating was given: \_\_\_\_\_

#### SECTION IV - DOCUMENTS TO BE ATTACHED

	<b>Documents</b>	<b>Attachment No.</b>
(1)	A copy of certificate of incorporation of the custodian	
(2)	A copy of the audited financial statements for the last three years of the custodian or since its incorporation if it has been incorporated for less than three years	
(3)	A copy of certificate of incorporation/registration with overseas authority in respect of the company that provides continuous financial support to the custodian, if applicable	
(4)	A copy of the audited financial statements for the last three years of the company that provides continuous financial support to the custodian or since its incorporation if it has been incorporated for less than three years, if applicable	
(5)	Group chart showing the relationship (with percentage of shareholding) between the custodian and the company that provide continuous financial support to the custodian, if applicable	
(6)	An undertaking to the Mandatory Provident Fund Schemes Authority (the Authority) by the company that provides continuous financial support to the custodian in accordance with section 68(5) of the Mandatory Provident Fund Schemes (General) Regulation, if applicable	

**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 documents attached to this Form are true and correct copies.

We 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, 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 custodian:

\_\_\_\_\_  
\_\_\_\_\_

Signature and company chop  
(to be signed by two directors):

\_\_\_\_\_

Name of persons signing:

\_\_\_\_\_

Title or position of persons signing:

\_\_\_\_\_

Date:

\_\_\_\_\_

✦ **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.: \_\_\_\_\_