

**FORM EI**

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

**INFORMATION REQUIRED FOR ASSESSING  
THE ELIGIBILITY OF AN INSURER**

**(for person who is not a person specified in section 6(1)  
of the Insurance Ordinance (Cap 41))**

*Section 8 of the Mandatory Provident Fund Schemes (General) Regulation (Cap 485A)*

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**NOTES:**

- (1) The applicant making an application for assessment of the eligibility of an insurer should read the Guidelines on Eligible Insurers before submitting the application.*
- (2) Please read the Personal Information Collection Statement before completing this application form.*
- (3) It is obligatory for you to supply all the information, including personal data, requested in this application form. If any item is not applicable, please write "N.A.". Failure to provide the requested information, including personal data, may result in rejection or refusal of your application.*
- (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) \* means delete whichever is inappropriate.*

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**FOR OFFICIAL USE ONLY**

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

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

**SECTION I - THE INSURER**

(1) Name of the insurer (in English): \_\_\_\_\_

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

(2) Date of incorporation: 

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Day      Month      Year

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

(4) 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): \_\_\_\_\_

(5) Financial year end date: 

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Day    Month

(6) Registered office:

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) If the indemnity insurance policy is intended to be issued by the insurer's branch/agency in a place other than the place of incorporation of the insurer, address of that branch/agency (hereinafter referred to "issuing office"):

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.: (\_\_\_\_) \_\_\_\_\_

- (8) Contact address in Hong Kong (if any):

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

Telephone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

## SECTION II-THE INSURANCE SUPERVISORY AUTHORITY

### PART A - INSURANCE SUPERVISORY AUTHORITY IN THE PLACE OF INCORPORATION OF THE INSURER

- (1) Name of the insurance supervisory authority: \_\_\_\_\_

- (2) Authorization/registration number with the authority: \_\_\_\_\_

- (3) Date of authorization/registration:

Day		Month		Year			

(4) Address of the insurance supervisory authority:

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.: (____) _____	

(5) Classes of insurance business for which the insurer is authorized:

\_\_\_\_\_

**PART B - INSURANCE SUPERVISORY AUTHORITY IN THE PLACE OF THE ISSUING OFFICE (IF APPLICABLE)**

(1) Name of the insurance supervisory authority: \_\_\_\_\_

(2) Authorization/registration number with the authority: \_\_\_\_\_

(3) Date of authorization/registration:

Day		Month		Year			

(4) Address of the insurance supervisory authority:

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.: (____) _____	

(5) Classes of insurance business for which the insurer is authorized:

\_\_\_\_\_

**SECTION III - FINANCIAL POSITION** (please state the currency used)

- (1) Paid up share capital: \_\_\_\_\_
- (2) Net asset value: \_\_\_\_\_
- (3) Date of valuation: \_\_\_\_\_

**SECTION IV - EXPERIENCE IN WRITING INDEMNITY INSURANCE \*\***

- (1) No. of years of experience in writing indemnity insurance by the insurer: \_\_\_\_\_
- (2) Types of indemnity insurance cover provided in the past three years (please briefly describe the cover): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (3) Volume of premium written and claims history in the past three years (please state the currency used):

	Year	Year	Year
(A) Gross premium			
(B) Net premium			
(C) Net premium earned			
(D) Net claims incurred			

\*\* *That is, indemnity insurance which covers risks similar to those prescribed under section 8(5) of the Mandatory Provident Fund Schemes (General) Regulation.*

**SECTION V - CREDIT RATING**

- (1) Credit rating of the insurer: \_\_\_\_\_
- (2) Name of credit rating agency: \_\_\_\_\_
- (3) Date when the credit rating was given: \_\_\_\_\_

**SECTION VI - FINANCIAL STATUS**

- (1) Has the insurer ever been a party to any civil litigation in Hong Kong or elsewhere? Yes/No\*

If yes, please provide the following information:

Name of plaintiff, defendant  
and third party (if any):

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Nature of litigation and  
outcome (with dates):

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Name and place of court where  
proceedings commenced:

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- (2) Other than those listed under question (1), if any, has the insurer ever been, or is the insurer presently, or does the insurer expect to be engaged in any litigation in Hong Kong or elsewhere? Yes/No\*

If yes, please provide the following information:

Name of parties involved:

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Date and place of litigation:

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Nature of litigation:

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- (3) Has the insurer ever, in Hong Kong or elsewhere, entered into any scheme of arrangement or any form of composition with its creditors? Yes/No\*

If yes, please provide the following information:

Details of arrangement or  
composition (with dates):

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- (4) Has a petition ever been presented for winding up the insurer? Yes/No\*

If yes, please provide the following information:

Date of such petition: \_\_\_\_\_

Current status: \_\_\_\_\_

Outcome: \_\_\_\_\_

Amount involved: \_\_\_\_\_

- (5) Has a receiver ever been appointed by the court or any creditor to manage the affairs of the insurer? Yes/No\*

If yes, please provide the following information:

Date of such appointment: \_\_\_\_\_

Current status: \_\_\_\_\_

Outcome: \_\_\_\_\_

Amount involved: \_\_\_\_\_

- (6) Has the insurer 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 it? Yes/No\*

If yes, please provide the following information:

Current status: \_\_\_\_\_

Outcome: \_\_\_\_\_

Amount involved: \_\_\_\_\_

**SECTION VII - DOCUMENTS TO BE ATTACHED**

<b>Documents</b>	<b>Attachment No.</b>
(1) A copy of the certificate of incorporation (or its equivalent) with a non-local authority in respect of the insurer	
(2) A copy of the certificate of registration with the Companies Registry in Hong Kong in respect of the insurer, if applicable	
(3) A copy of the audited financial statements (including directors' report, revenue account, profit and loss account and balance sheet of the insurer) for each of the last three financial years or since its incorporation if it has been incorporated for less than three years	
(4) A copy of the statement showing the amount by which the assets exceed liabilities (excluding liabilities in respect of capital and free reserves) at the date of application and how it is calculated	
(5) Copies of certifications/confirmations from the insurance supervisory authorities mentioned in Parts A and B of section II above stating: <ul style="list-style-type: none"> <li data-bbox="293 1072 1155 1182">(A) the class of insurance business for which the insurer is authorized to carry on in the place of its incorporation or issuing office;</li> <li data-bbox="293 1200 1155 1346">(B) whether, currently, or in the past ten years, the insurer is or has been subject to any conditions or requirements imposed on prudential grounds (e.g. restriction on premium income or investments) and if yes, the details</li> </ul>	



**SECTION VIII - DECLARATION**

We certify 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 Authority and the manner in which the Authority may use or deal with the data.

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

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

We undertake to notify the Authority of any matter which affects the validity of any information given in (or 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 application form and any documents in relation to the application as soon as possible.

Name of insurer:

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

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Name of persons signing:

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Title or position of persons signing:

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Date:

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✦ **Warning:** Section 43E of the Mandatory Provident Fund Schemes 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, in a document given to a prescribed person which means, the Authority, a system operator of an electronic MPF system, an approved trustee, a trustee of a relevant scheme, or an auditor of an approved trustee or of a registered scheme, in connection with that Ordinance, 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:

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Telephone no.:

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## MANDATORY PROVIDENT FUND SCHEMES AUTHORITY

### PERSONAL INFORMATION COLLECTION STATEMENT (PICS)

This PICS is made by the Mandatory Provident Fund Schemes Authority (the Authority) in accordance with the Personal Data (Privacy) Ordinance (Cap 486) (PDPO). You are advised to read this PICS carefully as it sets out your rights and obligations in relation to your personal data (as defined in the PDPO) and the manner in which the Authority may collect, use or deal with your personal data for the purposes specified below.

#### **Purpose of Collection and Use**

1. The personal data provided in (or in support of) this application for assessing the eligibility of an insurer under section 8(2)(b) of the Mandatory Provident Fund Schemes (General) Regulation (Cap 485A) (the Regulation) will be used and held by the Authority for one or more of the following purposes:
  - (i) exercising and performing the Authority's functions under the Mandatory Provident Fund Schemes Ordinance (Cap 485) (the Ordinance), including but not limited to:
    - (a) exercising and performing functions related to section 8(2)(b) of the Regulation of assessing an insurer's ability to meet its liability for the purposes of the Regulation; and
    - (b) ensuring compliance with the Ordinance;
  - (ii) enabling or assisting the Authority and other regulatory bodies/law enforcement agencies/government departments to perform functions under the Ordinance or their respective regimes including without limitation monitoring, surveillance, inspection, investigation, taking supervisory and/or enforcement actions, overseeing the operation of an electronic MPF system<sup>1</sup>, and/or conducting any legal, disciplinary or appeal proceedings, provided that such enablement or assistance by the Authority is subject to the Ordinance;
  - (iii) research and statistical purposes; and
  - (iv) other purposes as permitted or required by law.
2. It is obligatory for you to supply your personal data as requested in processing your submission of information for the Authority's assessment. Failure to supply the requested personal data may result in rejection or refusal of your submission by the Authority, and, in some circumstances, hindering the Authority from performing the assessment in accordance with section 8(2)(b) of the Regulation.

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<sup>1</sup> Electronic MPF system means an electronic system designated under section 19I(1) of the Ordinance.

### **Transfer of Personal Data**

3. The Authority may disclose or transfer your personal data held by the Authority to third parties including the bodies listed below for one or more of the purposes mentioned in paragraph 1 above or any directly related purposes, or in accordance with an order of a court or in accordance with a law or a requirement made under a law:
- (i) an approved trustee(s);
  - (ii) the system operator of an electronic MPF system;
  - (iii) the eMPF Platform Company Limited;
  - (iv) the Chief Executive;
  - (v) the Financial Secretary;
  - (vi) the Secretary for Justice;
  - (vii) the Registrar of Occupational Retirement Schemes;
  - (viii) the Insurance Authority;
  - (ix) the Hong Kong Monetary Authority;
  - (x) the Securities and Futures Commission;
  - (xi) the Commissioner of Inland Revenue;
  - (xii) the Privacy Commissioner for Personal Data;
  - (xiii) the Ombudsman;
  - (xiv) the Registrar of Companies;
  - (xv) the Accounting and Financial Reporting Council established under the Accounting and Financial Reporting Council Ordinance (Cap 588);
  - (xvi) the Official Receiver appointed under the Bankruptcy Ordinance (Cap 6);
  - (xvii) a liquidator appointed under the pre-amended Ordinance (as defined in the Companies (Winding Up and Miscellaneous Provisions) Ordinance (Cap 32)) or the Companies (Winding Up and Miscellaneous Provisions) Ordinance (Cap 32);
  - (xviii) the Hong Kong Police Force;
  - (xix) any relevant courts, panels, tribunals and committees; and
  - (xx) other law enforcement agencies, government departments or regulatory bodies.

### **Access to Personal Data**

4. You are entitled under the PDPO to ascertain whether the Authority holds any of your personal data, and to request access to and/or correction of them, in the manner and subject to the limitations as set out in the PDPO. The Authority has the right to charge a fee as permitted under the PDPO for processing any data access request, which fee shall not be excessive. All enquiries should be directed to:

Personal Data Privacy Officer  
Mandatory Provident Fund Schemes Authority  
Level 12, Tower 1, The Millennity  
98 How Ming Street, Kwun Tong  
Hong Kong

5. The Authority's Privacy Policy Statement is available on the Authority's website at <https://www.mpfa.org.hk/en/privacy-policy>.