

**FORM PF(I)**

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

**APPLICATION FOR APPROVAL OF POOLED INVESTMENT FUND**

**(PART C)  
(INFORMATION RELATING TO THE AUTHORIZED INSURER  
OF THE POOLED INVESTMENT FUND)**

*Section 6 of the Mandatory Provident Fund Schemes (General) Regulation (Cap 485A)*

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**NOTES:**

- (1) *This form must be completed by the authorized insurer of the pooled investment fund.*
  - (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 - THE POOLED INVESTMENT FUND (PIF)**

(1) Name of the PIF: \_\_\_\_\_

**SECTION II - THE AUTHORIZED INSURER**

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

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

(2) Authorization status with the  
Insurance Authority: \_\_\_\_\_  
(Please attach proof of authorization status with the Insurance Authority.)

(3) Date of incorporation: 

Day		Month		Year			

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

(5) Registered office in Hong Kong:

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.: \_\_\_\_\_

**SECTION III - DOCUMENT TO BE ATTACHED**

	Document	Attachment No.
(1)	Proof of authorization status with the Insurance Authority	

**SECTION IV - 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 authorized insurer: \_\_\_\_\_

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.: \_\_\_\_\_