

Name of Scheme :
 Scheme Registration No. :

**MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP. 485)
 REMITTANCE STATEMENT**

Name of Employer :
 Name of Contact Person :
 Address :
 Telephone No. :
 Employer Participation No. :

Contributions for the contribution period from _____ to _____

Part I - For New Employees (Note 1)

No.	Name of Employee (Surname first)	HKID Card No. or Scheme Membership No.	Relevant Contribution Period		Relevant Income (\$)	Employer's Contributions		Employee's Contributions		Total (\$)		Date of Employment (DD / MM / YY)	
			For Employer's Contributions	For Employee's Contributions *		(a)	(b)	(c)	(d)	(a) + (c)	(b) + (d)		
						Mandatory Contributions (\$)	Voluntary Contributions (\$)	Mandatory Contributions (\$)	Voluntary Contributions (\$)	Mandatory Contributions (\$)	Voluntary Contributions (\$)		
1			To	To									
			To	To									
			To	To									
Sub-total :													
						Contribution surcharge (\$), if applicable:							
						Sub-total :							(i)

* After taking into account the first 30-day-contribution holiday and:
 (i) waiver of contributions for the first incomplete payroll period for employees with monthly or more frequent than monthly payroll; or
 (ii) waiver of contributions for the incomplete calendar month immediately following the contribution holiday for employees with less frequent than monthly payroll

Part II - For Existing Employees (Note 2)

No.	Name of Employee (Surname first)	HKID Card No. or Scheme Membership No.	Relevant Income (\$)	Employer's Contributions		Employee's Contributions		Total (\$)		Date of Cessation of Employment, (if applicable) (Note 3) (DD / MM / YY)
				(a)	(b)	(c)	(d)	(a) + (c)	(b) + (d)	
				Mandatory Contributions (\$)	Voluntary Contributions (\$)	Mandatory Contributions (\$)	Voluntary Contributions (\$)	Mandatory Contributions (\$)	Voluntary Contributions (\$)	
1										
2										
Sub-total :										
								Contribution surcharge (\$), if applicable:		
								Sub-total :		-
								TOTAL:		(ii)
										(i) + (ii)

Date : _____

(Signature of the employer)

Note 1: If the employer is not an individual, this statement must be signed by a duly authorised signatory.

Note 2: In the absence of the employer's signature, this remittance statement would be regarded as incomplete.

Notes :

- (1) Employers should state clearly in this remittance statement for each new employee:
 - (a) the relevant income for each of the relevant contribution periods included in this statement; and
 - (b) the respective employer's and employee's contributions for each of these periods, so as to enable the scheme trustee to check the arithmetic accuracy of the contributions.
- (2) Employees who do not have any relevant income (such as those on no-paid leave) should also be reported in this part.
- (3) Employers should notify trustee if the cessation of employment of employees was due to intra-group transfer.