

<b>FORM OI-D</b>
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**MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP 485)  
(the Ordinance)**

**APPLICATION FOR APPROVAL OF  
APPOINTMENT OF DIRECTOR OF TRUSTEE**

*Section 7 of Schedule 3 to the Mandatory Provident Fund Schemes (Exemption) Regulation (Cap 485B)*

**NOTES:**

- (1) *The applicant making an application for approval for appointment of a director should read the Guidelines on MPF Exempted ORSO Schemes - Application for Approval of Appointment of Directors of Trustees before submitting the application.*
- (2) *Please read the Notes on Personal Information Collection before completing this Form.*
- (3) *All questions must be answered. If any question is not applicable, please write "N.A."*
- (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) *If boxes are provided, please tick whichever is appropriate.*
- (6) *\* means delete whichever is inappropriate.*

**FOR OFFICIAL USE ONLY**

<b>Application no.:</b> _____	<b>Date application received:</b> _____
<b>Fee receipt no.:</b> _____	<b>Subject officer:</b> _____
<b>Date of fee receipt:</b> _____	<b>Input officer:</b> _____
<b>Date of letter of acknowledgement:</b> _____	<b>Verification officer:</b> _____

**SECTION I - PARTICULARS OF THE SCHEME**

- (1) MPF Exemption No.  
of the Scheme: \_\_\_\_\_
- (2) Name of the Scheme  
(in English): \_\_\_\_\_
- (in Chinese, if any): \_\_\_\_\_

**SECTION II - PARTICULARS OF THE NEW DIRECTOR**

- (1) Name of the trustee (in English): \_\_\_\_\_  
to which the director  
is proposed to be  
appointed \_\_\_\_\_  
(in Chinese,  
if any): \_\_\_\_\_
- (2) Name of the director (in English): \_\_\_\_\_  
\_\_\_\_\_  
(in Chinese,  
if any): \_\_\_\_\_
- (3) Date of birth: 

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Day Month Year
- (4) Hong Kong Identity  
Card/Passport No.:\* \_\_\_\_\_
- (5) Residential address:  

Flat/Room	Floor	Block	Name of building
Street no.		Name of street	
		HK/Kowloon/N.T.*	
Name of district			

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

Email address: \_\_\_\_\_

(6) In what capacity are you proposed to be appointed?

(a) a qualified director

(b) a director but not a qualified director

(7) Proposed date of appointment:      2 0

(8) Are you previously approved by the Authority as a trustee under section 5(1)(c) or (d) or as a director of another company under section 5(2) of Schedule 3 to the Mandatory Provident Fund Schemes (Exemption) Regulation (the Exemption Regulation)?

Yes  No

If no, please go to section III.

If yes, please state:

(a) MPF Exemption No.  
of the Scheme:

(b) Name of the Scheme  
(in English):

(in Chinese, if any):

(c) Capacity:

(i) Individual non-employer trustee

(ii) Individual employer trustee

(iii) Qualified director

(iv) Director but not qualified director

If (8)(c)(i) or (iii) is ticked, please go to section V below.

If (8)(c)(ii) or (iv) is ticked, please go to section IV below.

### SECTION III - CONVICTION AND DISCIPLINARY HISTORY AND FINANCIAL STATUS

(1) Have you ever been convicted of any offence (other than a traffic offence) or are you the subject of unresolved charges, in Hong Kong or elsewhere? Yes/No\*

If yes, please provide the following information:

Nature of offence: \_\_\_\_\_

Penalty imposed (if any): \_\_\_\_\_

Date of conviction or trial: \_\_\_\_\_

Name and place of court in which  
the offence was tried:

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Court reference (if any):

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- (2) Have you ever been a party to any civil litigation, other than arising from a traffic accident, 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 date):

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Name and place of court where  
proceedings commenced:

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- (3) Other than those listed under question (2), if any, have you ever been, or are you presently, or do you expect to be engaged in any litigation in Hong Kong or elsewhere? Yes/No\*

If yes, please provide the following information:

Name of the parties involved:

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Date and place of litigation:

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Nature of litigation:

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- (4) Have you, in Hong Kong or elsewhere, ever been dismissed from any office or position, subject to disciplinary proceedings or barred from entry to any profession or occupation? Yes/No\*

If yes, please provide the following information:

Name of the organisation taking  
action:

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Nature of the action taken/  
proceedings:

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Outcome (if applicable):

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Date of action/proceedings: \_\_\_\_\_

Reason for action/proceedings: \_\_\_\_\_

- (5) Have you ever been refused the right or restricted in the right to carry on any trade, business or profession for which a specific licence, registration or other authority is required by law in any place? Yes/No\*

If yes, please provide the following information:

Name of the organisation: \_\_\_\_\_

Address of the organisation: \_\_\_\_\_

Action taken by the organisation: \_\_\_\_\_

Date of such action: \_\_\_\_\_

Reason for such action: \_\_\_\_\_

- (6) Have you ever been disqualified, censured or disciplined by any professional body or by any regulatory body in Hong Kong or elsewhere? Yes/No\*

If yes, please provide the following information:

Name of the organisation taking disciplinary action: \_\_\_\_\_

Nature of the disciplinary action: \_\_\_\_\_

Outcome (if applicable): \_\_\_\_\_

Date of disciplinary action: \_\_\_\_\_

Reason for disciplinary action: \_\_\_\_\_

- (7) Have you ever been disqualified by a court of competent jurisdiction from being a trustee or a controller of a company? Yes/No\*

If yes, please provide the following information:

Name and place of court:

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Reason for disqualification (with dates):

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- (8) Do you have any record of non-compliance with any non-statutory codes or guidelines promulgated by any regulator in Hong Kong or any relevant overseas authority? Yes/No\*

If yes, please provide the following information:

Name and place of regulator/ authority:

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Details of non-compliance (with dates):

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- (9) Have you 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 you? Yes/No\*

If yes, please provide the following information:

Current status:

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Outcome:

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Amount involved:

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- (10) Have you ever been adjudicated bankrupt by a court or are you currently subject to bankruptcy proceedings or a bankrupt who has been discharged; or have you ever entered into any scheme of arrangement or any form of composition with creditors, in Hong Kong or elsewhere? Yes/No\*

If yes, please provide the following information:

Name and place of adjudication: \_\_\_\_\_

Court of adjudication: \_\_\_\_\_

If discharged, the date of discharge  
and conditions (if any): \_\_\_\_\_

#### SECTION IV - ADDITIONAL INFORMATION FOR NEW APPOINTEE WHO IS A QUALIFIED DIRECTOR

- (1) Please state your professional, academic, technical or other qualifications and the years in which they were obtained.

Professional and academic qualifications	Issuing institutions	Dates obtained

- (2) Present occupation or employment and occupations and employment during the last 10 years, including the name of employer, the nature of the business, the position held and relevant dates.

Details of employment	1 (Present employment)	2	3
(A) Name of employer/ corporation			
(B) Principal business address			
(C) Nature of business			
(D) Capacity in which employed			
(E) Brief description of your duties and responsibilities			

(F) Date of commencement of employment			
(G) Date of termination of employment (if applicable)	N.A.		
(H) Reasons for termination of employment	N.A.		

- (3) The companies of which you have been appointed as a trustee to their retirement schemes at any time during the past 10 years, in Hong Kong or elsewhere.

Details of appointment	1	2	3
(A) Name of company			
(B) Principal business address			
(C) Nature of scheme (defined benefit or defined contribution)			
(D) Approximate number of scheme members (if available)	<100 <input type="checkbox"/> 100-499 <input type="checkbox"/> 500-999 <input type="checkbox"/> ≥1000 <input type="checkbox"/> as at _____	<100 <input type="checkbox"/> 100-499 <input type="checkbox"/> 500-999 <input type="checkbox"/> ≥1000 <input type="checkbox"/> as at _____	<100 <input type="checkbox"/> 100-499 <input type="checkbox"/> 500-999 <input type="checkbox"/> ≥1000 <input type="checkbox"/> as at _____
(E) Approximate size of scheme assets (to the nearest million) (if available)	\$ _____ as at _____	\$ _____ as at _____	\$ _____ as at _____
(F) Appointed as member trustee, employer trustee or independent trustee?			
(G) Date of appointment			
(H) Date of retiring			
(I) Reasons for retiring			

**SECTION V - DECLARATION**

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

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

I 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, I 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 applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of application: \_\_\_\_\_

✦ **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.: \_\_\_\_\_