FORM OI-D

# MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP. 485) ("the Ordinance")

# APPLICATION FOR APPROVAL OF APPOINTMENT OF DIRECTOR OF TRUSTEE

NOT	ES:				
(1)	read the "Guidelines on M	oplication for approval for appointment of director should PF Exempted ORSO Schemes - Application for Approval s of Trustees" before submitting the application.			
(2)	Please read the Notes on Form.	Personal Information Collection before completing this			
(3)	All questions must be answ."N.A.".	wered. If any question is not applicable, please write			
(4)	Please provide any other information which may assist the Mandatory Provide Fund Schemes Authority ("the Authority") in reaching a decision on the application if necessary.				
(5)	If boxes are provided, pleas	e tick whichever is appropriate.			
(6)	* means delete whichever is inappropriate.				
	FOI	R OFFICIAL USE ONLY			
Appl	ication no.:	Date application received:			
Fee r	eceipt no.:	Subject officer:			
Date	of fee				

**Input officer:** 

Verification

officer:

acknowledgement:

receipt:

Date of letter of

### SECTION I - PARTICULARS OF THE SCHEME

(1)	MPF Exemption No. of the Scheme:						
(2)	Name of the Scheme (in English):						
	(in Chinese, if any)						
SEC	TION II - PARTICULAI	RS OF THE NI	EW DIRECTO	OR			
(1)	Name of the trustee (in to which the director is proposed to be appointed (in	English):  Chinese, if any):					
(2)	Name of the director (in	English):					
	(in	Chinese, if any):					
(3)	Date of birth:			Day	Month	Yea	ır
(4)	ID No./Passport No.:*	_					
(5)	Residential address:						1
	Flat/Room Flo	or Block	N	Vame of bu	ilding		
	Street no.		Name o	f street Kowloon/N	T *		
	Name o	of district	IIIV/I	XOW LOOK/IV	.1.		
	Telephone no.:		Fax no.:				
(6)	In what capacity are you	ı proposed to be	e appointed?				
	(a) a qualified direct	tor					
	(b) a director but no	t a qualified dire	ector				
(7)	Proposed date of appoin	ntment:			2	0	

(8)	or as Mand	a director of another	compar	uthority as a trustee under section 5( ny under section 5(2) of Schedule es (Exemption) Regulation ("the	e 3 to the
		Yes		No	
		please go to section III. , please state:   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	
		(c)(i) or (iii) is ticked, ple (c)(ii) or (iv) is ticked, ple	_		
SEC	ΓΙΟΝ II	II - CONVICTION AN STATUS	D DIS	CIPLINARY HISTORY AND FI	NANCIAL
(1)	•	you ever been convicted oject of unresolved charge	•	offence (other than a traffic offence) ong Kong or elsewhere?	or are you Yes/No*
	If yes	s, please provide the follo	wing in	formation:	
	Natur	re of offence:			
	Penal	ty imposed (if any):			
	Date	of conviction or trial:			
		e and place of court in waffence was tried:	which		
	Court	t reference (if any):	_		

(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):  Nature of litigation and outcome (with date):					
	Name and place of court where proceedings commenced:					
(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:					
	Date and place of litigation:					
	Nature of litigation:					
(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:					
	Nature of the action taken/ proceedings:					
	Outcome (if applicable):					
	Date of action/proceedings:					
	Reason for action/proceedings:					

(5)		at or restricted in the right to carry on any trade, specific licence, registration or other authority is 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, cer by any regulatory body in Hong Kong	nsured or disciplined by any professional body or g 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 trustee or a controller of a company?	a court of competent jurisdiction from being a Yes/No*
	If yes, please provide the following	information:
	Name and place of court:	
	Reason for disqualification (with dates):	

(8)		oliance with any non-statutory codes or guidelines g Kong or any relevant overseas authority?  Yes/No*			
	If yes, please provide the following is	information:			
	Name and place of regulator/ authority:				
	Details of non-compliance (with dates):				
(9)		ment debts, judgements or courts orders for the times of money, in Hong Kong or elsewhere, Yes/No*			
	Outcome:				
	Amount involved:				
(10)	bankruptcy proceedings or a bankru	akrupt by a court or are you currently subject to upt who has been discharged; or have you ever ent or any form of composition with creditors, in 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):				
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# 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.

Γ	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)	<100 100-499 500-999 ≥1000 as at	<100 100-499 500-999 ≥1000 as at	<100 100-499 500-999 ≥1000 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, if any, 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 as soon as possible.

Name of applie	icant:	
Signature:		
Date of applica	eation:	
<b>→</b> Warning:	maximum of 1 year imprisonmen	akes it an offence punishable with a t for the first occasion and 2 years' casion for a person who makes a false or pect.
Name and tele with this applie	<u> -</u>	the Authority's enquiries in connection
	Name:	
	Telephone no.:	