

FORM MMB - W(M)

MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP. 485)
MANDATORY PROVIDENT FUND SCHEMES (EXEMPTION) REGULATION
CERTIFICATE OF A PERSON'S PERMANENT UNFITNESS
FOR A PARTICULAR KIND OF WORK

Name of the patient: _____

Hong Kong Identity Card/Passport*[#] No. of the patient: _____

Based on the information provided by or on behalf of the above patient, he/she* performs the following kind of work in his/her* present/last* job: _____

I certify that the above patient is permanently unfit to perform the above kind of work for the following reason(s): _____

Signature of registered medical practitioner/
registered Chinese medicine practitioner*: _____

Name in block letters: _____

Telephone number: _____

Address: _____

Date: _____

Official seal / registration number* (if any): _____

* Delete whichever is not applicable

[#] The patient should give the passport number ONLY when he/she does NOT possess a Hong Kong Identity Card