

MANDATORY PROVIDENT FUND SCHEMES AUTHORITY

I.6 Guidelines on Application for Approval of Pooled Investment Funds

INTRODUCTION

Section 6 of Schedule 1 to the Mandatory Provident Fund Schemes (General) Regulation (“the Regulation”) provides that the funds of a constituent fund of a registered scheme may invest in an approved pooled investment fund.

2. Section 6(1) of the Regulation provides that an investment fund is an approved pooled investment fund for the purposes of the Regulation if it is an insurance policy, authorized unit trust or authorized mutual fund¹ that

- (a) complies with the requirements set out in section 17(2) of Schedule 1 to the Regulation; and
- (b) is approved by the Mandatory Provident Fund Schemes Authority (“the Authority”).

3. Section 6(2) of the Regulation provides that the granting of an approval in respect of a pooled investment fund (“PIF”) is subject to the payment to the Authority of such fee (if any) as may be prescribed in the Mandatory Provident Fund Schemes (Fees) Regulation and to such conditions (if any) as the Authority considers appropriate. The Authority may vary any such conditions by written notice given to the investment manager of the investment fund concerned.

¹ The existing law does not permit the incorporation of mutual fund corporations in Hong Kong. The guidelines issued therefore refer only to insurance policies and authorized unit trusts.

4. Section 6H of the Mandatory Provident Fund Schemes Ordinance (“the Ordinance”) provides that the Authority may issue guidelines for the guidance of approved trustees, service providers, participating employers and their employees, self-employed persons, regulated persons and other persons concerned with the Ordinance.

5. The Authority hereby issues guidelines relating to the application for approval of PIFs. There is a separate set of guidelines issued in the form of a code which prescribes the detailed requirements in respect of PIFs.

APPLICATION FOR APPROVAL OF PIF

The Applicant

6. The applicant seeking approval of a PIF in the case of an authorized unit trust may be the trustee or the investment manager and in the case of an insurance policy, the authorized insurer. The trustee in this case refers to the approved trustee or the person who has applied for approval as approved trustee under section 20 of the Ordinance.

Prescribed Forms

7. The prescribed forms for approval of a PIF are provided in Annexes A to E:

- (a) Annex A refers to Part A (Form PF) of the application which covers the information relating to the PIF and a summary of the parties involved in administering and managing the PIF. The form should be completed by the applicant of the PIF.
- (b) Annex B refers to Part B (Form PF(T)) of the application which covers the information relating to the trustee of the PIF, being an authorized unit trust. It should be completed by the trustee.

- (c) Annex C refers to Part C (Form PF(I)) of the application which covers the information relating to the authorized insurer of the PIF, being an insurance policy. It should be completed by the authorized insurer.
- (d) Annex D refers to Part D (Form PF(C)) of the application which covers the information relating to the custodian of the PIF. It should be completed by the custodian. However, if the trustee assumes the custodial function, the trustee is not required to complete this form.
- (e) Annex E refers to Part E (Form PF(M)) of the application which covers the information relating to the investment manager of the PIF. It should be completed by the investment manager. In the case of an insurance policy with the authorized insurer assuming the investment management function, the authorized insurer has to complete this form as well.

8. The prescribed forms in the Annexes can be downloaded from the Authority's website at: www.mpfa.org.hk.

Definition of Terms

9. Where a term used in the Guidelines is defined in the Ordinance or the subsidiary legislation then, except where specified in the Guidelines, that term carries the meaning as defined in the Ordinance or the subsidiary legislation.

Signing Requirements

10. The application for approval of the PIF must be signed by at least 2 directors of the applicant.

Submission of Application

11. Completed application forms and the relevant documents should be submitted in hard copies and sent to:

Mandatory Provident Fund Schemes Authority
Level 8, Tower 1, Kowloon Commerce Centre
51 Kwai Cheong Road, Kwai Chung
Hong Kong

12. The application should be accompanied by the appropriate fees as specified in the Mandatory Provident Fund Schemes (Fees) Regulation.

Warning

13. If there is any change to the application information or documents after an application has been submitted to the Authority, the applicant should inform the Authority as soon as reasonably practicable. It is an offence under section 43E of the Ordinance if a person, in any document given to the Authority, makes a statement that he knows to be false or misleading in a material respect, or recklessly makes a statement which is false or misleading in a material respect.

FORM PF

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

**APPLICATION FOR APPROVAL OF POOLED INVESTMENT FUND
(PART A)
(INFORMATION RELATING TO THE POOLED INVESTMENT FUND)**

NOTES:

- (1) The applicant making an application for approval of a pooled investment fund should refer to the "Guidelines on Application for Approval of Pooled Investment Funds".*
 - (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.*
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-

FOR OFFICIAL USE ONLY

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

SECTION I - THE POOLED INVESTMENT FUND (“PIF”)

(1) Name of the PIF

(In English): _____

(In Chinese): _____

(2) Statement of investment policy

(Please state the investment policy as prescribed in s.24 of the Mandatory Provident Fund Schemes (General) Regulation (“the Regulation”) and specify whether the PIF will engage in security lending, financial futures and option trading other than hedging.)

(3) Type of the PIF

(A) Authorized unit trust

(B) Insurance policy

(4) Structure of the PIF

(A) Internal portfolio

(B) Feeder fund
Name of the underlying PIF

(C) Portfolio management fund
Name of the underlying PIFs

- (5) Portfolio of underlying investments
(Please provide a brief description of the proposed asset allocation, in percentage term, by type and by region/country.)

(6) Fund type (e.g. bond, equity, money market, other) _____

(7) Specialized fund (complete only if applicable)

(A) Capital preservation fund

Is the PIF a capital preservation fund? Yes No

(B) Guaranteed fund

(a) Is the PIF a guaranteed fund? Yes No

(b) If the answer to (a) is “Yes”, please state:

(i) The name of the guarantor

(ii) The guarantee features

- (8) Insurance policy (complete (A)-(B) only if the PIF is an insurance policy)
- (A) Please provide details to show compliance with requirements specified in s.19 of Schedule 1 to the Regulation.

- (B) For class G insurance policy with no external guarantor, please state the reserving basis.

- (9) Is the PIF unitized? Yes No
- (10) Proposed launch date of the PIF (DD/MM/YYYY) _____
- (11) Financial year end date of the PIF (DD/MM) _____
- (12) Currency denomination _____
- (13) Level of all charges payable by investors of the PIF

- (14) Level/basis of calculation of all charges payable by the PIF

- (15) Level of performance fee (if any)
- (16) Valuation and dealing frequency (daily/weekly/other) _____
- (17) Pricing method (forward/other) _____
- (18) Minimum initial subscription and minimum subsequent holding (if any)
- (19) List of the constitutive documents (including trust deed/insurance contract, investment management contract and custodial agreement) of the PIF and date of execution
- (20) Address where books and records of the PIF are kept

SECTION II - THE TRUSTEE, AUTHORIZED INSURER, CUSTODIAN AND INVESTMENT MANAGER OF THE PIF

(1) Particulars

	Name	Name of Ultimate Holding Company	Registration status with SFC*¹ (if any)
Trustee* ²			
Authorized Insurer			
Custodian* ³			
Investment Manager			

*¹ *Securities and Futures Commission*

*² *The trustee may be the approved trustee or the person who has applied for approval as approved trustee under section 20 of the Ordinance.*

*³ *For the purposes of this Form, "custodian", in relation to the assets of the PIF, includes:*
(a) the person appointed as a custodian of the PIF assets; and
(b) the approved trustee of the PIF who also acts as a custodian of the PIF assets, but does not include a sub-custodian.

(2) Investment manager

(A) Independence of investment manager

- (a) Do the investment manager and all of its delegates comply with the independence requirement as stipulated in s.46(1) of the Regulation? Yes No
- (b) If the answer to (a) is “No”, in respect of the investment manager and the delegates who fail to satisfy the independence requirement of s.46(1) of the Regulation, do they comply with the requirements as stipulated in s.46(2) and s.46(3)(a) & (b) of the Regulation? Yes No
- (c) If the answer to (b) is “Yes”, please provide undertakings to the Mandatory Provident Fund Schemes Authority (“the Authority”) by deed, or by documents of like effect acceptable to the Authority in accordance with s.46(3)(c) of the Regulation.

(B) Please list below the name and registered office address of all delegates appointed by the investment manager:

No.	Name	Address	Registration Status*
1.			A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
2.			A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
3.			A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>

* For each of the delegates, please specify under the column of “Registration Status” whether the delegate meets one of the following requirements:

- (a) s.45(3) of the Regulation (put a tick in box A)
- (b) s.45(4)(a) of the Regulation (put a tick in box B)
- (c) s.45(4)(b) of the Regulation (put a tick in box C)
- (d) s.45(4)(c) of the Regulation (put a tick in box D)

SECTION III - INVESTMENT ACTIVITIES

(1) Security lending

(A) Will the PIF engage in security lending activities? Yes No

(B) If the answer to (A) is “Yes”, please specify the relevant clauses in the constitutive documents which provide the investment manager the power to terminate/suspend security lending arrangements at any time. _____

(C) If the answer to (A) is “Yes” and a custodian has been appointed, please specify the relevant clauses in the custodial agreement which indicate that the custodian has been delegated the authority to enter into security lending arrangements. _____

(2) Financial futures and option trading

(A) Will the PIF engage in financial futures and option trading for purposes other than hedging? Yes No

(B) If the answer to (A) is “Yes”, please demonstrate that the trustee (in the case of a unit trust) or the custodian (in the case of an insurance policy) has the relevant experience in this respect.

SECTION IV - MARKETING DOCUMENTS & ADVERTISEMENTS

- (1) Have the marketing documents and advertisements been approved by the SFC? Yes No
- (2) If the answer to (1) is “Yes”, please attach final copies of the marketing documents and advertisements and proof of authorization by the SFC.
- (3) If the answer to (1) is “No”, have the marketing documents and advertisements been submitted to the SFC for approval? Yes No

SECTION V - DOCUMENTS TO BE ATTACHED

	Documents	Attachment No.
(1)	Copies of constitutive documents (please specify) _____ _____ _____ _____	
(2)	Undertakings to the Authority by deed, or by documents of like effect acceptable to the Authority in accordance with s.46(3)(c) of the Regulation	
(3)	Final copies of the marketing documents and advertisements	
(4)	Proof of authorization by the SFC in respect of the marketing documents and advertisements	

SECTION VI - DECLARATION

We declare that the trustee, the custodian and delegates of the custodian in this Form will be independent from the investment manager and all of its delegates.

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 documents attached to this Form are true and correct copies.

We undertake to notify 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 as soon as possible.

Name of the applicant: _____

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 1 year's imprisonment for the first occasion and 2 years' imprisonment on each subsequent occasion for a person who makes a false or misleading statement in a material aspect.

Name and telephone no. of the contact person for the Authority's enquiries in connection with this application –

Name: _____

Telephone no.: _____

FORM PF(T)

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

APPLICATION FOR APPROVAL OF POOLED INVESTMENT FUND

**(PART B)
(INFORMATION RELATING TO THE TRUSTEE
OF THE POOLED INVESTMENT FUND)**

NOTES:

- (1) *This form must be completed by the trustee (approved trustee or the person who has applied for approval of approved trustee under section 20 of the Ordinance) 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.*

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 TRUSTEE

(1) Name of the trustee
(in English): _____

(in Chinese, if any) _____

(2) Is the trustee an approved trustee? Yes No

(3) If the answer to (2) is “Yes”, please state the trustee approval no.: _____

(4) If the answer to (2) is “No”, has an application for approval as approved trustee been submitted to the Mandatory Provident Fund Schemes Authority (“the Authority”)? Yes No

(5) If the answer to (4) is “Yes”, please state the application no. and/or date of submission: _____

SECTION III - THE CUSTODIAN**

(1) Will the trustee act as a custodian of the PIF? Yes No

(2) If the answer to (1) is “Yes”, please submit an undertaking to the Authority by deed, or by a document of like effect acceptable to the Authority in accordance with s.69 of the Mandatory Provident Fund Schemes (General) Regulation (“the Regulation”).

** For the purposes of this Form, “custodian”, in relation to the assets of the PIF, includes:

- (a) the person appointed as a custodian of the PIF assets; and
(b) the approved trustee of the PIF who also acts as a custodian of the PIF assets, but does not include a sub-custodian.

SECTION IV - DOCUMENT TO BE ATTACHED

	Document	Attachment No.
(1)	An undertaking to the Authority by deed, or by a document of like effect acceptable to the Authority by the trustee to act as a custodian of the PIF in accordance with s.69 of the Regulation	

SECTION V - 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 documents attached to this Form are true and correct copies.

We undertake to notify 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 as soon as possible.

Name of the trustee:

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 1 year's imprisonment for the first occasion and 2 years' imprisonment on each subsequent occasion for a person who makes a false or misleading statement in a material aspect.

Name and telephone no. of the contact person for the Authority's enquiries in connection with this application -

Name:

Telephone no.:

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)**

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.*

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/N.T.*</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 documents attached to this Form are true and correct copies.

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 as soon as possible.

Name of the 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 1 year’s imprisonment for the first occasion and 2 years’ imprisonment on each subsequent occasion for a person who makes a false or misleading statement in a material aspect.

Name and telephone no. of the contact person for the Authority’s enquiries in connection with this application -

Name: _____

Telephone no.: _____

FORM PF(C)

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

APPLICATION FOR APPROVAL OF POOLED INVESTMENT FUND

**(PART D)
(INFORMATION RELATING TO THE CUSTODIAN
OF THE POOLED INVESTMENT FUND)**

NOTES:

- (1) *This Form must be completed by the custodian of the pooled investment fund.*
- (2) *Please read "Guidelines on Custodians" before completing the Form.*
- (3) *All questions must be answered. If any question is not applicable, please write "N.A."*
- (4) *If boxes are provided, please tick whichever is appropriate.*
- (5) ** means delete whichever is inappropriate.*

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 CUSTODIAN**(1) Name of the custodian
(in English): _____

(in Chinese, if any): _____

(2) Date of incorporation:

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Day Month Year

(3) Place of incorporation: _____

(4) Registered office:

Flat/Room	Floor	Block	Name of building

Street no.	Name of street

Name of district/city/province	Area code/Postal code	Name of country

Telephone no.: _____ Fax no. : _____

**** For the purposes of this Form, “custodian”, in relation to the assets of the PIF, includes:**
(a) the person appointed as a custodian of the PIF assets; and
(b) the approved trustee of the PIF who also acts as a custodian of the PIF assets, but does not include a sub-custodian.

(5) Address where the business is carried out in Hong Kong (if not the same as the registered office):

Flat/Room	Floor	Block	Name of building

Street no.	Name of street

	<i>Hong Kong/Kowloon/N.T.*</i>
Name of district	

Telephone no.: _____ Fax no.: _____

(6) Address where day to day business activities are conducted (if not the same as (5)):

Flat/Room	Floor	Block	Name of building
Street no.	Name of street		
Name of district/city/province	Area code/Postal code	Name of country	

Telephone no.: _____ Fax no.: _____

(7) Financial year end date:

Day		Month	

SECTION III - CAPITAL ADEQUACY

(1) Nature of the custodian:

- (A) Authorized financial institution in Hong Kong
- (B) Registered Trust Company ("RTC") in Hong Kong

(2) Capital adequacy of the custodian (please state the currency used)

- (A) Paid up share capital **: _____
- (B) Net asset value **: _____
- (C) Date of valuation: _____

*** If the custodian is an RTC with paid up share capital or net asset value of less than HK\$150 million, please also complete (3) and (4) below.*

(3) Nature of the company that provides continuous financial support to the custodian (if applicable):

- (A) RTC in Hong Kong
- (B) Authorized financial institution in Hong Kong
- (C) Authorized insurer in Hong Kong
- (D) Overseas trust company ** Approving authority: _____
- (E) Overseas bank ** Approving authority: _____
- (F) Overseas insurer ** Approving authority: _____

*** Please also complete 5(G) and 5(H) with regard to the approving authority and the company's credit rating.*

(4) Capital adequacy of the company that provides continuous financial support to the custodian (if applicable) (please state the currency used)

(A) Paid up share capital: _____

(B) Net asset value: _____

(C) Date of valuation: _____

(5) Particulars of the company that provides continuous financial support to the custodian (if applicable)

(A) Name of the company
(in English): _____

(in Chinese, if any): _____

(B) Date of incorporation:

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Day Month Year

(C) Place of incorporation: _____

(D) Registration number under Part XI of the predecessor Ordinance (as defined in the Companies Ordinance (Cap. 622)) or Part 16 of the Companies Ordinance (Cap. 622) (if any): _____

(E) Financial year end date:

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Day Month

(F) Relationship with the custodian (please attach a group chart showing the relationship):

(G) Particulars of the approving authority stated under (3)(D), (3)(E) or (3)(F):

(a) Address

Flat/Room	Floor	Block	Name of building

Street no.	Name of street

Name of district/city/province	Area code/Postal code	Name of country

Telephone no.: _____ Fax no.: _____

- (b) Type of licence, registration, authorization, or permit issued to the company by the approving authority and date of issue:

Day		Month		Year			

- (H) Credit rating of the company that provides continuous financial support to the custodian if (3)(D), (3)(E) or (3)(F) is applicable:

(a) Current credit rating of the company: _____

(b) Name of credit rating agency: _____

(c) Date when the credit rating was given: _____

SECTION IV - DOCUMENTS TO BE ATTACHED

	Documents	Attachment No.
(1)	Copy of certificate of incorporation of the custodian	
(2)	Audited financial statements for the last 3 years of the custodian or since its incorporation (if it has been incorporated for less than 3 years)	
(3)	Copy of certificate of incorporation/registration with overseas authority in respect of the company that provides continuous financial support to the custodian, if applicable	
(4)	Audited financial statements for the last 3 years of the company that provides continuous financial support to the custodian, or since its incorporation if it has been incorporated for less than 3 years, if applicable	
(5)	Group chart showing the relationship (with percentage of shareholding) between the custodian and the company that provides continuous financial support to the custodian, if applicable	
(6)	An undertaking to the Mandatory Provident Fund Schemes Authority ("the Authority") by deed, or by a document of like effect acceptable to the Authority by the company that provides continuous financial support to the custodian in accordance with s.68(5) of the Regulation, if applicable	

SECTION V - 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 documents attached to this Form are true and correct copies.

We undertake to notify 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 as soon as possible.

Name of the custodian: _____

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 1 year's imprisonment for the first occasion and 2 years' imprisonment on each subsequent occasion for a person who makes a false or misleading statement in a material aspect.

Name and telephone no. of the contact person for the Authority's enquiries in connection with this application -

Name: _____

Telephone no.: _____

FORM PF(M)

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

APPLICATION FOR APPROVAL OF POOLED INVESTMENT FUND

**(PART E)
(INFORMATION RELATING TO THE INVESTMENT MANAGER
OF THE POOLED INVESTMENT FUND)**

NOTES:

- (1) *This form must be completed by the investment manager 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.*

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 INVESTMENT MANAGER

(1) Name of the investment manager
(in English): _____

(in Chinese, if any): _____

(2) Date of incorporation:

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Day Month Year

(3) Place of incorporation: _____
(Please attach a copy of the certificate of incorporation.)

(4) Registered office in Hong Kong:

Flat/Room	Floor	Block	Name of building
Street no.	Name of street		
	<i>Hong Kong / Kowloon / N.T.*</i>		
Name of district			

Telephone no.: _____ Fax no.: _____

(5) Registration status with the Securities and Futures Commission (“SFC”) and other regulatory authorities:

(Please attach copies of certificates of registration.)

SECTION III - CAPITAL ADEQUACY

- (1) Paid up share capital (HK\$): _____
- (2) Net asset value (HK\$): _____
- (3) Date of valuation: _____

(Please attach the latest audited accounts or the auditor's certificate in respect of the paid up share capital and net asset value of the investment manager.)

SECTION IV - INVESTMENT ACTIVITIES

- (1) Financial futures and option trading

If the PIF managed by the investment manager engages in financial futures and option trading for purposes other than hedging, please demonstrate that the investment manager has the relevant experience in this respect.

SECTION V - DOCUMENTS TO BE ATTACHED

	Documents	Attachment No.
(1)	Copy of the certificate of incorporation	
(2)	Copies of certificates of registration with the SFC and other regulatory authorities	
(3)	Latest audited accounts or the auditor's certificate in respect of the paid up share capital and net asset value of the investment manager	

SECTION VI - 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 documents attached to this Form are true and correct copies.

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 as soon as possible.

Name of the investment manager: _____

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 1 year’s imprisonment for the first occasion and 2 years’ imprisonment on each subsequent occasion for a person who makes a false or misleading statement in a material aspect.

Name and telephone no. of the contact person for the Authority’s enquiries in connection with this application –

Name: _____

Telephone no.: _____