

致：強制性公積金計劃管理局（積金局）
To：Mandatory Provident Fund Schemes Authority (MPFA)

傳真：
Fax：2259 8806



強制性公積金計劃管理局
MANDATORY PROVIDENT FUND
SCHEMES AUTHORITY

地址*：葵涌葵昌路 51 號九龍貿易中心 1 座 8 樓
Address：Level 8, Tower 1, Kowloon Commerce Centre, 51 Kwai Cheong Road, Kwai Chung

*請確保郵件付有足額郵資。積金局不會接收郵資不足的郵件，有關郵件將由香港郵政退回寄件人或予以銷毀。Please affix sufficient postage. The MPFA will not accept underpaid mail which will be returned to the sender or disposed of by the Hongkong Post.

授權書 Authorization Form

投訴個案編號 Complaint Case No.	
投訴對象 Complainee	
獲授權人姓名 Name of Authorized Person	
香港身份證 / 護照號碼 HKID Card / Passport No.	請提供副本 Please provide copy
與涉案事主關係 Relationship with Affected Person	

本人現授權上述獲授權人代表本人向上述投訴對象作出投訴。本人同意積金局可向獲授權人透露本人的個人資料及個案的詳情，包括跟進工作及結果。

I hereby authorize the person listed above to lodge a complaint against the above complainee on my behalf. I agree that the MPFA can disclose my personal data and details of the complaint including follow-up actions and result to the authorized person.

涉案事主姓名 Name of Affected Person	
香港身份證 / 護照號碼 HKID Card / Passport No.	請提供副本 Please provide copy
簽署 Signature	
日期 Date	

註：積金局於收到本授權書後方可展開投訴個案的跟進工作。

Note: The MPFA will not commence follow-up actions of the complaint prior to the receipt of this Authorization Form.