

FORM MPF(S) - W(M)

MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP 485)

**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.

第 MPF(S) - W(M)號表格

《強制性公積金計劃條例》（第 485 章）

成員永久不適合執行特定種類工作證明書

病人姓名：_____

病人的香港身分證／護照*#號碼：_____

根據上述病人或該病人的代表所提供的資料，該病人在現時／最後*擔任的職位中，是執行以下種類的工作：

本人證明上述病人永久不適合執行上述種類的工作，理由如下：

註冊醫生／註冊中醫*簽署：_____

註冊醫生／註冊中醫*姓名：_____

電話號碼：_____

地址：_____

日期：_____

公章／註冊編號*（如有）：_____

* 刪去不適用者

病人應**只在沒有**香港身分證的情況下才填報護照號碼