



## Labour Advisory Board Election of Employee Representatives 2020 (Replacement of authorisation form)

Note: Please read the “Labour Advisory Board Election of Employee Representatives 2020 - Rules and Procedures” and the attached “Statement of Purpose for the Collection of Personal Data” before completing this form. **Any person who knowingly or recklessly makes any false or incorrect statement or gives information which is materially false or misleading will result in disqualification of the appointment.**

The completed replacement of authorisation form must be sent to the International Liaison Division, Labour Department, 15/F, Harbour Building, 38 Pier Road, Central, Hong Kong **by post, facsimile, electronic mail or by hand** (fax number: 2854 3435 / 3579 4395; email address: ild-hq@labour.gov.hk) **on or before 18 November 2020 (Wednesday)**. Please call 2852 4024 if confirmation from the Labour Department is not received by 20 November 2020.

### Part A : To be completed by the employee union

#### Replacement of authorised representatives

We, \_\_\_\_\_,  
(name of employee union),

trade union registration number : \_\_\_\_\_, hereby apply to replace

\_\_\_\_\_ and \_\_\_\_\_,  
(name of **FIRST** authorised representative) (name of **SECOND** authorised representative)

who have been appointed to be our authorised representatives to vote in the Labour Advisory Board Election (LAB) of Employee Representatives 2020 in our completed Form

LAB/E2A/2020 / LAB/E2B/2020\*, by \_\_\_\_\_  
(name of **FIRST** replacement representative)

and \_\_\_\_\_ (see Note i).  
(name of **SECOND** replacement representative)

We certify that the abovenamed replacement representative(s) is / are the paid-up member(s) / officer(s) / paid staff of our union. The consent statement(s) is / are set out in Part B and Part C of this form.

*\* please delete where inappropriate*

<div style="border: 1px solid black; width: 80%; margin: 0 auto; height: 80%;"></div> <p>(Seal of the employee union)</p>	<p><b>Particulars of an officer (see Note ii) of the employee union who signs this form:</b></p> <p>Name : _____</p> <p>Capacity : _____</p> <p>Contact Tel No. : _____ (Daytime)</p> <p>Fax No. : _____</p> <p>Signature : _____</p> <p>Date : _____</p>
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*Note i If there is only one authorised representative to be replaced, only information of the authorised representative concerned and his / her replacement has to be filled in.*

*Note ii An officer of an employee union referred to in this form means any member of the executive of the employee union but not an auditor thereof.*

**Part B : To be completed by the FIRST replacement representative**

**Consent statement of the FIRST replacement representative**

I, \_\_\_\_\_ (name of representative in English) \_\_\_\_\_ (name of representative in Chinese)

[Hong Kong Identity Card No. \_\_\_\_\_ ( ) / identification document

\_\_\_\_\_ with identification no. \_\_\_\_\_ ] (see Note iii),

hereby agree to be appointed as the authorised representative to vote on behalf of the employee union named in this form in the LAB Election of Employee Representatives 2020. I have read and agree to be bound by the “LAB Election of Employee Representatives 2020 – Rules and Procedures”. I agree to supply my personal data for the purposes stated in the “Statement of Purpose for the Collection of Personal Data” attached to this form.

I declare that the particulars entered in this form are true and accurate.

Signature : \_\_\_\_\_

Name of replacement representative : \_\_\_\_\_

Contact Tel No. : \_\_\_\_\_ (Daytime)

Fax No. : \_\_\_\_\_

*Note iii You may provide either the Hong Kong Identity Card number or other identification document with a corresponding identification number for identification of your status as an authorised representative on the Election Day. Please note that a person who fails to produce identification document stated in the form or whose identification document carries information different from that submitted on the form will **not** be allowed to vote on the Election Day.*

**Part C : To be completed by the SECOND replacement representative**

**Consent statement of the SECOND replacement representative**

I, \_\_\_\_\_ (name of representative in English) \_\_\_\_\_ (name of representative in Chinese)

[Hong Kong Identity Card No. \_\_\_\_\_ ( ) / identification document

\_\_\_\_\_ with identification no. \_\_\_\_\_] (see Note iv),

hereby agree to be appointed as the authorised representative to vote on behalf of the employee union named in this form in the LAB Election of Employee Representatives 2020. I have read and agree to be bound by the “LAB Election of Employee Representatives 2020 – Rules and Procedures”. I agree to supply my personal data for the purposes stated in the “Statement of Purpose for the Collection of Personal Data” attached to this form.

I declare that the particulars entered in this form are true and accurate.

Signature : \_\_\_\_\_

Name of replacement representative : \_\_\_\_\_

Contact Tel No. : \_\_\_\_\_ (Daytime)

Fax No. : \_\_\_\_\_

*Note iv You may provide either the Hong Kong Identity Card number or other identification document with a corresponding identification number for identification of your status as an authorised representative on the Election Day. Please note that a person who fails to produce identification document stated in the form or whose identification document carries information different from that submitted on the form will **not** be allowed to vote on the Election Day.*

## **Statement of Purpose for the Collection of Personal Data**

### **Purpose of Collection**

1. The personal data and other related information provided by means of Form LAB/E3/2020(R) (the Form) will be used for purposes relating to the Labour Advisory Board (LAB) Election of Employee Representatives 2020. The provision of personal data and other related information by means of the Form is voluntary. However, if you do not provide sufficient and accurate data, the Labour Department may not be able to process the replacement of authorised representative(s) to vote in the LAB Election of Employee Representatives 2020.

### **Classes of Transferees**

2. The personal data and other related information provided by means of the Form may be transferred to other divisions of the Labour Department, other government departments / bureaux / organisations for the purposes mentioned in paragraph 1 above.

### **Access to Personal Data**

3. You have a right to request access to and correction of the personal data and other related information as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance (Chapter 486 of the Laws of Hong Kong). Your right of access includes the right to obtain a copy of your personal data provided by the Form.

### **Enquiries**

4. Enquiries concerning the personal data collected by means of the Form, including the making of access and correction, should be addressed to:

Ms Phyllis Mok  
Assistant Labour Officer  
International Liaison Division  
Labour Department  
15/F, Harbour Building  
38 Pier Road  
Central, Hong Kong  
Tel : 2852 4021