

Particulars of Associate of Employment Agency

(Supplementary Sheet-Related Person)

Information and Declaration of Related Person

- (1) I / We hereby undertake and warrant that I / we shall comply with section 57 of the Employment Ordinance which stipulates that an employment agency must not directly or indirectly receive from any person in connection with obtaining employment for him / her, any reward of any kind, or any payment or other advantage in respect of expenses or otherwise, except the prescribed commission. I / We understand that contravention of this section shall be guilty of an offence and shall be liable on conviction to a fine of \$350,000 and to imprisonment for 3 years.
- (2) I / We declare that I / we have not, within the preceding 5 years, been convicted of an offence against the person of a child, young person or woman or of an offence involving membership of a triad society, fraud, dishonesty or extortion.
- (3) I / We understand that the Commissioner for Labour may refuse to issue / renew the employment agency licence, or may revoke the licence on grounds of my / our contraventions of Part XII of the Employment Ordinance, the Employment Agency Regulations, the Code of Practice for Employment Agencies or convictions of the offences listed in Part I (2) above.
- (4) I / We consent to the release of my / our records of contraventions of Part XII of the Employment Ordinance, the Employment Agency Regulations, the Code of Practice for Employment Agencies or conviction of the offences listed in Part I (2) above (if applicable) by the Employment Agencies Administration of the Labour Department to the employment agency I / we belong or am / are employed.

	Name of Related Person	HKID No. (Passport No. and Nationality for non-HK Resident)	Position	Date of Joining (dd / mm / yyyy)	If it is a change of position, please indicate by putting a '✓' in the box	Signature*
1.					<input type="checkbox"/>	
2.					<input type="checkbox"/>	
3.					<input type="checkbox"/>	
4.					<input type="checkbox"/>	
5.					<input type="checkbox"/>	
6.					<input type="checkbox"/>	
7.					<input type="checkbox"/>	
8.					<input type="checkbox"/>	
9.					<input type="checkbox"/>	
10.					<input type="checkbox"/>	
11.					<input type="checkbox"/>	

	Name of Related Person	HKID No. (Passport No. and Nationality for non-HK Resident)	Position	Date of Joining (dd / mm / yyyy)	If it is a change of position, please indicate by putting a '✓' in the box	Signature*
12.					<input type="checkbox"/>	
13.					<input type="checkbox"/>	
14.					<input type="checkbox"/>	
15.					<input type="checkbox"/>	
16.					<input type="checkbox"/>	
17.					<input type="checkbox"/>	
18.					<input type="checkbox"/>	
19.					<input type="checkbox"/>	
20.					<input type="checkbox"/>	
21.					<input type="checkbox"/>	
22.					<input type="checkbox"/>	
23.					<input type="checkbox"/>	
24.					<input type="checkbox"/>	
25.					<input type="checkbox"/>	

***All the related persons have to sign on the table above to confirm that the information provided therein is true and correct and agree to the above declaration. Each related person has to sign the authorisation at Appendix to give consent to this department to check with the Hong Kong Police Force of his / her criminal conviction records listed in Part I (2) above. Applicant / licensee has to submit the original authorisation letter(s) to this department together with the application forms.**

Name of Employment Agency: _____

Name of Applicant / Licensee / Director: _____

Signature of Applicant / Licensee / Director: _____

Date: _____

(For limited company with more than 1 director, this form shall be signed by any 2 directors/ any 1 director and company secretary / any 1 director with company seal)