

Supplementary Sheet to Claim Form

For Official Use Only	
LRD Ref. No.:	
MECAB Ref.:	MB / ()
Hearing Date	am/pm
Filing Officer:	ACO ()

I Documents produced as evidence:-

<input type="checkbox"/> employment contract	<input type="checkbox"/> attendance records	<input type="checkbox"/> wages records
<input type="checkbox"/> termination letter	<input type="checkbox"/> medical certificates	<input type="checkbox"/> BRC/Cert. of Incorporation
<input type="checkbox"/> others (e.g. Mandatory Provident Fund Scheme information)		

(If the space is insufficient for use, please continue on the back of this form)

[illegible]

Intention for settling the case with the defendant through the Board?	<input type="checkbox"/> Yes → <input type="checkbox"/> No	Please state the amount you would like to accept for full and final settlement	HK\$ _____
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Signature of Claimant /
Claimant company's
representative*: _____

Position: _____

Company Chop
(if applicable): _____ Date: _____

☐ Please tick (✓) the appropriate box
* Delete where appropriate

- (a) The form must be signed by the claimant/claimant company's authorized representative and state his position.
- (b) If you have witnesses to call or documents to produce, statements of your witnesses and the documents should be attached to this form

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.