

Name of trade union federation: _____

Registration No.: _____

LIST OF OFFICERS OF A TRADE UNION FEDERATION (Term : 20 / 20)

Executive / Supervisory* Committee

(*Delete where appropriate)

Elected by Secret Ballot on : _____ / _____ / _____

Assumed Office on : _____ / _____ / _____

Post in the Federation	Name & Alias (<u>must be identical to name on HKID Card</u>)	Sex	Aged 18 or above	ID Card No.	Name of the belonging Member Union and the Post therein	Contact Address	Telephone Number.
	(Chi.) (Eng.)	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	()			
	(Chi.) (Eng.)	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	()			
	(Chi.) (Eng.)	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	()			
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	(Chi.) (Eng.)	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	()			

In completing this Part, please make reference to the “A Guide to Appointment of Auditors in Trade Unions”

Auditor

Elected / Appointed on : _____ / _____ / 20____

Name & Alias (must be identical to name on HKID Card)	Contact Address	Telephone Number.
(Chi.)		
(Eng.)		

Qualifications & Experience of Auditor

(Remark : No need to complete items under Categories B and C if Category A is selected; and no need to complete items under Category C if Category B is selected.)

<input type="checkbox"/> (A)	Certified Public Accountant		
<input type="checkbox"/> (B1)	Education attainment in the field of Accounting / Auditing (Please specify in details the education attainment, e.g. an undergraduate degree or diploma in Accounting) : _____	<input type="checkbox"/> (B2)	Professional qualification in the field of Accounting / Auditing (Please specify in details the professional qualification, e.g. LCCI (Bookkeeping & Accounting–Level 2) or ACCA membership) : _____
		<input type="checkbox"/> (B3)	Completed an Accounting / Auditing course of duration not less than 15 hours Name of Course : _____ Name of Organising Institute : _____
<input type="checkbox"/> (C1)	Secondary education or above	<input type="checkbox"/> (C2)	Accounting / Auditing experience Position Engaged : _____ Years of experience : _____

Date :/...../.....

Signature:

Chairman/ Secretary

Statement of Purpose for the Collection of Personal Data :

- (1) The personal data are collected by the Registrar of Trade Unions for administering the Trade Unions Ordinance and other labour legislation, as well as for liaison on trade union matters.
- (2) For the purposes mentioned in paragraph 1 above, the personal data provided may be transferred to other divisions of the Labour Department, the Commissioner of Police, other government departments or members of your federation.
- (3) You have a right of access and correction in respect of your personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 to the Personal Data (Privacy) Ordinance (Cap. 486).
- (4) All enquiries can be addressed to the Deputy Registrar of Trade Unions (Tel: 3575 8500; Email: rtu@labour.gov.hk; Address: 11/F., One Mong Kok Road Commercial Centre, 1 Mong Kok Road, Kowloon).
RTU 46(b) (Eng.) (5/2023)