

**For Official Use Only**

**Labour Department  
Labour Relations Division  
Claim Form**

**For Official Use Only**

LBTC No. :  
Tribunal Officer :

LRD Ref. No. :  
Appointment :  
N.A. :  
Case Officer :

(Serial no. : )

**Part I**

Date : \_\_\_\_\_

**Particulars of Employee**

Name : (Chinese)		(English)		Sex : <input type="checkbox"/> M <input type="checkbox"/> F
HK Identity Card No. :	Date of Birth :	Age :	Nationality :	
Address :			Day-time Phone No.:	

**Terms of Employment**

Position :	Employment Period : (from)	(to)		
Working Hours : (from)	(to)	Others (please specify) :	Last Workplace :	
Wages : \$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Hourly
Pay Day :	<input type="checkbox"/> Per piece	<input type="checkbox"/> Others (please specify):		
Form of Employment Contract	<input type="checkbox"/> Written	Probationary Period:	<input type="checkbox"/> Yes ( ) month(s) / ( ) days	<input type="checkbox"/> No
	<input type="checkbox"/> Oral	Agreed Notice Period :	<input type="checkbox"/> Yes ( ) month(s) / ( ) days	<input type="checkbox"/> No

**Mode of Termination / Variation of Terms of Employment Contract**

Resigned without prior notice on \_\_\_\_\_  Resigned with prior notice given on \_\_\_\_\_

Dismissed without prior notice on \_\_\_\_\_  Dismissed with prior notice given on \_\_\_\_\_

Deemed terminated by employer on \_\_\_\_\_ as wages are not paid within one month from the due day

<b>Only applicable to claims of unreasonable dismissal; unreasonable and unlawful dismissal; or unreasonable variation of terms of employment contract</b>	<input type="checkbox"/> Unreasonable Dismissal (only applicable to employees with not less than 2 years' service)	
	<input type="checkbox"/> Unreasonable and Unlawful Dismissal	
	<input type="checkbox"/> Dismissal after serving a notice of pregnancy on the employer	
	<input type="checkbox"/> Dismissal on paid sick leave	
	<input type="checkbox"/> Dismissal for trade union membership and activities	
	<input type="checkbox"/> Dismissal of an injured employee (which is in contravention of the Employees' Compensation Ordinance)	
	<input type="checkbox"/> Dismissal by reason of giving evidence in any proceedings in connection with the enforcement of labour legislation	
<input type="checkbox"/> Unreasonable variation of terms of employment contract	Date of variation :	

**Particulars of Employer/Company**

Name :	Day-time phone no.:	
Address (1) :		
Address (2) :		
Person in charge of the Company	Name :	Day-time phone no.:
	Position : <input type="checkbox"/> Proprietor <input type="checkbox"/> In-charge <input type="checkbox"/> Partner <input type="checkbox"/> Contractor <input type="checkbox"/> Director	
	<input type="checkbox"/> Others (please specify) :	

**Particulars of other Employer/Company (if applicable)**

Name of principal contractor/other employer :	Day-time phone no. :
Address :	Contact person :
Name of superior sub-contractor/other employer :	Day-time phone no. :
Address :	Contact person :

Please tick (✓) the appropriate box

**Part II**

(Serial no. : \_\_\_\_\_ )

**Brief Background to the Claim** (Any information you consider useful to support your claim)

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I wish to claim the following :	Amount	For Official Use Only		
Wages : (from _____ to _____ )	\$ _____	AW	\$ _____	<b>Cause :</b>
Other allowance(s) : (from _____ to _____ )	\$ _____			<b>No. of claimants :</b>
Commission : (from _____ to _____ )	\$ _____			<b>No. of recipients :</b>
Overtime pay : (from _____ to _____ )	\$ _____			<b>Result</b> <input type="checkbox"/> Settled <input type="checkbox"/> To LT (Appt. _____) <input type="checkbox"/> To MECAB (Appt. _____) <input type="checkbox"/> To LAD (Appt. _____) <input type="checkbox"/> To WSD (E/E Appt. _____) (E/R Appt. _____)
Underpayment of wages : (from _____ to _____ )	\$ _____			
Deduction of wages : (from _____ to _____ )	\$ _____			
Wages in lieu of notice : _____ month(s) / days *	\$ _____			
Statutory holiday pay : (from _____ to _____ : _____ days) (Please list out the holidays)	\$ _____			
Annual leave pay : (from _____ to _____ : _____ days)	\$ _____	WILON	\$ _____	
Rest day pay : (from _____ to _____ : _____ days) (Normal rest day on : _____ )	\$ _____	SHP	\$ _____	
Severance payment / Long service payment * : (Length of service : _____ years and _____ months)	\$ _____	ALP	\$ _____	
End of year payment : <input type="checkbox"/> Lunar year <input type="checkbox"/> Calendar year (Payment period is : <input type="checkbox"/> Others _____ )	\$ _____	RDP	\$ _____	
Sickness allowance : (from _____ to _____ )	\$ _____	SP/LSP	\$ _____	
Maternity leave pay : (from _____ to _____ )	\$ _____	EYP	\$ _____	<input type="checkbox"/> SP notice <input type="checkbox"/> EP notice
Others : Air ticket (for FDH only)	\$ _____	SA	\$ _____	<input type="checkbox"/> Vic. Notice
Food allowance (for FDH only)	\$ _____			
Travelling allowance (for FDH only)	\$ _____			
Reimbursement	\$ _____			
Compensation under s.32P (for unreasonable and unlawful dismissal only):	\$ _____	MLP	\$ _____	<input type="checkbox"/> Form 1
<b>Total amount :</b>	\$ _____	OTHS	\$ _____	
<input type="checkbox"/> Reinstatement / <input type="checkbox"/> Re-engagement		COMP	\$ _____	
<i>Only applicable to claims of unreasonable dismissal; unreasonable and unlawful dismissal; or unreasonable variation of terms of employment contract.</i>		TOTAL	\$ _____	<input type="checkbox"/> EP case <input type="checkbox"/> Non-EP case
		RI/RE		

\* Delete where appropriate

Please tick (✓) the appropriate box

Name of Claimant : \_\_\_\_\_ (in block letters)

## Note to Employers and Employees on the Protection of Personal Data

Your personal data provided to the Labour Relations Division of the Labour Department will be used for one or more of the following purposes:

- (i) providing conciliation service to help you and your employer / employee resolve your claims and labour disputes;
- (ii) making referrals of the claims and labour disputes to the appropriate divisions of the Labour Department or other government departments / bureaux / organisations for legal proceedings in respect of the claims and labour disputes;
- (iii) offering employees protection under the Employment Ordinance (Cap.57) and the Protection of Wages on Insolvency Ordinance (Cap.380);
- (iv) administering the Employment Ordinance, investigating into complaints and taking out prosecutions for offences committed under the Employment Ordinance; and
- (v) compiling relevant statistics.

2. The provision of personal data is voluntary. However, if you do not provide sufficient information, we may not be able to provide you with appropriate service in relation to your claims and labour disputes. For the purposes mentioned above, your personal data provided to the Labour Relations Division may be transferred to other divisions of the Labour Department (e.g. the Minor Employment Claims Adjudication Board, Wage Security Division, Employment Claims Investigation Division, Job Matching Centre, Labour Inspection Division, Prosecutions Division, Employees' Compensation Division etc.). They may also be transferred to other government departments / bureaux / organisations (e.g. the Labour Tribunal, Legal Aid Department, Official Receiver's Office, Department of Justice and Immigration Department), the Protection of Wages on Insolvency Fund Board, liquidator, receiver, occupational retirement scheme or mandatory provident fund scheme trustees and Mandatory Provident Fund Schemes Authority.

3. You have a right to access and correct your personal data under the Personal Data (Privacy) Ordinance (Cap.486). If you would like to do so, please make your request in writing or fill in a request form which is available from our staff on request and forward your written request or the completed request form to this office.

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(Serial no. : \_\_\_\_\_ )

### Part III

#### **Preliminary application for ex gratia payment from the Protection of Wages on Insolvency Fund**

I, \_\_\_\_\_ (name in block letters), hereby apply for ex gratia payment from the Protection of Wages on Insolvency Fund for items claimed in this claim form for the recovery of payments due to me by my former employer as stated in Part I of this claim form. I understand that I still need to provide wages and employment information and make a declaration under the Oaths and Declaration Ordinance (Chapter 11).

#### Note:

Under the Protection of Wages on Insolvency Ordinance, the Commissioner for Labour must not approve any application in respect of (i) wages which is made more than 6 months after the last day of service; or (ii) wages in lieu of notice or severance payment which is made more than 6 months after the date of termination of contract. Therefore, please cross out Part III if the date of submitting this claim form is more than 6 months after the last day of service/ the date of termination of contract.

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Signature of Claimant : \_\_\_\_\_

Date : \_\_\_\_\_

In the Labour Tribunal of Hong Kong

Statement by Claimant

[Title as in Form 1]

For Official Use Only	
LBTC No. :	
L.D. Ref. No. :	
Tribunal Officer:	

Name of Claimant/Claimant Company\*:

Claimant No. (if applicable):

Name of Claimant Company's representative (if applicable):

Position:

Terms of Employment

Position :		Employment Period : (from)		(to)
Working Hours : (from)		(to)	Others (please specify) :	
Wages : \$		<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Pay Day :		<input type="checkbox"/> Per piece	<input type="checkbox"/> Others (please specify):	
Form of Employment Contract	<input type="checkbox"/> Written	Probationary Period:	<input type="checkbox"/> Yes ( ) month(s) / ( ) days	<input type="checkbox"/> No
	<input type="checkbox"/> Oral	Agreed Notice Period :	<input type="checkbox"/> Yes ( ) month(s) / ( ) days	<input type="checkbox"/> No

Mode of termination / Variation of terms of employment contract:

Empty space for mode of termination details.

Events leading to termination of employment and reasons for the claims:

Large empty space for detailing events leading to termination.

Intention for settling the case with the defendant out of court?	<input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>
Please state the amount you would like to accept for full and final settlement	HK\$ _____
<b>Details of Mandatory Provident Fund Scheme</b>	
Name of the Trustee	_____
Amount of Employer's Accrued Benefit	_____
<b>Declaration</b>	
<p>(i) I declare that the information given in this statement is true.</p> <p>(ii) I am/am not* bankrupt. There is/is no* bankruptcy petition against me. I undertake to inform the Official Receiver and the Labour Tribunal should there be any changes on my bankruptcy status during the course of proceedings.</p>	
<b>Signature of Claimant / Claimant company's representative*:</b>	<b>Date:</b> _____
<b>Company Chop (if applicable):</b> _____	

**Remarks:**

- (a) If the above space is insufficient for use, please continue on a separate sheet.
- (b) The statement must be signed by the claimant/claimant company's authorized representative and state his position.
- (c) If you have witnesses to call or documents to produce, statements of your witnesses and the documents should be attached to your own statement.
- (d) As a party to the claim, you are required to serve a copy of all the documents that are relevant to the claim, including your own statement and your witnesses' statements, if any, to the other party/parties.
- (e) Witnesses are generally not required to attend the first hearing of the claim. However, you must bring along your witnesses, if any, to the Tribunal on the date and time of trial or on such date and time as directed by the Presiding Officer.
- (f) In order to save the time of the trial, you are encouraged to adopt your statement and your witnesses' statements (if applicable) as evidence at the trial so that they can be taken as read.

\* Delete as appropriate