

**FORM MPF(S) - W(M)**

**MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP. 485)**

**CERTIFICATE OF A PERSON'S PERMANENT UNFITNESS  
FOR A PARTICULAR KIND OF WORK**

Name of the patient: \_\_\_\_\_

Hong Kong Identity Card/Passport\*<sup>#</sup> No. of the patient: \_\_\_\_\_

Based on the information provided by or on behalf of the above patient, he/she\* performs the following kind of work in his /her\* present/last\* job:

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above patient is permanently unfit to perform the above kind of work for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of registered medical practitioner/  
registered Chinese medicine practitioner\*: \_\_\_\_\_

Name in block letters: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Official seal / registration number\* (if any): \_\_\_\_\_

*\* Delete whichever is not applicable*

*<sup>#</sup> The patient should give the passport number ONLY when he/she does NOT possess a Hong Kong Identity Card*