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Allianz Global Corporate & Specialty SE

(incorporated in the Federal Republic of Germany with limited liabilities) Hong Kong Branch

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EMPLOYEES' COMPENSATION INSURANCE

PREMIUM ADJUSTMENT & DECLARATION OF EARNINGS FORM

N.R. Please see overleaf for guidelines for completing this Form

ured:			Policy No.:	
	Preceding Period of Insurance		Ensuing Period of Insurance	
Description of Occupations	Actual No. of persons employed	Actual Total Earnings	Estimated No. of persons employed	Estimated Total Earnings

Pursuant to the Insurance Premium Clause of the above-mentioned Policy, I/We affirm that the above amount of all earnings paid by me/us to every employee in my/our employment during the said preceding Period of Insurance is true and correct to the best of my/our knowledge.

SIGNATURE OF INSURED	NAME OF PERSON SIGNING	
COMPANY CHOP WHERE APPLICABLE	JOB TITLE:	
AZ WAFss(1)-13	DATE:	

IMPORTANT NOTICE

- 1. Any employer who fails to insure himself in accordance with Section 40(1) of the Employees' Compensation Ordinance (Chapter 282) shall be guilty of an offence and shall be liable on conviction to a maximum fine of HK\$100,000 and imprisonment for two years.
- 2. You are required under the policy conditions to furnish the Premium Adjustment & Declaration of Earnings Form to your insurance Company within the stipulated time (see Guidelines d. below).

GUIDELINES FOR COMPLETING THE PREMIUM ADJUSTMENT & DECLARATION OF EARNINGS FORM

a. Description of Occupations

Each category of occupation is to be shown separately e.g. Clerical Staff, Sales / Marketing, Messenger, Lorry Driver, Welder etc.

b. Total Earnings (As more fully defined under Section 3 of the Employees' Compensation Ordinance (Chapter 282))
Please declare the actual total gross earnings for the preceding Period of Insurance.

c. Contractors & Sub-contractor's Employees

If you contract out any of the work in connection with your Business, please provide particulars as appropriate.

d. Submission

You have to complete the Premium Adjustment & Declaration of Earnings Form and submit it within 90 days after the expiry or termination of the Policy together with the following:

- i) Signature of an authorized officer.
- ii) Monthly MPF Contribution Statements for the Period of Insurance (stating the occupation of each employees).