

# LABOUR TRIBUNAL

Claim No.: LBTC \_\_\_\_\_ / \_\_\_\_\_

Name/Company: \_\_\_\_\_

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

I, \_\_\_\_\_ the Claimant/Defendant in this claim,  
agree to accept/pay HK\$ \_\_\_\_\_ for full and final settlement of  
the claim.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Identity Card No.: \_\_\_\_\_

Post: \_\_\_\_\_

Company Chop: \_\_\_\_\_