

For Official Use Only	
Claim No.: LBTC	/
LR No.:	
Tribunal Officer:	

Statement by Claimant

[Title as in Form 1]

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) :	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:

Empty box for mode of termination / Variation of terms of employment contract.

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

Large empty box with horizontal lines for events leading to termination of employment and reasons for the claims.

Intention for settling the case with the defendant out of court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please state the amount you would like to accept for full and final settlement	HK\$
Details of Mandatory Provident Fund Scheme	
Name of the Trustee	
Amount of Employer's Accrued Benefit	
Declaration	
<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> <p>(iii)[†] The company has/has not* been wound up. There is/is no* winding up petition against the company. The company undertakes to inform the Labour Tribunal should there be any changes on the company's winding up status during the course of proceedings.</p>	
Signature of Claimant / Claimant company's representative*:	Date:
_____	_____
Company Chop (if applicable): _____	
[†] Delete where appropriate	

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