

Name of Insured : \_\_\_\_\_  
\_\_\_\_\_

Policy No. : \_\_\_\_\_  
Account Code : \_\_\_\_\_

**Employees' Compensation Insurance Wages Adjustment & Renewal Statement**

1.	Description of Occupation of Employees (Class of Employee to be shown separately)	Actual Number of Employees		Actual Salaries/Wages & other Earning Paid during period of the past 12 months	Estimated Annual Salaries/Wages & Other Earnings	Estimated Annual Salaries/Wages Other Earnings for renewal	
						From :	
		As stated in the current policy				To :	
		13/14	14/15	HKD	HKD	HKD	
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
Total :							

I/We hereby declare that the statement of wages, salaries and other earnings set forth in the Schedule above for the Period of Insurance ending \_\_\_\_\_ is furnished by me/us in accordance with the Conditions for my/our Policy.

I/We warrant that it is a true statement; that it includes full wages and that all allowances in kind or money have been included herein.

Signature of Insured: \_\_\_\_\_  
(Together with chop if the Insured is a corporation)

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

Trade or Occupation : \_\_\_\_\_