

Self-employed Person Claim Form

Part I: (To be completed by the service provider. Please read the notes on page 2 before completion)

Name ¹: _____ HKID/Passport No: _____ Student / Staff ID ²: * _____
(The name must be exactly the SAME as that shown in your identity card, passport and bank account.)

Programme : _____ Year of Study: _____ Contact Phone: _____
(LU student only)

Part II: Payment Method (please tick as appropriate)

- ☐ Direct Deposit to payee's HKD bank account
☐ Cheque (for payment in HKD that cannot be made by direct deposit)
☐ Telegraphic Transfer – Charges of the receiving bank, if any, are normally deducted from the remittance, please tick this box
☐ if the University has to bear the said charges contractually

Part III #: **Service/Job/Task* Completed** (To be completed by the service provider)

Date Commenced: _____ Date Completed : _____

Service / Job / Task* Completed: _____

	Currency	Amount
Total Amount to be Claimed for Service /Job/Task Completed :	HK \$	

PART IV#: (To be completed by the service provider)

I hereby submit the above claim. I acknowledge and understand that as a self-employed person (an independent contractor) acting in my own capacity as a party to this Contract for Service, I am NOT an employee of Lingnan University. Therefore, the University does not have any liability under the Employment Ordinance or the Mandatory Provident Fund Scheme Ordinance whatsoever arising out of this engagement.

PERSONAL INFORMATION COLLECTION STATEMENT

- The data provided in this form shall be released to banks, government authorities and relevant units within the University for the purpose of making payments to you.
- Unless required by law, the data collected will not be disclosed to any third parties other than those specified above without your consent.
- If the data provided is incomplete or inaccurate, the University may be unable to make payment(s) to you.
- This form will be destroyed after 7 years upon fulfilling the record retention requirement of the Inland Revenue Ordinance.
- You have a right of access and correction in respect of the data contained in this form under the Personal Data (Privacy) Ordinance. Please raise such request(s) to the Data Protection Officer of the Finance Office at fodpo@LN.edu.hk.

Signed by the Service Provider: _____ Date: _____

PART V: (To be completed by the Department/Unit/Centre/Project Investigator who hired the above service provider)

We confirm that the engagement is a contract for service. (Notes and assessment tests are provided for reference on page 2.) We certify that the above service provider has been hired by us for providing the above mentioned service and that his/her service/job/task has been duly completed to our satisfaction and the amount claimed as stated above shall be charged to the following account:

Department / Project: _____ Approved by/ Date: _____
 Contact Person / Phone: _____ / _____ Head/Project Supervisor/ Investigator*
 Account Code: _____ Endorsed by / Date: _____
 ORSD/TLC*

Part VI: (To be completed by FO)

Budget: checked by /date _____ Payment: checked by / date _____

Approved By: _____

Director of Finance / his approved delegate

Mandatory * Delete whichever is inapplicable

Notes to the Head of Unit or Project Supervisor/Investigator who hired the service provider:

This form should be used **only** when the head/project holder or investigator finds that the nature of the engagement with the self-employed person is a contract for service. **A contract for service MUST fulfill the conditions in items 1 AND 2 in the following assessment** (i.e. by selecting “YES”). For the other items, if there is more than one “NO”, it is likely that this engagement is **not** a Contract for Service. If you have any doubts in your answers and/or on whether an employment relationship exists, please contact the Human Resources Office for clarification and/or read the circular issued by HRO on 27 December 2002.

Mode of Operations		YES	NO
1.	The service provider is a freelancer (i.e. he/she is free to provide services elsewhere within or outside Lingnan University at any time of his/her freewill).		
2.	The service provider will not print/use business card in the name of Lingnan University and will not be presented as a Lingnan University employee.		
3.	The service provider does not regularly use the University office as his/her base of work.		
4.	The service provider will have considerable discretion in determining his/her own work schedule without any reference to or pattern with the University's usual working hours/time, full-time or part-time.		
5.	The service provider does <u>not</u> require close and regular supervision or monitoring, (e.g. he/she is not required to obtain permission for leave away from work/to report work progress frequently).		
6.	The service provider will use his/her own tools/equipment most of the time (e.g. computer, photocopier, fax machine, etc.) to complete the service/task.		

Notes to the Service Provider:

1. Please complete in BLOCK letters.
2. Please fill in your staff ID and attach approval for your outside practice if you are a full-time staff member of the University.
3. [Form FO/1008](#) (Personal & Bank Information Form) should be completed by the payee. Lingnan students should fill in [Form FO/1023](#) (Student Bank Information Form) if the form has not been filed before or provide their bank account numbers through myLingnan Portal.