

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: _____