Application Reference: _____

(Official use: to be assigned by the Secretary of the Working Group)

O&M Branch Service Provider List

Application Form

Name of Company : (should be identical to the Business Registration Certificate/Certificate of Incorporation)	
Full Office Address : (in English)	
Contact Person and Post :	
Organization Chart and Particulars of Key staff :	(Please submit the information with separate sheets) (see Note 1(iii))
Telephone No. :	
Fax No. :	
Email :	
Category of the List you would like to apply for :	(Please tick only **<u>one</u>** category as appropriate. A separate application should be used if you would like to apply for more than one category.) ☐ **Category: Condition Surveys** **(Please select either one of the followings or both)** ☐ **Pressurized Pipes** ☐ **Gravity Pipes** ☐ **Category: Replacement and Rehabilitation (R&R) Works** **(Please select either one of the followings or both)** ☐ **Pressurized Pipes** ☐ **Gravity Pipes** ☐ **Category: Desilting Works**

Holding-Subsidiary Relationship and Related Party(-ies) Declaration and Undertaking :	☐ There is no other company of the same group as defined in Section 2 (1) of the Companies Ordinance (Cap. 622) ☐ I declare and undertake that the applicant and firm(s) listed below, who is/are (a) in the same group of companies (as defined in Section 2 (1) of the Companies Ordinance (Cap. 622); or (b) related party(-ies) (i) Company name: _____ (ii) Company name: _____ (iii) Company name: _____ (iv) Company name: _____ (v) Company name: _____ In the event that the information becomes incorrect due to change of circumstances or otherwise, the applicant, shall notify the Secretary of the Working Group within a reasonable period of time. Failure to comply with this requirement may lead to the Working Group taking regulating action against the applicant.

I certify that the information provided is correct.

Signature and Company Chop: _____

Name in Block Letter: _____

Designation: _____

Date: _____ (dd/mm/yyyy)

Important Notes :

1. This Form should be duly completed and returned **by mail** to the Secretary, Working Group on Management of O&M Branch Service Providers at 9/F, Drainage Services Tower, 8 Ying Wah Street, Cheung Sha Wan, Kowloon, together with:
   (i) Copy of Business Registration Certificate;
   (ii) A detailed account of past working experience/job references of your company and particulars of your key staff demonstrating compliance with the admission criteria; and
   (iii) Organization chart of the company (please declare if there are any subsidiaries / parent company to which your company belongs.

2. Failure to attach the above information to the application will lead to rejection of the application.

3. Service providers on the list are subject to regulating actions for their poor performance.

4. The information including the name and contact of the applicant provided in the application may be disclosed to the public and other Government when necessary.

5. Only one company among all subsidiary companies could submit a quotation for a particular contract/quotation at one time.

6. The admission application will be vetted by a designated officer nominated from the district divisions for subsequent endorsement by the Working Group on Management of O&M Branch Service Providers. Applicants will be informed of the decision of the said working group which will be final and non-disputable.

7. The selection of service providers for inviting quotations and the issue of invitations will follow Stores and Procurement Regulations (SPR) 280 which sets out the minimum number of service providers to be invited. Invitations may be issued to all or only some of the service providers on the list subject to the prevailing circumstances including but not limited to the number of services providers on the list and the invitation mechanism.