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

Operations and Maintenance (O&M) Branch Service Provider List <u>Application Form</u>

Name of Company					
(should be identical to the Business Registration Certificate/Certificate of Incorporation)					
Full Office Address					
(in English)					
Contact Person and Post					
	(Please submit the information with separate sheets) (see Note 1(iii))				
Organization Chart and	(ricase submit the information with separate sneets) (see Note 1(in))				
Particulars of Key staff					
Telephone No. :					
Fax No. :					
Category of the List you would like to apply for :	(Please tick only one of the three categories as appropriate. A separate application should be used if you would like to apply for more than one categories.)				
would like to apply for .	○ Category: Condition Surveys				
	(You should tick either one or both of the following sub-categories)				
	Pressurized Pipes				
	Gravity Pipes				
	Category: Replacement and Rehabilitation (R&R) Works				
	(You should tick either one or both of the following sub-categories)				
	Pressurized Pipes				
	Gravity Pipes				
	○ Category: Desilting Works				
I certify that the information p	provided is correct.				
Signature and Company Chop					
Name in Block Letter:					
Designation:					

Date:

Important Notes :

1. This Form shou	ld be duly completed and retu	urned <u>by mail</u> to Chairman,	Working Group	on Management of	O&M Branch
Service Provide	ers, Unit 1501-03, 15/F, 909 C	Cheung Sha Wan Road toge	ther with:		

(dd/mm/yyyy)

- (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;
- (iii) Organization chart of the company;

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.