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| For Official Use Only  | EF83K(01/16) |
| Received on: Label No.: Issue Date: Expiry Date : Fee:  |

K

香港大學物業處

Estates Office

The University of Hong Kong

Please read the guidelines for application (EF83J&K1) carefully before completing this form. All items should be completed in BLOCK LETTERS. For Enquiry, please email to parking@hku.hk . (\*please tick or cross as appropriate)

To: Security and Parking Unit:

**Application for Class K Parking Label**

**Part I Eligibility**

Contractors listed in the University “Approved Contactor List” (Guidelines item 2) who fulfils the following criteria:-

1. Being Engaged in a building/maintenance project or in a catering operation by the University; and
2. Will only park their vehicle on the **Sassoon Road Campus** for the above purpose.

**Part II Particulars of Contractor/ Applicant**

1) Name of Contractor:

2) Registered Address:

3) Name of Applicant: (Dr/Mr/ Mrs/ Miss\*)

(Surname) (Given name)

4) Contacts: (Direct) (Office) (Email)

5) Project Name:

6) Period Applied for: from (MM/YYYY) to (MM/YYYY)

7) This is our\* 1st /2nd /3rd /4th /5th vehicle applied for the captioned project (Guidelines item 5)

**Part III Details of Application**

8) Type of Application\*

 □ Renewal □ New Application

 □ Change of Vehicle Details (Current registration number: )

9) Registration Number: 10) Make & Model:

11) Vehicle Ownership\*: □ Individual □ Company (Guidelines item 6)

**Part IV Declaration of the Applicant**

I have read and acknowledged the Guidelines for Application for Class J&K Parking Label (EF83J&K1).

I agree to observe the Regulations governing Traffic and Parking on University Estates currently in force and I agree that the University shall not be liable for any theft of or damage to vehicles parked on its properties whether caused through the negligence or breach of contract committed by the University or its staff. I also agree to bear all liabilities for any indemnity against all damages, injuries and losses on the University Properties caused by or in connection with the above-mentioned vehicle.

Date Company Stamp Name of Applicant Signature

**Part IV Submission by Technical Manager Part IV Approval by Estates Office**

(Technical Manager for Project/ CEDARS for Catering) The application is\* approved/ not approved by:

|  |  |
| --- | --- |
|  Name of Technical Manager/ Staff of CEDARSSignature: Date:  |  Name of Approver **(Rank of Assistant Director or above)**Signature: Date:  |