



香港大學物業處
Estates Office
The University of Hong Kong

For Official Use Only	EF83K(09/20)
Received on: _____	
Label No.: _____	
Issue Date: _____	
Expiry Date : _____	
Fee: _____	

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 fulfill the following criteria:-

- (i) being engaged in a building/maintenance project or in a catering operation for the University; and
- (ii) will only park their vehicle at **LKS Faculty of Medicine Building** 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 (*Guideline 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 (*Guideline 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 V Submission by Technical Manager

(Technical Manager for Project/ CEDARS for Catering)

Part VI Approval by Estates Office

The application is* approved/ not approved by:

Name of Technical Manager of EO / Staff of CEDARS

Name of Approver (**Rank of Assistant Director or above**)

Signature:

Signature:

Date:

Date: