|  |  |
| --- | --- |
| Corporation No.： |  |

BUILDING MANAGEMENT ORDINANCE (Cap. 344) (“the Ordinance”)

**( Section 12(3) and Section 28(6A) )** ⯎

**NOTICE OF CHANGE OF PARTICULARS / NOTICE OF POLICY OF INSURANCE1,2**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **The Incorporated Owners of** | | | | | | | | | |  | |  | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | *(Name of Corporation)* | | | | | | | | | | | | | | | |
|  | | | \*  NOTICE is hereby given that with effect from | | | | | | | | | | | | | | |  | | | | | (day/month/year), | | | | | |
| particulars of the above-named Corporation have been changed as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \* Please ✓ whichever is applicable  ⯎ For information about sections 12(3) and, 28(6A) of the Ordinance, please refer to the attached Brief Notes.  @ Please insert both English and Chinese names as appearing in the Hong Kong Identity Card or other identity document.  If no English name or Chinese name, please enter “N/A”. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name of the corporation: |  | | 🡸  🡸  🡸 | *(Please* ***leave blank*** *if there is no change.)* | | Name and address of the building: |  | | | Address of the registered office of the corporation: |  | | |  | |  |  |  | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | 🡻 *(Please* ***leave blank*** *if there is no change to the particulars of the Chairman, Vice-chairman, Secretary, Treasurer and members of the Management Committee.)* | | | | | Management Committee3 | | | Address4 | | English@ | Chinese@ |  | |  |  | Chairman |  | |  |  | Vice-chairman |  | |  |  | Secretary |  | |  |  | Treasurer |  | |  |  | Member |  | |  |  | Member |  | |  |  | Member |  | |  |  |  |  | |  |  |  |  | | *(If there is not enough space above to fill in all the change of particulars, please attach a separate sheet for additional information)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*  NOTICE is hereby given that a policy of insurance under section 28(1) ⯎ of the Ordinance was effected | | | | | | | | | | | | | | | | | | | | | | | | | | |
| on | | | | |  | | | | | | | | (day/month/year) | | | as follows: | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Name of insurance company: |  | | | Address of insurance company: |  | | | Period covered by the policy of insurance: | From | to | |  | *(DD/MM/YYYY)* | *(DD/MM/YYYY)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | I hereby confirm that the information given in this notice is true and correct.5 | | | | | | | | | | | | | | | | | | | | |
|  | | | | | I have read the ‘Personal Information Collection Statement’ and fully understand it. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Dated this | | | | |  | | | | | day of | | |  | | | . |  | | | |
|  | | | | | | | | | | | | | |  | | | (Signature: ) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | |  | | | | | | (Name: |  | | | ) | | | |  | |
|  | | | | | | | | | | | | | |  | | | *(Please fill in block letters)* | | | | | | | | | | | | | | |
|  | | | | | *Secretary of the Management Committee* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To the Land Registrar,  Hong Kong. | | | | | | | | | | | | | |  | | | *(Please also affix the common seal/company chop if the secretary is a body corporate.)* | | | | | | | | | | | | | | |