|  |  |
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|  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: |       |
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| 🡻 *(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.)* |