

APPLICATION FOR MAINTENANCE COST REIMBURSEMENT

Part I : Particulars of the Property and Contact Person

(1.) Address of the property claiming for maintenance cost reimbursement :

_____ HK / KLN / NT *

(2.) Contact Person : _____

(3.) Contact Phone No.: _____ (day) _____ (Night) _____ (Mobile/Pager)

(4.) Correspondence Address : _____ HK / KLN / NT *
(if different from the property claiming for maintenance cost reimbursement)

* Delete where inapplicable

Part II : Details of Amount Claimed

[see items 5, 11 and 12 in pamphlet]

{Tick (✓) the appropriate box(es)}

	<u>Ref. No.</u> <u>of orders/notices etc.</u>	<u>Date of</u> <u>Completion of Works</u> <small>(see note 4 in pamphlet)</small>	<u>Amount Claimed</u> <u>(HK\$)</u>
(5.) <input type="checkbox"/> Works required by Buildings Department under the laws of Hong Kong Chapter 123 Buildings Ordinance, Section 26 / 26A / 28.	_____	_____	_____
(6.) <input type="checkbox"/> Works required by FSD under the laws of Hong Kong Chapter 502 Fire Safety (Commercial Premises) Ordinance, or Hong Kong Chapter 572 Fire Safety (Buildings) Ordinance	_____	_____	_____
(7.) <input type="checkbox"/> Works required by EMSD under the laws of Hong Kong Chapter 327 Lifts and Escalators (Safety) Ordinance.	_____	_____	_____

Total HK\$: _____

Part III : Supporting Documents Enclosed

{Tick (✓) the appropriate box(es)}

	Documents in respect of items (5.), (6.) and (7.) in Part II above		
	(5.)	(6.)	(7.)
(8.) <input type="checkbox"/> Copy of orders/notices issued by the relevant authorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9.) <input type="checkbox"/> Copy of notification forms submitted by the registered contractor/consultant to the relevant authorities for the completion of maintenance or repair works.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10.) <input type="checkbox"/> Copy of acknowledgment of completion for the maintenance or repair works by the relevant authorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(11.) <input type="checkbox"/> Copy of contractor's account receipt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(12.) <input type="checkbox"/> Copy of consultant's account receipt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(13.) <input type="checkbox"/> Copy of the documents stipulating the particular share of the owners for the maintenance or repair works carried out for the common areas of the buildings including the relevant receipt issued by the relevant Incorporated Owners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(14.) <input type="checkbox"/> Copy of quotation/contract (including detailed cost breakdowns) for the maintenance or repair works.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(15.) <input type="checkbox"/> Copy of agreement/appointment letter of consultants to handle the maintenance or repair works.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(16.) <input type="checkbox"/> Any other documents: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Part IV : Declaration

In connection with my/our claim for reimbursement which the Urban Renewal Authority may consider to offer under the Maintenance Cost Reimbursement Scheme (MCRS), I/we, the undersigned, hereby declare as follows:-

1. I/We fully understand the content of this form and confirm that all the information and the supporting documents furnished hereunder are genuine and correct;
2. The amount so claimed by me/us is related to those works which qualify for reimbursement under the MCRS but not otherwise;
3. I/We agree to provide such other necessary information or supporting documents as the Urban Renewal Authority may reasonably require for processing this application;
4. I/We understand and agree that the Urban Renewal Authority reserves the right to decline this application without disclosing any reason and we further agree that this application and all supporting documents supplied by me/us in relation to this application will not be returned to me/us whether this application is successful or not;
5. I/We hereby give consent to the Urban Renewal Authority, in assessing my/our eligibility for reimbursement under the MCRS, to compare and match the data on this form with the data collected for any other purpose so as to verify if those data are false and misleading, and to base upon those data and determine my/our eligibility for any reimbursement under the MCRS; and
6. I/We acknowledge that should any information provided by me/us for the purpose of this application be false or misleading, the Urban Renewal Authority shall have the right to decline my/our application and any reimbursement already paid to me/us shall be returned in full to the Urban Renewal Authority forthwith and the Urban Renewal Authority shall have the right to take any legal action as it deems appropriate.

Signature(s) of all registered owners

Principal registered owner : _____ (Name : _____)
(In Block Letters)

(Date : _____)

Other registered owner : _____ (Name : _____)
(In Block Letters)

(Date : _____)

Other registered owner : _____ (Name : _____)
(In Block Letters)

(Date : _____)

Other registered owner : _____ (Name : _____)
(In Block Letters)

(Date : _____)

Notes

- a. This application **must** be signed by all registered owners of the property. Please use separate sheet if more space is required.
- b. For corporate registered owner, please arrange a director who has been duly authorised to sign on its behalf and the signing should accompany with the chop of such corporate registered owner.

For Office Use Only

Date of receipt of application by URA: _____

Remark : _____
