



CHEUNG KONG CENTER
PROPERTY MANAGEMENT LIMITED
長江集團中心物業管理有限公司



港基物業管理有限公司
CITYBASE PROPERTY MANAGEMENT LIMITED



高衛物業管理有限公司
GOODWELL PROPERTY MANAGEMENT LIMITED

承辦商簡介表

Contractor Information Form

For Official Use

- ☐ New Apply
☐ Add Category

- ☐ Re-apply after Expiry of Disqualification

Code :

請用正楷填寫表格內所有空格，劃去或填寫“不適用”於不需要的空格內。

Please write in BLOCK Letters for all blanks and delete or write in "N/A" if not applicable.

註：所有空格必須填寫，否則申請將不被考慮。
All blanks must be filled. Otherwise, this application will not be considered.

提供貨品／服務種類 Types of Goods/Services			
公司名稱 Company Name	(中文)		
	(English)		
公司註冊地址 Registered Office Address	(中文)		
	(English)		
通訊地址 Correspondence Address	如與註冊地址不同，請填寫此欄 Please complete this part if the correspondence address is different from the Registered Office Address		
	(中文)		
商業登記証編號 Business Registration Certificate No.	(English)		
	到期日 Expiry Date :		
香港公司銀行商業賬號 Company Business Account in HK	銀行名稱 Name of Bank	賬號 Account No.	
營業性質 Nature of Business	<input type="radio"/> 獨資 Sole Proprietorship <input type="radio"/> 有限公司 Corporation <input type="radio"/> 合夥 Partnership <input type="radio"/> 自僱人士 (只適用於興趣班／訓練班服務承辦商) Self Employed (Applicable to Interest/Training Class Service Provider only) <input type="radio"/> 其他 Others:		
其他聯絡資料 Other Contact Information	固網電話號碼 Fixed Line Tel. No. 手提電話號碼 Mobile No. 傳真號碼 Fax. No.		
	收取標書之電郵地址 Tender-receiving Email Address		
	24小時緊急聯絡號碼 (手機) 24hrs Emergency Call No. (Mobile Phone)		
	公司網址 (Company Web Site)		
公司總負責人／東主 Responsible Person/Owner	1. 姓名 Name	職銜 Title	
	2. 姓名 Name	職銜 Title	
授權代表 Authorized Personnel	1. 姓名 Name	職銜 Title (預設聯絡人 Contact Person as default)	
	2. 姓名 Name	職銜 Title	
香港公司成立日期 Date of Establishment in HK	(日／月／年) (DD/MM/YYYY)		
所屬公司／集團名稱 (只適用於附屬機構填寫) Name of Group/Mother Company (Applicable to subsidiary company)	(中文)		
	(English)		
全職受薪僱員人數 No. of Permanent Employee	行政／主管 Admin.	一般員工 General Staff	工程師／技工 Engineer/Technical Staff
	註：所有受薪員工的人數必須等同於購買勞工保險的人數。 Remarks: The total number of employees must be equal to the numbers of person under Employee's Compensation Insurance.		
公司已購備足夠之保險 Adequate Insurance Coverage	勞工保險 Employees' Compensation (EC) <input type="radio"/> 是 Yes 到期日 Expiry Date : 如屬工程或服務承辦商，所提供的勞工保險必須包含附加條款 "W338" 和 "W348"。 If you are a technical/general service provider, additional clauses of "W338" and "W348" must be included in the EC Policy. 如屬自僱人士而未能提供勞工保險單，請剔選以下聲明 (只適用於興趣班／訓練班服務承辦商) If you are self-employed & cannot provide EC coverage, please tick the box below for declaration. (Applicable to Interest/Training Class Service Providers only) <input type="radio"/> 現聲明本公司由本人獨自營運，並沒有僱用任何員工處理本公司業務，或只以臨時性質僱用員工。香港法例第282章《僱員補償條例》不適用於本公司，因此本公司毋須購買勞工保險。 I hereby declare that I am solely operating the company by myself. No employee is hired under the company or the employees hired are casual employees. Employees' Compensation Ordinance, Chapter 282 of the Laws of Hong Kong does not apply to the company, so it is not required to arrange Employees' Compensation Insurance for the company.		
	公眾責任保險／承辦商全險 Public Liability/Contractor All Risks <input type="radio"/> 是 Yes 到期日 Expiry Date :		

個人／公司持有之專業牌照／證書 Valid Licence/Certificate of Relevant Trades held by the Company or Individual Staff	
曾否提供服務予本集團公司 Previous job reference with our group companies	<input type="radio"/> 否 No <input type="radio"/> 有, 請列述服務種類及範圍 Yes, please specify the services nature
有否母公司／分公司／子公司／ 關聯公司／附屬公司已登記為 本集團公司的合資格承辦商 Any Mother Company / Branch / Subsidiary / Related Company has been enlisted in the Approved Contractor List of our group companies	<input type="radio"/> 否 No <input type="radio"/> 有, 請提供公司名稱及所屬關係 Yes, please specify the company name(s) and relationship (中文) (關係) (English) (Relationship)
引入人及途徑 Referral	<input type="radio"/> 長江集團中心 Cheung Kong Center <input type="radio"/> 港基 Citybase <input type="radio"/> 高衛 Goodwell <input type="radio"/> 其他 Others: _____

承辦商必須提交下列文件 (如未能提交, 申請將不獲考慮) Contractor must submit the followings (Application will not be considered without submissions) :

- 1) 公司註冊證副本 (適用於有限公司) Copy of Certificate of Incorporation (Applicable to Limited Company)
- 2) 商業登記證副本 Copy of Business Registration Certificate
- 3) 勞工保險保單副本 Copy of Employees' Compensation Insurance Coverage
- 4) 負責人/東主名片 Name Card of Responsible Person/Owner
- 5) 香港公司銀行商業賬號副本 (須顯示公司名稱及其賬號) Copy of HK Company Business Account (with Company Name and Account No.)
- 6) 公司架構圖表 Organization Chart
- 7) 持有所需之執照／證書副本 (依照個別行業所需) Copies of Licences/Certificates of Relevant Trade (Subject to Individual Trade)
安全管理手冊 (適用於工程承辦商、清潔承辦商及涉及高危工作的非工程承辦商)
- 8) Safety Management Plan (Applicable to Tech-related Contractors, Cleaning Contractors and non-technical contractors involved high risk works)
- 9) 過往／現時主要客戶資料／工作參考之證明文件 (請提供客戶名稱、聯絡人及主要提供之貨品服務及合約總值)
Past/Existing Major Clients List/Job Reference (Please indicate respective client name, contact person, goods services provided & contract sum)

下列文件(如有)可提交作為補充資料 The following document (if available) can be submitted for reference:

- 1) 公司簡歷書 Company Profile
- 2) 產品目錄 Product Catalogue
- 3) 公眾責任保險／承辦商全險保單副本 Copies of Public Liability/Contractor All Risks Insurance Coverage
- 4) 質量管理體系／環保管理體系證書副本 Copies of Quality Management System/Environmental Management System Certificates
- 5) 職業健康與安全管理體系／安全管理系統及安全審核報告結果 Copies of OHSAS 18001 Certificates, Safety Management Manual & F&IUSMS Audit Report

請如實作答, 並在下列問題旁適當方格內加上剔號 Please answer the following questions in good faith by putting a tick "✓" in the appropriate boxes:

	有 Yes	否 No
1. Any early termination of contract by your customers in the past 2 years? 於最近兩年內, 有沒有被客戶提前終止合約? If yes, please state the no. of cases and the reason(s) for early termination: 如有, 請列明次數及原因: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Any accident case happened in the past 12 month? 於最近12個月內, 履行合約期間, 有沒有意外發生? If yes, please state the no. of cases and the cases information in brief: 如有, 請列明次數及意外的資料: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Any legal litigation relating to the violation of the Labour Ordinance in the past 12 months? 於最近 12 個月內, 有沒有因違反勞工條例而被訴訟? If yes, please state the no. of case: 如有, 請列明次數: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Any criminal and/or civil prosecution recorded? 有沒有任何刑事及／或民事訴訟記錄? If yes, please state in brief: 如有, 請詳細列明: _____	<input type="checkbox"/>	<input type="checkbox"/>

本公司奉行遵守香港法律並同意遵守有關法例、附屬法例及香港特別行政區政府部門不時發出之守則〔包括及不限於勞工處、商業登記處和消防處〕。

本人證實本人為此承辦商簡介表所提供資料全屬正確、無誤及完全。本人明白如有任何虛假陳述，貴集團公司有權拒絕本公司的申請及／或將本公司從合資格承辦商記錄中移除。

Our Company has all the times been in compliance with the laws of Hong Kong and our Company shall comply with all applicable legislation and subsidiary legislation of Hong Kong and code of practice as may be issued by the government departments of HKSAR from time to time including but not limited to Labour Department, Business Registration Department and Fire Services Department.

I hereby declare and warrant that the information submitted in relation to this Contractor Information Form is true, correct and complete. I understand that the Group Companies reserve the right to disqualify our application and/or suspend us from the Approved Contractor List if any false or misleading information that relates to this application was provided.

授權簽署及公司印鑑 Authorized Signature & Company Chop	簽署人姓名 Name of Authorized Signature
	簽署人職銜 Title of Authorized Signature
	日期 Date : 日DD／月MM／年YYYY

備註：

- 以上資料如有任何修改，請盡快以書面通知本公司總部。
- 您所提供的資料將用作事務之聯絡或直接相關的目的。
- 您的個人資料只會供本集團及其附屬或聯營機構查閱及使用，不同意此項之承辦商請於此以書面申明。
- 如屬工程承辦商，必須購買承辦商全險，其保障必須包括整項工程的施工期。
- 如屬服務承辦商，必須按本集團及其附屬或聯營機構要求購買足夠保額之保險。

Remarks:

- Should there be any changes in the above, please inform our Head Office in writing as soon as possible.
- The information provided by you will be used for contacts relating to the administration affairs or its directly related purposes.
- Your personal data will only be accessed or used by our Group, its subsidiaries and associated companies. Contractors disagreeing with this arrangement should declare upon return of this form to us.
- All Works Contractors should offer Contractors' All Risks Insurance and the coverage should include the whole contract period.
- All Services Contractors should offer sufficient Insurance coverage which requested by our Group, its subsidiaries and associated companies.

聲明：

1. 除承辦商特別聲明外，所有承辦商提交之資料不論錄用與否，將不獲發還。
2. 本集團之承辦商甄選程序並不收取任何費用，所有甄選亦由本集團直接執行，承辦商無須亦不應為此向第三者提供任何款項或利益。
3. 合資格承辦商日後必須以"投標邀請書"內所被邀請的公司名稱投標／報價，未被邀請而主動報價的承辦商所交回之標書／報價單一概不獲考慮。

Declaration:

1. No matter this application is accepted or not, all information submitted, unless otherwise stated herein, would not be returned.
2. Application for being a contractor to the Group needs no charge. Contractors should not accept any proposal from third party for any benefits/gratitudes to be made to them for their entitlement to tender the application herein.
3. No companies other than the one named on block "Company Name" is allowed to submit an offer and such submission will be deemed unacceptable. No consideration will be made.

此欄只供內部填寫 For Internal Use Only		
評核 Assessment	確認及簽署 Approval Signature	
將會安排 will be arranged <input type="radio"/> 日期 Date		
現階段不作考慮 will not be considered in this stage <input type="radio"/> 原因 Reason		