

# APPLICATION FOR CERTIFICATE FROM THE DIRECTOR OF BUILDINGS/HOUSING/ARCHITECTURAL SERVICES

**(For KG-cum-CCC application only)**

屋宇署 / 房屋署 / 建築署證明書申請表(只適用於幼稚園暨幼兒中心申請)

## Notes for application

- (1) Please write in block letters and delete whichever inappropriate(\*)  
請用大楷英文填寫及劃去不適用者
- (2) Please submit this form and enclose 4 copies of the layout plan of the proposed child care centre in person to Joint Office for Kindergartens and Child Care Centres, Room 602, 6/F, 14 Taikoo Wan Road, Taikoo Shing, Hong Kong  
請把此表格連同擬辦的幼兒中心圖則四份親自遞交幼稚園及幼兒中心聯合辦事處, 地址: 香港太古城太古灣道 14 號 6 樓 602 室

**To : Director of Buildings / Housing/ Architectural Services\***

致 : 屋宇署署長 / 房屋署署長 / 建築署署長

I, on behalf of my below-said organisation\* propose to apply for registration of the below-said premises as a child care centre and request the issue of the necessary certificate in relation to section 7(1)(b) of the Child Care Services Ordinance to accompany my application. Attached please find four copies of the layout plan with English and Chinese annotation which I have duly signed and dated, showing those parts of the premises to be occupied by the proposed centre.

本人, 代表下述機構\*現擬申請註冊下述樓宇為幼兒中心, 請依照幼兒服務條例第七條第(一)款(二)段之規定發給證明書予本人, 以便連同證明書呈交有關申請表。現附上擬辦的幼兒中心圖則四份, 圖內已有中英文註譯, 列明擬用為幼兒中心的樓宇部份, 該圖則業經本人簽署及書明日期。

|                                             |                     |                 |               |
|---------------------------------------------|---------------------|-----------------|---------------|
| (a) Name of applicant                       | : *Mr./Mrs./Miss/Ms | _____           | (English)     |
| 申請人姓名                                       | 先生/夫人/小姐/女士         | _____           | 英文            |
|                                             |                     | _____ (Chinese) | (H.K.I.C No.) |
|                                             |                     | _____ 中文        | 身份證號碼         |
| (b) Name of organisation represented        | :                   | _____           | (English)     |
| (not for individual applicant)              |                     | _____           | 英文            |
| 代表機構名稱(個人申請者毋須填寫)                           |                     | _____           | (Chinese)     |
|                                             |                     | _____ 中文        |               |
| (c) Address & tel. no. of applicant /       | :                   | _____           | (English)     |
| organisation represented*                   |                     | _____           | 英文            |
| 申請人/代表機構*地址及電話號碼                            |                     | _____           |               |
|                                             |                     | _____           | (Chinese)     |
|                                             |                     | _____ 中文        |               |
|                                             |                     | _____ Tel. no.: |               |
|                                             |                     | _____ 電話號碼      |               |
| (d) Name of proposed centre                 | :                   | _____           | (English)     |
| 擬辦中心名稱                                      |                     | _____           | 英文            |
|                                             |                     | _____           | (Chinese)     |
|                                             |                     | _____ 中文        |               |
| (e) Full address of proposed centre         | :                   | _____           | (English)     |
| (and tel. no. if available)                 |                     | _____           | 英文            |
| 擬辦中心詳細地址                                    |                     | _____           |               |
| (及電話號碼如可提供)                                 |                     | _____           | (Chinese)     |
|                                             |                     | _____ 中文        |               |
|                                             |                     | _____ Tel. no.: |               |
|                                             |                     | _____ 電話號碼      |               |
| (f) Contact person                          | : *Mr./Mrs./Miss/Ms | _____           |               |
| 聯絡人姓名                                       | 先生/夫人/小姐/女士         | _____           |               |
| (g) Correspondence address, tel. & fax no.: |                     | _____           |               |
| 聯絡人地址, 電話及傳真號碼                              |                     | _____           |               |
|                                             |                     | _____ Tel. no.: |               |
|                                             |                     | _____ 電話號碼      |               |
|                                             |                     | _____ Fax no.:  |               |
|                                             |                     | _____ 傳真號碼      |               |

Signature : \_\_\_\_\_  
簽名 (with zeal of agency if applicable)  
機構印鑑如適用

Date : \_\_\_\_\_  
日期

c.c. Joint Offices for Kindergartens and Child Care Centres

副本送 : 幼稚園及幼兒中心聯合辦事處

JOKC Form 02 (5/2022)