Nomination to
Private Columbaria Licensing Board
Clauses 8, 9 and Schedule 1 of the Private Columbaria Bill

Name _____ _____
(English) *(Chinese)*

HKID Card No. _____

Date & Place of Birth _____

Qualification (with abbreviation) _____

_____

Residential Address _____

_____

_____

Company Name _____

& Address _____

_____

_____

Tel No. _____ **(Office)** **Fax No.** _____

Tel No. _____ **(Mobile)** **E-mail address** _____

Signature of Nominee _____

Date _____

Notes on Collection of Personal Information

1. The information provided will be used for purposes in connection with the administration of the Private Columbaria Bill.

2. The information may be disclosed to other government departments or other parties for the purposes related to the administration of matters related to the Private Columbaria Bill.