PART 5 - OFFER TO BE BOUND

1. Having read the Quotation Documents, I / we, the Service Provider mentioned below, agree to be bound by all of the terms and conditions as stipulated therein.
2. I / We, the Service Provider mentioned below, do hereby agree to carry out the Services at the Service Fee and such other amount (if any) accepted by the Corporation in writing, subject to and in accordance with the terms and conditions of the Quotation Documents.
3. I / We, also certify that the particulars given by me/us below, are correct:

(a) The number of my / our / the company / body corporate’s Business Registration Certificate issued under the Business Registration Ordinance (Cap. 310) / Certificate of Incorporation issued under the Companies Ordinance or Registered Trustees Incorporation Ordinance / Certificate of Registration of Non-Hong Kong Company issued under the Companies Ordinance is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) The date of expiry of my / our / the company / body corporate’s Business Registration Certificate / Certificate of Incorporation / Certificate of Registration of Non-Hong Kong Company is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) I am/We are/The company is covered by an Employees’ Compensation Insurance Policy, the particulars of which are as follows:

Name of Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period covered by the Policy is from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief particulars of the cover provided and any special conditions are as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) The registered office / principal place of business of the company / body corporate is situated at Hong Kong

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| --- | --- | --- |
| Signed by the Service Provider / Signed by an authorised signatory for and on behalf of the Service Provider | : |  |
| Name of the Service Provider | : |  |
| Name and title of the authorised signatory (where applicable) | : |  |
| Date | : |  |

Notes:(i) All the particulars required above must be completed.

1. Strike out clearly alternatives which are not applicable.