

**Application for Specified Instrument Submitted  
Under the Private Columbaria Ordinance**

**Statement of Particulars of Applicant and Related Persons**

The applicant should complete this form and attach it to the application form for any specified instrument submitted under the Private Columbaria Ordinance.

- (1) Please put a tick “✓” in the appropriate box.
- (2) \* Please delete where appropriate.

**Important Notice**

- (1) Under the Private Columbaria Ordinance (PCO), the Private Columbaria Licensing Board (PCLB) must have regard to the public interest and may, in addition to the requirements set out in the PCO, have regard to any other relevant considerations in determining an application for a specified instrument (SI) in respect of a columbarium. The PCLB will take into account the information provided by the applicant in this form in processing an application for SI. Please refer to Chapter 5 of the Application Guide for details.
- (2) You should make an enquiry with the Food and Environmental Hygiene Department at 2892 2731 and/or consult your legal adviser if you do not understand any part of the questions contained in this form. Please note that it is an offence under the PCO to provide information which is false or misleading in or in connection with an SI application. Please also note that if you choose not to answer any questions, your application may be delayed and/or refused.
- (3) If you are not sure whether you have any criminal conviction, you may make a request at the Criminal Conviction Data Office of the Hong Kong Police Force for access to your “criminal conviction data” (For details, please browse the website [https://www.police.gov.hk/info/doc/DataAccessRequestCriminal\\_en.pdf](https://www.police.gov.hk/info/doc/DataAccessRequestCriminal_en.pdf) or call 2860 6557) and/or request a “certificate of trial” from the relevant court.

**Part 1A – Particulars of the Applicant**  
**(If the Applicant is a Natural Person)**

Please complete **Annex 1** and answer all the questions below:

- (1) Has the applicant been found by a court, in accordance with the Mental Health Ordinance (Cap. 136), to be of unsound mind and incapable of managing himself or herself and his or her affairs?

Yes       No

If the answer is “Yes”, please provide the relevant information (such as the relevant court ruling). Attach additional sheets if necessary.

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- (2) Has the applicant ever been adjudicated bankrupt within the meaning of the Bankruptcy Ordinance (Cap. 6) or has the applicant entered into a composition or arrangement with his or her creditors without paying the creditors in full?

Yes       No

If the answer is “Yes”, please provide the relevant information (such as the relevant court ruling and the details of the composition or arrangement). Attach additional sheets if necessary.

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- (3) Is the applicant serving any sentence of imprisonment in Hong Kong or elsewhere?

Yes       No

If the answer is “Yes”, please provide the following information:

- (a) The offence

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- (b) The penalty imposed

---

- (c) Date of conviction

---

- (d) Place of conviction

---

(e) Name of the court which tried the offence

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(f) Detailed description (Attach additional sheets if necessary.)

---

(4) Except the minor offences listed in **Annex 4**, has the applicant been convicted of any criminal offences in Hong Kong or elsewhere? Please note that the rehabilitation provisions of the Rehabilitation of Offenders Ordinance (Cap. 297) do not apply to this application. In other words, you must answer “Yes” to this question even if your conviction is considered “spent” under the said Ordinance.

Yes       No

If the answer is “Yes”, please provide the following information:

(a) The offence

---

(b) The penalty imposed

---

(c) Date of conviction

---

(d) Place of conviction

---

(e) Name of the court which tried the offence

---

(f) Detailed description (Attach additional sheets if necessary.)

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**Part 1B – Particulars of the Applicant**  
**(If the Applicant is a Body Corporate)**

Please answer all the questions below:

(1) Has the applicant (other than a company) been dissolved?

- Yes       No  
 Not applicable (if the applicant does not belong to this category)

If the answer is “Yes”, please provide the relevant information. Attach additional sheets if necessary.

---

(2) If the applicant is a company, has a resolution for voluntary winding up (as defined by section 228(2) of the Companies (Winding Up and Miscellaneous Provisions) Ordinance (Cap. 32)) been passed by the company?

- Yes       No  
 Not applicable (if the applicant does not belong to this category)

If the answer is “Yes”, please provide the relevant information (such as the relevant resolution). Attach additional sheets if necessary.

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(3) If the applicant is a company, has a winding-up statement in respect of the company been delivered to the Registrar of Companies under section 228A of the Companies (Winding Up and Miscellaneous Provisions) Ordinance (Cap. 32)?

- Yes       No  
 Not applicable (if the applicant does not belong to this category)

If the answer is “Yes”, please provide the relevant information (such as the winding-up statement). Attach additional sheets if necessary.

---

(4) If the applicant is a company, has a winding-up order under the Companies (Winding Up and Miscellaneous Provisions) Ordinance (Cap. 32) been made against the company?

- Yes       No  
 Not applicable (if the applicant does not belong to this category)

If the answer is “Yes”, please provide the relevant information (such as the winding-up order). Attach additional sheets if necessary.

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(5) If the applicant is a company, has the company been dissolved under the Companies Ordinance (Cap. 622)?

- Yes       No  
 Not applicable (if the applicant does not belong to this category)

If the answer is “Yes”, please provide the relevant information. Attach additional sheets if necessary.

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(6) If the applicant is a registered non-Hong Kong company (as defined by section 2(1) of the Companies Ordinance (Cap. 622)), has the company’s name been struck off the Companies Register under section 798 of that Ordinance?

- Yes       No  
 Not applicable (if the applicant does not belong to this category)

If the answer is “Yes”, please provide the relevant information. Attach additional sheets if necessary.

---

(7) Except the minor offences listed in **Annex 4**, has the applicant been convicted of any criminal offences in Hong Kong or elsewhere?

- Yes       No

If the answer is “Yes”, please provide the following information:

(a) The offence

---

(b) The penalty imposed

---

(c) Date of conviction

---

(d) Place of conviction

---

(e) Name of the court which tried the offence

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(f) Detailed description (Attach additional sheets if necessary.)

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Please provide the particulars of all directors or other officers concerned in the management of the body corporate (including manager, company secretary and other similar officers) and the significant controllers (Note) in the table below (Every such person must complete **Annex 2**):

| <b>Particulars of directors, other officers concerned in the management of the body corporate or significant controllers</b> | <b>Director/other officer concerned in the management of the body corporate/significant controller*<br/>(1)</b> | <b>Director/other officer concerned in the management of the body corporate/significant controller*<br/>(2)</b> | <b>Director/other officer concerned in the management of the body corporate/significant controller*<br/>(3)</b> |
|--|---|---|---|
| Name in Chinese  |   |   |   |
| Name in English<br>(in BLOCK letters)  | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   |
| No. of<br><input type="checkbox"/> HKID or<br><input type="checkbox"/> travel document<br>(and issuing state/area)           |   |   |   |
| Residential address  |   |   |   |
| Position held in the body corporate  |   |   |   |
| Telephone number   |   |   |   |
| Mobile phone number  |   |   |   |
| Fax number   |   |   |   |
| Email address  |   |   |   |
| Has completed<br><b><u>Annex 2</u></b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

Due to insufficient space, \_\_\_\_ additional sheets are attached.

Please put a tick “✓” in the appropriate box.

\* Please delete where appropriate.

Note:

“Significant controllers” include the persons meeting one or more of the conditions stated below:

- (1) a person who holds, directly or indirectly, more than 25% of the issued shares of the applicant (or if the company does not have a share capital, the person holds, directly or indirectly, a right or rights to share in more than 25% of the capital or profits of the company);
- (2) a person who holds, directly or indirectly, more than 25% of the voting rights of the applicant;
- (3) a person who holds, directly or indirectly, the right to appoint or remove a majority of the board of directors of the applicant (or if the company does not have a board of directors, the person holds the right to appoint or remove members of an equivalent management governing body holding a majority of the voting rights at meetings of the body on all or substantially all matters); or
- (4) a person who has the right to exercise, or actually exercises significant influence or control over the applicant.

**Part 1C – Particulars of the Applicant**  
**(If the Applicant is a Partner in a Partnership)**

Please answer all the questions below:

(1) If any partner in the partnership is a body corporate (other than a company), has the body corporate been dissolved?

- Yes       No  
 Not applicable (if the applicant does not belong to this category)

If the answer is “Yes”, please provide the relevant information. Attach additional sheets if necessary.

---

(2) If any partner in the partnership is a company, has a resolution for voluntary winding up (as defined by section 228(2) of the Companies (Winding Up and Miscellaneous Provisions) Ordinance (Cap. 32)) been passed by the company?

- Yes       No  
 Not applicable (if the applicant does not belong to this category)

If the answer is “Yes”, please provide the relevant information (such as the relevant resolution). Attach additional sheets if necessary.

---

(3) If any partner in the partnership is a company, has a winding-up statement in respect of the company been delivered to the Registrar of Companies under section 228A of the Companies (Winding Up and Miscellaneous Provisions) Ordinance (Cap. 32)?

- Yes       No  
 Not applicable (if the applicant does not belong to this category)

If the answer is “Yes”, please provide the relevant information (such as the winding-up statement). Attach additional sheets if necessary.

---

(4) If any partner in the partnership is a company, has a winding-up order under the Companies (Winding Up and Miscellaneous Provisions) Ordinance (Cap. 32) been made against the company?

- Yes       No  
 Not applicable (if the applicant does not belong to this category)



If the answer is “Yes”, please provide the relevant information (such as the winding-up order). Attach additional sheets if necessary.

---

(5) If any partner in the partnership is a company, has the company been dissolved under the Companies Ordinance (Cap. 622)?

- Yes       No  
 Not applicable (if the applicant does not belong to this category)

If the answer is “Yes”, please provide the relevant information. Attach additional sheets if necessary.

---

(6) If any partner in the partnership is a registered non-Hong Kong company (as defined by section 2(1) of the Companies Ordinance (Cap. 622)), has the company’s name been struck off the Companies Register under section 798 of that Ordinance?

- Yes       No  
 Not applicable (if the applicant does not belong to this category)

If the answer is “Yes”, please provide the relevant information. Attach additional sheets if necessary.

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Please provide the particulars of all partners in the partnership (including the Authorized Partner) and any other person concerned in the management of the partnership in the table below (Every such person must complete **Annex 3**):

| Particulars of Partners/Other Persons  | Partner/<br>other person*<br>(1)                          | Partner/<br>other person*<br>(2)                          | Partner/<br>other person*<br>(3)                          |
|--|---|---|---|
| Name in Chinese  |   |   |   |
| Name in English<br>(in BLOCK letters)  | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. |
| No. of<br><input type="checkbox"/> HKID or<br><input type="checkbox"/> travel document<br>(and issuing state/area) |   |   |   |
| Residential address  |   |   |   |
| Position held in the partnership   |   |   |   |
| Telephone number   |   |   |   |
| Mobile phone number  |   |   |   |
| Fax number   |   |   |   |
| Email address  |   |   |   |
| Has completed <b>Annex 3</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

Due to insufficient space, \_\_\_\_\_ additional sheets are attached.

Please put a tick “✓” in the appropriate box.

\* Please delete where appropriate.

**Part 2 (To be Completed by All Types of Applicants)**

- ✧ The foregoing information is provided to the best of my knowledge and belief. (If the application is made by a body corporate or on behalf of a partnership) I have also duly checked the above information with all related persons (including all partners in the partnership, all directors and other officers concerned in the management of the body corporate and significant controllers, as appropriate, and any other person concerned in the management of the partnership) and have obtained their consent to providing such information before completing this form.
  
- ✧ I have read all the important notices, instructions and notes stated in this form (including those printed overleaf).
  
- ✧ I authorize the Private Columbaria Licensing Board (PCLB) to verify the information I provide in connection with this application (including information I provide in this form) by checking with other sources (such as government departments). (If the application is made by a body corporate or on behalf of a partnership) I have also obtained the agreement of all related persons (all partners in the partnership, all directors and other officers concerned in the management of the body corporate and significant controllers, *as appropriate*, and any other person concerned in the management of the partnership) to authorize the PCLB to do so.
  
- ✧ I hereby give my express consent to the Hong Kong Police Force and/or the relevant court releasing my criminal conviction record (if any) to the PCLB. (If the answer to any of the above questions is “Yes” and the criminal record(s) is/are concerned with any related person(s) mentioned above) I have obtained the express consent of that related person/those related persons to the Hong Kong Police Force and/or the relevant court releasing his/her/their criminal conviction record(s) to the PCLB.

Name of the applicant

\_\_\_\_\_

Signature of the applicant

\_\_\_\_\_

Date (DD/MM/YYYY)

\_\_\_\_\_

### **Personal Data Collection Statement**

The personal data are provided to the Private Columbaria Licensing Board (PCLB) on a voluntary basis. It is the responsibility of the applicant to seek permission and consent from related persons to release and provide their personal data and records to the PCLB, and also their permission and consent to disclose the information to other government departments concerned. Personal data collected in this application and subsequent specified instrument applications are to be used for the purpose of processing the applications and may be subject to verification by the PCLB from other sources. The personal data will also be used for the purpose of enforcing and complying with the provisions of the Private Columbaria Ordinance (Cap. 630). The personal data may be transferred to relevant government departments and authorities (including the Hong Kong Police Force and the Independent Commission Against Corruption) in connection with the above purposes. You are reminded that your and related persons' personal data to be provided to the PCLB may be made available for public inspection where necessary, including (where applicable) in giving the reasons for decisions of the PCLB (whether publicised or not) in accordance with the PCLB's prevailing policies. The personal data collected are necessary for the processing of specified instrument applications and not providing them may result in the PCLB being unable to process the applications.

### **Access to Personal Data**

You have a right of access and correction with respect to personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 to the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

### **Enquiries**

Enquiries concerning the application, including the personal data collected by means of this form, should be addressed to the officer in charge of the Licensing Team of the Private Columbaria Affairs Office as below.

Licensing Team,  
Private Columbaria Affairs Office

Telephone number: 2892 2731  
Email address: pc\_app@fehd.gov.hk  
Mailing address: P.O. Box 80011, Cheung Sha Wan Post Office

### **Required Documents**

- (1) A duly completed and signed supplementary form (i.e. this form).
- (2) If you have answered "Yes" to any of the above questions, please give details using additional sheets. The above document must be attached to the application form for any specified instrument when it is submitted to the PCLB.

**Authorization Letter**

I, \_\_\_\_\_, hereby authorize the Commissioner of Police, or his representative, to release the full particulars of any and all criminal convictions recorded against me to the Private Columbaria Licensing Board. I also agree to my fingerprint impressions being taken by the Police in connection with this application for verification of my conviction record(s) where necessary. My personal particulars are as follows:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

No. of HKID#: \_\_\_\_\_

No. of travel document #: \_\_\_\_\_

Chinese Commercial Code: \_\_\_\_\_

(as shown on the applicant's HKID, if any)

Place of Birth: \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

\* Particulars of the witness

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

No. of HKID/travel document (and issuing state/area)#: \_\_\_\_\_

Position: \_\_\_\_\_

Professional qualifications (if item (b) below is applicable): \_\_\_\_\_

\* The witness must be one of the following types of persons:

- (a) an officer of the Private Columbaria Licensing Board/Private Columbaria Affairs Office;
- (b) a practising professional (such as solicitor, accountant and auditor), a notary public or a Justice of the Peace; or
- (c) the owner/director or company secretary who makes this application for specified instrument.

# Please delete where appropriate.

## Authorization Letter

I, \_\_\_\_\_, hereby authorize the Private Columbaria Licensing Board to release my personal particulars (including my personal particulars contained in this document) to the Official Receiver's Office for the purpose of conducting a search of bankruptcy record against me.

Name (please provide the former name if applicable): \_\_\_\_\_

No. of HKID/travel document (and issuing state/area)#: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* Particulars of the witness

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

No. of HKID/travel document (and issuing state/area)#: \_\_\_\_\_

Position: \_\_\_\_\_

Professional qualifications (if item (b) below is applicable): \_\_\_\_\_

\* The witness must be one of the following types of persons:

- (a) an officer of the Private Columbaria Licensing Board/Private Columbaria Affairs Office;
- (b) a practising professional (such as solicitor, accountant and auditor), a notary public or a Justice of the Peace; or
- (c) the owner/director or company secretary who makes this application for specified instrument.

# Please delete where appropriate.

**Attention:** All directors, other officers concerned in the management of the body corporate (including manager, company secretary or other similar officer) and the significant controllers must complete all parts of Annex 2.

**Authorization Letter**

I, \_\_\_\_\_, hereby authorize the Commissioner of Police, or his representative, to release the full particulars of any and all criminal convictions recorded against me to the Private Columbaria Licensing Board. I also agree to my fingerprint impressions being taken by the Police in connection with this application for verification of my conviction record(s) where necessary. My personal particulars are as follows:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

No. of HKID #: \_\_\_\_\_

No. of travel document #: \_\_\_\_\_

Chinese Commercial Code: \_\_\_\_\_

(as shown on the applicant's HKID, if any)

Place of Birth: \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

\* Particulars of the witness

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

No. of HKID/travel document (and issuing state/area)#: \_\_\_\_\_

Position: \_\_\_\_\_

Professional qualifications (if item (b) below is applicable): \_\_\_\_\_



\* The witness must be one of the following types of persons:

- (a) an officer of the Private Columbaria Licensing Board/Private Columbaria Affairs Office;
- (b) a practising professional (such as solicitor, accountant and auditor), a notary public or a Justice of the Peace; or
- (c) the owner/director or company secretary who makes this application for specified instrument.

# Please delete where appropriate.

### Supplementary Information

Except the minor offences listed in Annex 4, have you ever been convicted of any criminal offences in Hong Kong or elsewhere? Please note that the rehabilitation provisions of the Rehabilitation of Offenders Ordinance (Cap. 297) do not apply to this application. In other words, you must answer “Yes” to this question even if your conviction is considered “spent” under the said Ordinance.

Yes                                       No

If the answer is “Yes”, please provide the following information:

(a) The offence

---

(b) The penalty imposed

---

(c) Date of conviction

---

(d) Place of conviction

---

(e) Name of the court which tried the offence

---

(f) Detailed description (Attach additional sheets if necessary.)

---

Name: \_\_\_\_\_

No. of HKID/travel document (and issuing state/area)#: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* Particulars of the witness

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

No. of HKID/travel document (and issuing state/area)#: \_\_\_\_\_

Position: \_\_\_\_\_

Professional qualifications (if item (b) below is applicable): \_\_\_\_\_

\* The witness must be one of the following types of persons:

- (a) an officer of the Private Columbaria Licensing Board/Private Columbaria Affairs Office;
- (b) a practising professional (such as solicitor, accountant and auditor), a notary public or a Justice of the Peace; or
- (c) the owner/director or company secretary who makes this application for specified instrument.

# Please delete where appropriate.

**Annex 3 (The applicant is a partner in a partnership)**

**Attention:** All partners in the partnership (including the Authorized Partner) and any other person concerned in the management of the partnership must complete all parts of **Annex 3**.

**Authorization Letter**

I, \_\_\_\_\_, hereby authorize the Commissioner of Police, or his representative, to release the full particulars of any and all criminal convictions recorded against me to the Private Columbaria Licensing Board. I also agree to my fingerprint impressions being taken by the Police in connection with this application for verification of my conviction record(s) where necessary. My personal particulars are as follows:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

No. of HKID #: \_\_\_\_\_

No. of travel document #: \_\_\_\_\_

Chinese Commercial Code: \_\_\_\_\_

(as shown on the applicant's HKID, if any)

Place of Birth: \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

\* Particulars of the witness

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

No. of HKID/travel document (and issuing state/area)#: \_\_\_\_\_

Position: \_\_\_\_\_

Professional qualifications (if item (b) below is applicable): \_\_\_\_\_

\* The witness must be one of the following types of persons:

- (a) an officer of the Private Columbaria Licensing Board/Private Columbaria Affairs Office;
- (b) a practising professional (such as solicitor, accountant and auditor), a notary public or a Justice of the Peace; or
- (c) the owner/director or company secretary who makes this application for specified instrument.

# Please delete where appropriate.

## Authorization Letter

I, \_\_\_\_\_, hereby authorize the Private Columbaria Licensing Board to release my personal particulars (including my personal particulars contained in this document) to the Official Receiver's Office for the purpose of conducting a search of bankruptcy record against me.

Name (please provide the former name if applicable): \_\_\_\_\_

No. of HKID/travel document (and issuing state/area)#: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* Particulars of the witness

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

No. of HKID/travel document (and issuing state/area)#: \_\_\_\_\_

Position: \_\_\_\_\_

Professional qualifications (if item (b) below is applicable): \_\_\_\_\_

\* The witness must be one of the following types of persons:

- (a) an officer of the Private Columbaria Licensing Board/Private Columbaria Affairs Office;
- (b) a practising professional (such as solicitor, accountant and auditor), a notary public or a Justice of the Peace; or
- (c) the owner/director or company secretary who makes this application for specified instrument.

# Please delete where appropriate.

## Supplementary Information

Please answer all the questions below:

- (1) Has the applicant been found by a court, in accordance with the Mental Health Ordinance (Cap. 136), to be of unsound mind and incapable of managing himself or herself and his or her affairs?

Yes       No

If the answer is “Yes”, please provide the relevant information (such as the relevant court ruling). Attach additional sheets if necessary.

---

- (2) Has the applicant ever been adjudicated bankrupt within the meaning of the Bankruptcy Ordinance (Cap. 6) or has the applicant entered into a composition or arrangement with his or her creditors without paying the creditors in full?

Yes       No

If the answer is “Yes”, please provide the relevant information (such as the relevant court ruling and the details of the composition or arrangement). Attach additional sheets if necessary.

---

- (3) Is the applicant serving any sentence of imprisonment in Hong Kong or elsewhere?

Yes       No

If the answer is “Yes”, please provide the following information:

- (a) The offence
- 

- (b) The penalty imposed
- 

- (c) Date of conviction
- 

- (d) Place of conviction
-

(e) Name of the court which tried the offence

\_\_\_\_\_

(f) Detailed description (Attach additional sheets if necessary.)

\_\_\_\_\_

(4) Except the minor offences listed in **Annex 4**, has the applicant been convicted of any criminal offences in Hong Kong or elsewhere? Please note that the rehabilitation provisions of the Rehabilitation of Offenders Ordinance (Cap. 297) do not apply to this application. In other words, you must answer “Yes” to this the above question even if your conviction is considered “spent” under the said Ordinance.

Yes       No

If the answer is “Yes”, please provide the following information:

(a) The offence

\_\_\_\_\_

(b) The penalty imposed

\_\_\_\_\_

(c) Date of conviction

\_\_\_\_\_

(d) Place of conviction

\_\_\_\_\_

(e) Name of the court which tried the offence

\_\_\_\_\_

(f) Detailed description (Attach additional sheets if necessary.)

\_\_\_\_\_

Name: \_\_\_\_\_

No. of HKID/travel document (and issuing state/area)#: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



\*Particulars of the witness

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

No. of HKID/travel document (and issuing state/area)#: \_\_\_\_\_

Position: \_\_\_\_\_

Professional qualifications (if item (b) below is applicable): \_\_\_\_\_

\* The witness must be one of the following types of persons:

- (a) an officer of the Private Columbaria Licensing Board/Private Columbaria Affairs Office;
- (b) a practising professional (such as solicitor, accountant and auditor), a notary public or a Justice of the Peace; or
- (c) the owner/director or company secretary who makes this application for specified instrument.

# Please delete where appropriate.

**List of Minor Offences Requiring No Disclosure to  
the Private Columbaria Licensing Board (PCLB)**

Applicants are not required to disclose to the PCLB the offences in the list below, unless he/she has been sentenced to imprisonment (including suspended sentence) for any of them.

| <b>Offence</b>                  |  |
|---------------------------------|--|
| <b>Fixed Penalties</b>          |  |
| 1                               | All fixed penalties (Payment settled and liabilities not disputed)   |
| <b>Traffic-related offences</b> |  |
| 2                               | Driving on footpath  |
| 3                               | Using or caused to be used a vehicle without a 3rd party risks insurance   |
| 4                               | Dangerous/Careless driving (without causing death or grievous bodily harm of another person)                         |
| 5                               | Driving, attempting to drive or being in charge of a vehicle with alcohol concentration above prescribed limit       |
| 6                               | Failing to provide a specimen of breath, blood or urine  |
| 7                               | Driving in excess of speed limit   |
| 8                               | Driving or permitting a person to drive without a driving licence  |
| 9                               | Driving/Using a non-registered and non-licensed vehicle  |
| 10                              | Installing non-permitted visual display unit in or on a vehicle  |
| 11                              | Driving or riding as a passenger without wearing a seat belt   |
| 12                              | Driver failing to comply with traffic signals  |
| 13                              | Using a mobile telephone or other communications equipment while driving   |
| 14                              | Failing to keep relevant obligatory lamps lighted during darkness or in poor visibility conditions                   |
| 15                              | Failing to stop when an accident occurred whereby damage was caused to another vehicle, an animal or any other thing |
| 16                              | Crossing double white lines  |
| 17                              | Vehicle entering the bus lane without permission   |
| 18                              | Learner driver driving without displaying the prescribed plate   |
| 19                              | Learner driver driving at the time not specified   |
| 20                              | Pedestrian failing to comply with light signal when crossing a carriageway   |
| 21                              | Pedestrian failing to comply with the requirement of traffic signs   |
| <b>Other offences</b>           |  |
| 22                              | Dumping of litter in public places   |
| 23                              | Failing to pay the business registration fee and the levy  |
| 24                              | Dogs not on a leash or under control   |
| 25                              | Traveller failing to give information as required by the health officer  |
| 26                              | Failing to produce proof of identity for inspection as required  |