

Certification of Proposed Plans in Respect of Columbarium under Application for Licence

(To be completed by Applicant)

Name of the columbarium: _____

Address of the premises: _____

I, _____(Name), holder of Hong Kong Identity Card/Travel Document*
Number: _____(), hereby certify that the following information in respect
the above application is true and complete:

- (i) Proposed Site Plan(s) (Plan no._____, total_____page(s));
- (ii) Proposed Layout Plan(s) (Plan no._____, total_____page(s)); and
- (iii) Proposed Floor Plan(s) (Plan no._____, total_____page(s)) and the
accompanying niche information (total_____page(s)).

I hereby declare that the extent of occupation of land and the structures shown in the above
proposed plans are necessary for, or ancillary to, the operation of the columbarium and that:

- ☐ (i) the particulars to be authorized or permitted as shown in the above proposed
plans **conform to the current site situation in all respects.** (If not, please
fill in item(ii) below)

- ☐ (ii) the particulars to be authorized or permitted as shown in the above proposed
plans **do not conform to the current site situation in all respects.**
Additional proposed plan(s) on which the difference(s) is/are identified,
with annotations and colour highlights, is/are provided at Annex A.

I understand that under section 99 of the Private Columbaria Ordinance (the Ordinance) (Cap. 630), it is an offence to provide information that is false or misleading in a material particular in, or in connection with, an application made in respect of a columbarium or furnish the Director, an authorized officer or a public officer with information under the Ordinance knowing that it is false or misleading in a material particular. A person who commits an offence under section 99 of the Ordinance is liable on conviction to a fine of \$500,000 and to imprisonment for 2 years.

Date (dd/mm/yyyy)

Signature and Name of Applicant (if the applicant is a natural person)/Authorized Person/Authorized Partner*

Hong Kong Identity Card Number / Travel Document Number*

Chop of Body Corporate/Partnership*
(if applicable)

☐ Please “✓” the appropriate box.

* Please delete as appropriate