

Template

*Exemption holder should send the duly completed confirmation letter to the Private Columbaria Affairs Office of the Food and Environmental Hygiene Department
Address: Units 501-502, 5/F, Trade Square, 681 Cheung Sha Wan Road, Kowloon (latest address promulgated at the "Regulation of Private Columbaria" website (www.rpc.gov.hk) shall prevail)
Tel: 2350 7319 Fax: 2827 2908*

To: Director of Food and Environmental Hygiene

Name of Private Columbarium: _____

Exemption No. of Private Columbarium: _____

Validity Period of Exemption: From _____ (day/month/year)

To _____ (day/month/year)

Name of Exemption Holder: _____

Confirmation letter required to be submitted by an exemption holder within the month after every 12 months have passed starting from the effective date of the exemption

To comply with the captioned exemption condition, I hereby confirm that I have not imposed any additional fees, charges or other sums as described below since the effective date of the above-mentioned exemption up to now:

- (a) any additional fees, charges or other sums beyond the amounts specified or otherwise contained in any agreement for the sale of the interment right entered into before the cut-off time (i.e. 8 a.m. of 18 June 2014); or
- (b) if any mechanism for the future revision of any fees, charges or other sums is specified or otherwise contained in the agreement for the sale of the interment right, any additional fees, charges or other sums not in accordance with such specified mechanism.

When required by the Director of Food and Environmental Hygiene or an authorized officer, the above-mentioned exemption holder must provide all relevant information and documents, including but not limited to the registers related to the conditions, all relevant agreements for the sale of interment rights, receipts of payments, accounting entry records, etc. for the inspection by the Director of Food and Environmental Hygiene or an authorized officer.

Signature of Exemption Holder/Authorized Person*: _____

Name of Exemption Holder/Authorized Person*: _____

Post of Authorized Person*: _____

Date: _____

*Please delete where appropriate