# Application Form for Variation of the Conditions to which a Specified Instrument is Subject under Section 41 of the Private Columbaria Ordinance (Cap. 630)

(Please Note: This application form must be signed by the holder of the below-mentioned specified instrument)

(I) Particulars of the existing	specified instrument
Name of the columbarium	
Address of the columbarium	
Type of the specified instrument	
Specified instrument number	
Name of the holder of the specified instrument	
Validity period of the specified instrument	
(II) Cause for application	
· ·	lumbaria Ordinance (PCO) (Cap.630), the applicant is required to cion of the Private Columbaria Licensing Board (PCLB).)
Please provide the cause for applying specified instrument is subject.	ng for variation of the conditions to which the above-mentioned

Please provide the details of the application for variation of conditions:  Example: I apply for the following variation of the conditions to which the above-mentioned specified instruments is subject:
specified instruments is subject:
(1) Revision of the approved site plan (enclosed at Annex 1);
(2) Revision of the approved layout plan (enclosed at Annex 2);
<ul><li>(3) Revision of the approved management plan (enclosed at Annex 3);</li><li>(4) Variation of the approved ash interment capacity (number of sets of ashes to be interred:</li></ul>
); and
(5) Variation of the conditions related to the above-mentioned change(s).

(III) Details of application for variation of the conditions to which the above-mentioned

(IV) The following information/documents/supporting documents are submitted in addition to the above-mentioned documents in respect of this application.		
	"Summary of Application" in triplicate Note	
	Others, please specify:	
I/The 1	body corporate/All partners in the partnership* understand that the proposed revision to	
the ap	proved plans shall be marked in another colour with a brief explanation for the	
consid	eration of the PCLB and the distribution by the Private Columbaria Affairs Office to the	
depart	ments concerned for their necessary action.	
Note:	The applicant is required to submit the summary of application in triplicate in respect	
	of the application involving revision of the approved plans in accordance with the	
	format specified in Appendix 2 to the application form (including that the proposed	
	revised site plan and the proposed revised layout plan of the columbarium should be	
	drawn to metric scale, and the paper size of which should not be smaller than A3) for	
	publication purpose, informing the public of the main content of the application. The	
	PCLB will publish the summary in any manner that it thinks fit, such as on the internet	
	and allowing public inspection at designated locations.	
•	a "✓" in the appropriate box(es).  te where appropriate.	
i icase dele	te where appropriate.	

- (1) I/The body corporate/All partners in the partnership\* believe that the above-mentioned variation under application, if approved by the PCLB, is necessary or expedient for the better regulation, supervision or control of the columbarium.
- (2) I/The body corporate/All partners in the partnership\* understand that if the PCLB finally approves the application for the variation of the conditions to which the above-mentioned specified instrument is subject under section 41 of the PCO, the applicant is required to pay the prescribed fee according to items 10 to 12 of Schedule 6 to the PCO, which is currently:
  - (a) HK\$7,350 for the variation of the condition(s) to which a temporary suspension of liability is subject;
  - (b) HK\$9,860 for the variation of the condition(s) to which an exemption is subject; and
  - (c) HK\$9,860 for the variation of the condition(s) to which a licence is subject.

If the approval for the application given by the PCLB involves an increase in the number of niches, ash interment capacity or ash interment quantity which has resulted in a necessary revision to the information on the original specified instrument, the applicant is required, on top of the above-mentioned prescribed fee, to make a payment specified in the relevant provisions of Schedule 6 to the PCO (if applicable). If the fee listed under item 3 of Schedule 6 to the PCO for the ash interment capacity (the total maximum number of sets of ashes that may be interred in the columbarium) stated in the new licence is higher than that in the old licence, the licence holder is required to pay the fee difference before obtaining the new licence and the revised approved plans.

I confirm that all the above information (and that in the attachments and/or appendices to this application form) is true and complete.

(If the contact information of the holder of the specified instrument is different from that at the time of the issue of the specified instrument, please complete <u>Appendix 1</u> of this form.)

Date (dd/mm/yyyy)	Name and Signature of Applicant
Date (du/mm/yyyy)	(Natural person/Authorised Person^/Authorised Partner^)
	Chop of Body Corporate/Partnership*

(If applicable)

<sup>\*</sup> Please delete as appropriate.

<sup>^</sup> If different from that at the time of the issue of the specified instrument, please provide the supporting document certifying the authorisation by the applicant.

### **Notes for Attention**

### **How to Submit an Application**

Application should be submitted:

(i) by mail to:

Private Columbaria Affairs Office

P.O. Box 80011

Cheung Sha Wan Post Office;

Or

(ii) in person to the Private Columbaria Affairs Office at:

Units 501-502, 5/F, Trade Square, 681 Cheung Sha Wan Road, Kowloon (Please make an appointment by calling 2350 7319 before coming in person.)

### **IMPORTANT NOTICE**

Section 99 of the Private Columbaria Ordinance – Offence of providing false or misleading information

- (1) A person commits an offence if the person
  - (a) provides information that is false or misleading in a material particular in, or in connection with, an application the person makes under this Ordinance in respect of a columbarium; or
  - (b) furnishes the Director, an authorised officer or a public officer with information under this Ordinance knowing that it is false or misleading in a material particular.
- (2) A person who commits an offence under subsection (1) is liable on conviction to a fine of \$500,000 and to imprisonment for 2 years.

### Part I(A) - Updated Particulars of Applicant (if the applicant is a natural person) **(1)** Telephone number **(2)** Mobile phone number **(3)** Fax number Email address of applicant **(4)** Email address 1 Email address 2 (optional) **(5)** Information of contact person (please leave blank if the applicant is also the contact person) Name in Chinese Name in English (in BLOCK letters) Position Telephone number Mobile phone number Fax number Email address Please sign on Page 11.

## Part I(B) – Updated Particulars of Applicant (if the applicant is a body corporate)

Partic	culars of body corporate		
(1)	Name of body corporate		
	Chinese		
	English (in BLOCK letters)		
(2)	Type of body corporate		Limited company
			Unlimited company
			Body corporate under a statute
			Others, please specify:
(3)	Company Registration Number		
	(If the applicant is not a limit corporate.)	ted co	ompany, please give other reference information of the body
(4)	Address of office (Please fill in the registered of	fice a	ddress if the applicant is a limited company)
□ Plea	se put a "✓" in the appropriate box.		

Name of the authorised person	
Chinese	
English (in BLOCK letters)	
Position held in the body corporate	
Residential address	
Telephone number	
Mobile phone number	
Fax number	
Email address	
Email address 1	
Email address 2 (optional)	
Information of contact person (please leave blank if the authorised pe	erson is also the contact person)
Name in Chinese	
Name in English (in BLOCK letters)	
Position	
Telephone number	
Mobile phone number	
Fax number	

## Part I(C) – Updated Particulars of Applicant (if the applicant is a partner in a partnership)

Partic	ulars of partnership		
(1)	Name of partnership		
	Chinese		
	English (in BLOCK letters)		
(2)	<b>Business Registration Certificate Number</b>		
(3)	Address of the place of business (if ap	plicable)	

	ılars of the partner authorised by all p alf of the partnership (Authorised Par	artners in the partnership in writing to act for and tner)
(4)	Name of authorised partner	
	Chinese	
	English (in BLOCK letters)	
(5)	Position held in the partnership	
(6)	Residential address	
(7)	Telephone number	
(8)	Mobile phone number	
	Fax number	
(9)		
(10)	Email address of the authorised par	tner
	Email address 1	
	Email address 2 (optional)	
(11)	Information of contact person (please leave blank if the authorised p	artner is also the contact person)
	Name in Chinese	
	Name in English (in BLOCK letters)	
	Position	
	Telephone number	
	Mobile phone number	
	Fax number	
	Email address	
		Please sign on Page 11.

Date (dd/mm/yyyy) Name and Signature of Applicant	(dd/mm/yyyy)  Name and Signature of Applicant  (Natural person/Authorised Person^/Authorised Partner^)
	(Natural person/Authorised Person^/Authorised Partner^
(Natural person/Authorised Person^/Authorised Par	

Chop of Body Corporate/Partnership\*
(If applicable)

<sup>\*</sup> Please delete as appropriate.

<sup>^</sup> If different from that at the time of the issue of the specified instrument, please provide the supporting document certifying the authorisation by the applicant.

### **Summary of Application**

### Involving Application for Revision of Approved Plans in respect of a Private Columbarium (For Publication Purpose)

Information in this summary of application is provided by the holder of the specified instrument and has not been verified by the Private Columbaria Licensing Board.

It is the responsibility of the holder of the specified instrument to ensure that all the information contained in this summary of application is entirely correct.

<b>(1)</b>	<b>Basic</b>	information	of the colum	barium:
` /				

Name of the columbarium	:
Address of the columbarium	:
Type and number of the specified instrument	: [Licence/Exemption (Number: XXXXXXXXXX)]
Holder of the specified instrument	:
	[Name of the holder of the specified instrument]  ct of the application for revision of the approved plans:  the specified instrument/authorised person/authorised partner]
(3) Type of application in respect of t	the above items of variation:
☐ Application made under section to which the specified instrumen	41 of the Private Columbaria Ordinance to vary the conditions it is subject
☐ Application made under section additions to the columbarium pro	53 of the Private Columbaria Ordinance to make alterations or emises
☐ Please put a "✓" in the appropriate box.	

<b>Proposed revised plans:</b>	
[To be provided by the holder of	of the specified instrument/authorised person/authorised partner]
Date(dd/mm/yyyy)	Signature of
· · · · · · · · · · · · · · · · · · ·	Holder of the Specified Instrument/Authorised Person*
	( Name:
	( Hong Kong Identity Card/ Travelling document* Number:
	Company Chop (If the holder of the specified instrument is a company)
	(If the holder of the specified instrument is a company)

<sup>\*</sup> Please delete where appropriate.

# Collection of Personal Data in Connection with Applications Related to Specified Instruments of Private Columbaria (In accordance with the Personal Data (Privacy) Ordinance)

#### **Statement of Purpose**

### (1) Purposes of Collection

The personal data provided by means of this application form will be used by the Private Columbaria Licensing Board and relevant staff and public officers for –

- (a) handling applications under the Private Columbaria Ordinance and related matters. These may include posting of public notices of the application in such manner as determined by the Private Columbaria Licensing Board and setting out the particulars of the application in the notices; and
- (b) facilitating communication among staff of the Private Columbaria Affairs Office, other government departments and yourself concerning the operation of your columbarium business.

The provision of personal data by means of this application form is voluntary. However, if you do not provide sufficient information, the Private Columbaria Licensing Board may not be able to process your application.

### (2) Class of Transferees

The personal data in this form may be disclosed to other government departments and agencies in pursuance of the purposes mentioned in Point (1) above. The personal data may also be disclosed to other government departments for law enforcement purposes.

### (3) Access to Personal Data

You have a right to request access to and correction of the personal data provided in accordance with Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data which you have provided by means of this application form. A fee may be imposed for complying with a data access request by the Private Columbaria Licensing Board.

### (4) 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:

### **Private Columbaria Affairs Office**

### **Licensing Team**

Telephone number: 2892 2731

Email address: pc\_app@fehd.gov.hk

Mailing address: P.O. Box 80011

Cheung Sha Wan Post Office