

**APPLICATION FOR CERTIFICATE FROM THE DIRECTOR OF FIRE SERVICES****消防處證明書申請表****Notes for application**

- (1) Please write in block letters and delete whichever inappropriate(\*)  
請用大楷英文填寫及劃去不適用者
- (2) Please submit this form and enclose 4 copies of the layout plan of the proposed child care centre in person to Child Care Centres Advisory Inspectorate, Unit 206, 2/F., THE HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong.  
請把此表格連同擬辦的幼兒中心圖則四份親自遞交幼兒中心督導組，地址：香港黃竹坑業勤街 23 號 THE HUB 2 樓 206 室

**To : Director of Fire Services****致：消防處處長**

I, on behalf of my below-said organisation\*propose to apply for registration of the below-said premises as a child care service and request the issue of the necessary certificate in relation to section 7(1)(b) of the Child Care Services Ordinance to accompany my application. Attached please find four copies of the layout plan with English and Chinese annotation which I have duly signed and dated, showing those parts of the premises to be occupied by the proposed centre.

本人，代表下述機構\*現擬申請註冊下述樓宇為幼兒中心，請依照幼兒服務條例第七條第(一)款(二)段之規定發給證明書予本人，以便連同有關申請表呈交社會福利署署長。現附上擬辦的幼兒中心圖則四份，圖內已有中英文註譯，列明擬用為幼兒中心的樓宇部份，該圖則業經本人簽署及書明日期。

- (a) Name of applicant : \*Mr./Mrs./Miss/Ms. \_\_\_\_\_ (English)  
申請人姓名 \*先生/夫人/小姐/女士 \_\_\_\_\_ 英文  
\_\_\_\_\_ (Chinese) \_\_\_\_\_ (H.K.I.C. No.)  
中文 身份証號碼
- (b) Name of organisation represented : \_\_\_\_\_ (English)  
(not for individual applicant) 英文  
代表機構名稱(個人申請者毋須填寫) \_\_\_\_\_ (Chinese)  
中文
- (c) Address & Tel. No. of applicant / Organisation represented\* : \_\_\_\_\_ (English)  
申請人/代表機構\*地址及電話號碼 \_\_\_\_\_ 英文  
\_\_\_\_\_ (Chinese)  
中文  
Tel. No.: \_\_\_\_\_  
電話號碼
- (d) Name of proposed centre : \_\_\_\_\_ (English)  
擬辦中心名稱 \_\_\_\_\_ 英文  
\_\_\_\_\_ (Chinese)  
中文
- (e) Full address of proposed centre : \_\_\_\_\_ (English)  
(and Tel. No. if available ) 英文  
擬辦中心詳細地址  
(及電話號碼如可提供) \_\_\_\_\_ (Chinese)  
中文  
Tel. No.: \_\_\_\_\_  
電話號碼
- (f) Contact person : \*Mr./Mrs./Miss/Ms. \_\_\_\_\_  
聯絡人姓名 \*先生/夫人/小姐/女士 \_\_\_\_\_
- (g) Correspondence address & Tel. No. : \_\_\_\_\_  
聯絡人地址及電話號碼 \_\_\_\_\_  
Tel. No.: \_\_\_\_\_  
電話號碼

Signature : \_\_\_\_\_  
簽名 (with seal of agency if applicable)  
機構印鑑如適用

Date : \_\_\_\_\_  
日期