

Pay for Safety Scheme or Pay for Safety and Environment Scheme: Mechanical Covers for Dump Trucks



(For Official use)

Notification of Change of Personal/Vehicle and Ownership Data (Form B)

| Part A – Applicant Information: (Only owner of the vehicle is eligible to applicate to applicate the control of the vehicle is eligible to applicate the control of the vehicle is eligible to applicate the control of the vehicle is eligible to applicate the control of the vehicle is eligible to applicate the control of the vehicle is eligible to applicate the control of the vehicle is eligible to applicate the control of the vehicle is eligible to applicate the control of the vehicle is eligible. | Application No |
|---|------------------------------------|
| | |
| Name/Company Name [@] : | |
| HKID Card/Business Registration Number [@] : | |
| Vehicle Registration Mark: | |
| Vehicle Chassis Number: | |
| [®] Please delete as appropriate | |
| Part B – Change of Data: (To change the data, please put ' $\sqrt{\ }$ ' in the box below | w.) |
| 1. Change of Personal Information: | |
| New Address: | |
| New Contact Phone Number : | |
| 2. Change of Vehicle Information: | |
| New Vehicle Registration Mark: | |
| 3. Change of Ownership (New Owner Information): | |
| Name/Company Name [@] : | |
| HKID Card/Business Registration Number [®] : | |
| Address: | |
| Contact Phone Number : | |
| [@] Please delete as appropriate | |
| ote: Please attach the copy of supporting documents for the revised information. | |
| Part C – Declaration (for items (1) and (2) above): (i) I/We [@] declare that the information given above is true, correct | ct and complete. |
| (ii) I/We [@] certify that the enclosed copies of the documents ⁺⁺ bel | ow are true copies of the |
| original documents that are still valid on the date of submittin | ig this application. |
| [@] Please delete as appropriate | |
| ++ If you apply to change the vehicle information or transfer of ownership, please submit a copy of | new vehicle registration document. |
| Signature of applicant (and company chop if applicable): | |
| Name of applicant in full: | |
| Date : | |

Part D – Declaration (for item (3) above):

[Previous owner of the vehicle to fill in]

- I/We[@] completed the transfer of ownership of the vehicle, its chassis number stated at (i) Part A, to the new owner stated at Part B at the Transport Department.
- I/We[®] agree to transfer all of my/our[®] rights in respect of the vehicle, the chassis number of which is as stated in Part A, to the new owner stated in Part B
- (iii) Th

| | number of which is as stated in I art A, to the new owner stated in I art B. |
|----------------------------|---|
| (iii) | The Government or CEDD does not owe me/us [@] any interests under the Scheme. |
| [@] Pleas | se delete as appropriate |
| | Signature of original applicant |
| | (and company chop if applicable): |
| | Name of original applicant in full : |
| | Date : |
| [New owne | er of the vehicle to fill in] |
| (i) | I/We [®] have read and understood the Conditions for joining the "Pay for Safety Scheme" or "Pay for Safety and Environment Scheme" : Mechanical Covers for Dump Trucks and agree to abide by the Conditions. |
| (ii) | I/We [@] understand that, the Government's approval for me/us [@] to join the Scheme does not constitute a contract between the Government and myself/ourselves [@] . |
| (iii) | I/We[®] certify that the enclosed copies of the documents below are true copies of the original documents that are still valid on the date of submitting the application. (a) Copy of owner's HKID Card or Business Registration Certificate (if owner is a company); (b) Copy of Vehicle Registration Document++; (c) Copy of the identity card of the signatory (if owner is a company); (d) Copy of the letter of approval from the Transport Department on the |
| | installation of the flashing amber light for the dump truck cover operation. |
| (iv) [@] Pleas | I/We [@] declare that the information given above is true, correct and complete. |
| ++ If yo | u apply to change the vehicle information or transfer of ownership, please submit a copy of new vehicle registration document. |
| Sig | gnature of applicant (and company chop if applicable): |
| | Name of applicant in full: |

Date : _____

[@]Please del