

II. Information of the authorised payee

(Applicant using the name of a company registered under the business registration or the name of the fitness centre as the payee of a cheque is not required to fill in this item.)

- (1) Name of the payee:
(A copy of the monthly bank statement/bank passbook of his/her local bank account must be provided. The name of payee must correspond to that of the applicant/body corporate of the business registration or other mode of operation.)

(Chinese):

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(English):

- (2) Post of the payee : _____

III. Information on the authorised contact person:

- (1) Name: _____
- (2) Mobile phone number: _____
- (3) Email address: _____

IV. Declaration

- (1) I, the signatory of this form, declare that I am the * proprietor / partner / responsible person of the company / authorised person of the fitness centre (the Fitness Centre) as stated in Part I of this form.
- (2) I hereby declare that I have carefully read all parts of the “Fitness Centre Subsidy Scheme (the Scheme) - Guidelines for Application” and of this form, and fully understand their contents. I agree to abide by all the terms and conditions therein.
- (3) All the information provided in this form is true and correct to the best of my knowledge and belief. I understand that I may be subject to prosecution if I wilfully or intentionally misrepresent facts, furnish false documents, or mislead the Home Affairs Bureau or its entrusted agencies for the purpose of obtaining a subsidy under the Scheme.
- (4) I understand that provision of false or misleading information, misrepresentation or omission of information, provision of incomplete or incorrect information, submission of more than one application form, or breach of any terms and conditions contained in the Guidelines may render my application(s) invalid, rejected and/or disqualified. Should the subsidy be disbursed, it is liable to be recovered by the Home Affairs Bureau.
- (5) I understand that each eligible fitness centre can submit only one application. Multiple applications will not be processed.
- (6) I consent to the Government to disburse the subsidy under the Scheme in the form of a crossed cheque payable to the authorised payee of the Fitness Centre which will be sent to the address provided in this form.

Signature of the *proprietor /
partner / responsible person
of the company /
authorised person : _____

Name of the signatory : _____

Date : _____

(Chop of the Fitness Centre /
Corporation)