

致： \_\_\_\_\_ 房屋事务经理 经 \_\_\_\_\_ 民政事务专员  
To : Housing Manager ( \_\_\_\_\_ ) via District Officer ( \_\_\_\_\_ )

**申请批准在公共租住屋邨内募集自愿捐款**  
**Application for Consent to Carry Out Collection**  
**of Voluntary Cash Contribution in Public Rental Housing Estate**

互助委员会名称 Name of MAC

\_\_\_\_\_

通讯地址 Correspondence address

\_\_\_\_\_

联络电话号码 Contact telephone no.

\_\_\_\_\_

预期募集的捐款金额 Amount of money expected to be collected

\_\_\_\_\_

募集捐款方式 (注一) Form of collection (Note 1)

- 逐户 door-to-door
- 在本座地下电梯大堂放置捐款收集箱  
placing of collection box at the ground floor lift lobby of the block

募集捐款拟作用途 Intended use of money to be collected

\_\_\_\_\_

募捐活动的日期及时间 Date and time of collection

\_\_\_\_\_

负责募捐活动的互助委员会委员 MAC office-bearer(s) in charge of collection

<u>姓名</u> Name	<u>职衔</u> Post	<u>单位编号</u> Room No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

注一 : 请在  内填上  号  
Note 1 : Please tick as appropriate

募集捐款人员/志愿工作人员 Collectors/Volunteers

<u>姓名 Name</u>	<u>单位编号 Room No.</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

核数人员 Auditing Person

<u>姓名 Name</u>	<u>单位编号 / 所属会计师公司 (如适用) Room No. / Auditing Firm (if applicable)</u>
_____	_____

本委员会谨此声明，本表格所载资料均属真确无讹，而上栏建议的核数人员并非本委员会委员，他会以客观及公正的态度，审核本委员会是次募捐活动的帐目。此外，本委员会亦会在有关募集活动结束后三个月内，将经主席及核数人员签核的收支帐目张贴于布告板上，公布周知，并送交民政事务处备案。

We declare that the information given in this form is true and correct, that the proposed Auditing Person named above is not the office-bearer of the Executive Committee of our MAC, and that he will audit the accounts of our collection objectively and judiciously. We also undertake that the statement of income and expenditure certified by the Chairman and the Auditing Person will be displayed on our notice board(s) for general information within three months after the completion of the event and copied to the District Office for information.

(印鉴) 签署 (Chop) Signature	:	_____
姓名 Name	:	_____
职衔 Title	:	_____
日期 Date	:	_____