

致： \_\_\_\_\_ 房屋事務經理 經 \_\_\_\_\_ 民政事務專員  
To: Housing Manager ( \_\_\_\_\_ ) via District Officer ( \_\_\_\_\_ )

**申請批准在公共租住屋邨內募集自願捐款**  
**Application for Consent to Carry Out Collection**  
**of Voluntary Cash Contribution in Public Rental Housing Estate**

互助委員會名稱 Name of MAC

\_\_\_\_\_

通訊地址 Correspondence address

\_\_\_\_\_

聯絡電話號碼 Contact telephone no.

\_\_\_\_\_

預期募集的捐款金額 Amount of money expected to be collected

\_\_\_\_\_

募集捐款方式 (註一) Form of collection (Note 1)

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

募集捐款擬作用途 Intended use of money to be collected

\_\_\_\_\_

募捐活動的日期及時間 Date and time of collection

\_\_\_\_\_

負責募捐活動的互助委員會委員 MAC office-bearer(s) in charge of collection

<u>姓名</u> Name	<u>職銜</u> Post	<u>單位編號</u> Room No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

註一 : 請在  內填上  號  
Note 1 : Please tick as appropriate

募集捐款人員/志願工作人員 Collectors/Volunteers

<u>姓名 Name</u>	<u>單位編號 Room No.</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

核數人員 Auditing Person

<u>姓名 Name</u>	<u>單位編號 / 所屬會計師公司 (如適用) Room No. / Auditing Firm (if applicable)</u>
_____	_____

本委員會謹此聲明，本表格所載資料均屬真確無訛，而上欄建議的核數人員並非本委員會委員，他會以客觀及公正的態度，審核本委員會是次募捐活動的帳目。此外，本委員會亦會在有關募集活動完畢後三個月內，將經主席及核數人員簽核的收支帳目張貼於布告板上，公布週知，並送交民政事務處備案。

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.

(印鑑) 簽署 (Chop) Signature	:	_____
姓名 Name	:	_____
職銜 Title	:	_____
日期 Date	:	_____