

**Part I - Information of Organization**

Name of Organization : \_\_\_\_\_  
Address : \_\_\_\_\_  
No. of Participants and Grades : \_\_\_\_\_  
Preferred Date and Time of Visit : \_\_\_\_\_  
Available Equipment : Computer / Projector / Microphone / Speakers ( Please circle )  
Contact Person : \_\_\_\_\_  
Post Title : \_\_\_\_\_  
Contact Information : Tel. \_\_\_\_\_ Fax \_\_\_\_\_

**Part II - Information of Applicant**

Applicant's Name : \_\_\_\_\_  
Applicant's Post Title : \_\_\_\_\_  
Applicant's Signature : \_\_\_\_\_

**Notes:**

1. Please return the completed form by fax to Electricity Legislation Division, EMSD (fax no.:28954929)
2. Applicant should be at the rank of supervisor or above.
3. The personal data provided in this form will be used solely for the arrangement of this activity. Applicant has the right to request access and correction of personal data as stated in this form.
4. After receiving the application form, EMSD will liaise with the Contact Person to arrange the ambassador visit. The visit date may not be able to match with the preferred one of the Applicant.
5. Successful applicant will receive a written confirmation letter by fax.

- Thank you for joining this programme to promote E&M safety -