

# Participation Form

Annex AF

## for Quality Lift Service Recognition Scheme

(For Completion by Owners / Owners' Corporations / Property Management Companies)

**I, the undersigned, hereby apply for participation in the Quality Lift Service Recognition Scheme (the Scheme) for the following building.**

### Part I Basic information of the building:

Name (Chinese): \_\_\_\_\_

(English): \_\_\_\_\_

Address (Chinese): \_\_\_\_\_

(English): \_\_\_\_\_

### Part II Particulars of the applicant: (Please tick as appropriate)

Owners' corporation: \_\_\_\_\_

Property management company: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Post title: \_\_\_\_\_

Tel. no.: \_\_\_\_\_

Relationship with the building: \_\_\_\_\_

E-mail address: \_\_\_\_\_

*Chop and signature of  
the applicant (owners /  
owners' corporations /  
property management  
companies)*

### Part III Basic information of the lift maintenance contractor of the building:

Name: \_\_\_\_\_

Expiry date of maintenance contract: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Tel. no. of contact person: \_\_\_\_\_

#### Purpose of Collection of Personal Data:

1. The personal data collected through this form will be used for the following purposes:
  - i. processing this application;
  - ii. handling matters in relation to the Scheme; and
  - iii. facilitating communication between the organisers and you.
2. The information provided by you through the Scheme may be disclosed to other government bureaux/departments, organisations or any person for the above-mentioned purposes and promotional purpose.

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### Part IV Aspects of participation:

Please tick as appropriate. (Note: Aspects A and B are mandatory, whereas aspect C is optional. Besides, if an independent professional assessor is needed to be appointed, the cost is to be borne by the applicant.)

	Aspects of the Scheme	Score	Information provider(s)	Documents required to be submitted
<input type="checkbox"/>	(A) Level of lift modernisation	(50 points)	Existing lift maintenance contractor / independent professional assessor	<input type="checkbox"/> Form AF <input type="checkbox"/> Form A1 and Form LE11 <input type="checkbox"/> Form B1 and calculation form
<input type="checkbox"/>	(B) Record of lift operation	(50 points)		
<input type="checkbox"/>	(C) Performance of Responsible Persons in managing lift services	(50 points)	Independent professional assessor	<input type="checkbox"/> Form C1

### Part V Information of the participating lifts:

Please attach supplementary sheet(s) if more space is required.

Serial no.	Lift location ID	Lift number	Type of lift <sup>1</sup>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Note 1: Including passenger lifts and goods lifts, but excluding hydraulic lifts, service lift (dumb waiters), vertical platform lifts, escalators and mechanized vehicle parking systems.

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### Part VI Submission of Applications:

1. In person / by courier service to the following address:  
Electrical and Mechanical Services Department Headquarters, 3 Kai Shing Street, Kowloon, Hong Kong (Please mark the envelope “Application for Quality Lift Service Recognition Scheme”)
2. In electronic format:  
Submit your application in PDF format by e-mail to [QLSRS@emsd.gov.hk](mailto:QLSRS@emsd.gov.hk). The maximum size of each attachment should not exceed 10 MB.