

**Application for Admission to the
Departmental Contractor List for Biomedical and Electronics Engineering Services –
Patient Monitoring System / Clinical Information System / Anaesthesia Units**

1. Registered name of company/firm _____
Under Business Registration _____
Ordinance, Laws of Hong Kong _____

2. Registered address of company/firm _____
in Hong Kong under Business _____
Registration Ordinance, _____
Laws of Hong Kong _____

Telephone No. _____
Facsimile No. _____

3. Date of formation or incorporation _____
under Companies Ordinance,
Laws of Hong Kong

4. Date of original registration under _____
Business Registration Regulations,
Business Registration Ordinance,
Laws of Hong Kong.

5. Business Registration Certificate No. _____

Date of Expiry under _____
Business Registration Regulations,
Business Registration Ordinance,
Laws of Hong Kong.

6. The company/firm is
* (a) a body corporate, registered under the Companies Ordinance, or
* (b) a partnership (unincorporated), or
* (c) a sole proprietorship (unincorporated).

7. Previous name(s) of company/firm with dates, if any.
8. Name(s) of ultimate holding company, parent company, subsidiary or associated companies etc.

9. Names of directors/managers and length of service with the applicant

<u>Name</u>	<u>Designation</u>	<u>Length of Service</u>
-------------	--------------------	--------------------------

10. Name and designation of person(s) who will sign contracts with Government

<u>Name</u>	<u>Designation</u>
-------------	--------------------

11. Banker(s) to whom reference may be made

<u>Name</u>	<u>Address</u>
-------------	----------------

12. Address of trading office _____
 (if different from registered _____
 address) and approximate _____
 area of office _____

Telephone No. _____

Facsimile No. _____

13. Address and approximate area _____
 of Workshop/Office _____

Telephone No. _____

Facsimile No. _____

14. (a) Name, qualifications, experience, training received, and length of service of professional/ technical staff.

- (b) Direct employed work-force.

Trade/Stream/Grade

No.

15. Please provide details of development facilities and equipment including quantity and make/model/capacity of each. For test equipment please also state where and when they were last calibrated.

Item	Description	Quantity	Make/Model	Capacity	Calibration	
					Where	Date
1.	Digital Voltage Meter (DVM)					
2.	Electrical Safety Tester					
3.						
4.						
5.						

16. **Relevant Projects Handled**

The company/firm is required to state below briefly his previous experience in execution of related projects (inclusive of supply / installation / maintenance types) as well as particulars of the projects currently being executed. The projects quoted here shall be located in the territories of Hong Kong and may be available for inspection.

Description/Nature of Project

Client

Construction Period

Contract Sum

17. **Training**

State whether training facilities are available – YES/NO *

If the answer to the above is YES, please state how training of Government employees would be provided as part of a contract.

If the answer to the above is NO, please state if any alternative arrangement could be made if training is required in a contract.

18. **Documentation**

Please state if detailed documentations, e.g. circuit diagrams, fault diagnostic charts, operation flow charts, programme codes, etc. will be made available to Government in respect of all equipment and software supplied and installed – YES/NO*

If the answer to the above is NO, please state restrictions and limitations.

19. **Maintenance**

Please state if the company/firm will be willing to take up maintenance works – YES/NO *

If the answer to the above is YES, please state the number and grade of staff deployed for maintenance activities.

If the answer to the above is NO, please state if any alternative arrangement could be made to provide the maintenance services for the equipment and software supplied in a contract.

20. **Spare Holding Policies**

Please state the policies on spare holdings relating to maintenance in terms of the following :-

(a) For particular installations (quote examples)

(b) For general purposes

21. **Quality, Environmental and OH&S**

Please complete the Quality, Environmental and OH&S Checklist at Appendix 1.

22. **Authorized Agency**

Please state any authorized agency, or representation of the manufacturer; in HKSAR Documentary proof such as authorized agency agreements shall be enclosed.

23. **Autopay Arrangement**

Please state if autopay arrangement has been made with the Electrical and Mechanical Services Trading Fund. If no or not sure, please fill in the "AUTHORITY FOR PAYMENT TO A BANK" Form (GF179A) as attached in Appendix 2.

YES/NO *

24. **Government's Purchasing Card Programme**

Please provide the Purchasing Card Merchants information under the government's Purchasing Card Programme.

Purchasing Card Service Provider: _____

Merchant Category Code (MCC): _____

25. I certify that all information provided is true and complete to the best of my knowledge.

The following supporting documents are forwarded herewith :-

- (i) A copy of the Business Registration Certificate.
- (ii) * A copy of Memorandum and Articles of Association.
 - * A copy of Application for Registration of Business (Partnership)
 - * A copy of Application for Registration of Business (Sole Proprietorship) under Business Registration Regulations.
- (iii) * Details of works carried out and currently in hand.
- (iv) An organization chart.
- (v) Office layout plan with principal dimensions and positions of major development facilities.
- (vi) * A copy of the Certificate of Incorporation under Companies Ordinance
- (vii) * Authorized Agency Agreement
- (viii) Quality, Environmental and OH&S Checklist
- (ix) * "AUTHORITY FOR PAYMENT TO A BANK" Form (GF179A)

Date _____ Signed _____

Name _____

Designation _____

* -- Delete as appropriate

Contractor Evaluation Record				
Part 1 – Quality, Environmental and Occupational Health & Safety Checklist				
(to be completed by contractor / supplier)				
Please tick below one of the 4 descriptions which most closely fits your current status; otherwise, please describe your current status being asked for in the space under “Remarks”.				
Q1 Health and safety policy	<input type="checkbox"/> 1 Health and safety policy under preparation	<input type="checkbox"/> 2 Commit to comply with HSD’s OH&S Policy	<input type="checkbox"/> 3 Health and safety policy available and commit to comply with HSD’s OH&S Policy	<input type="checkbox"/> 4 Sound health and safety policy (fulfilling F&IU(SM) Reg. requirement)
Remarks	Please attach a copy of Health and Safety Policy, if available			
Q2 Health and safety manual or plan	<input type="checkbox"/> 1 Only Safety Policy but no health and safety plan	<input type="checkbox"/> 2 Under preparation and draft health and safety plan available.	<input type="checkbox"/> 3 Safety plan available.	<input type="checkbox"/> 4 Comprehensive health and safety plan comply with recognize standard (e.g. F&IU(SM) Reg. or OHSAS 18001: 1999)
Remarks	Please specify the standard to which the OH&S plan complies with.			
Q3 Safety organization	<input type="checkbox"/> 1 Safety organization included only line supervision staff	<input type="checkbox"/> 2 Safety organization included only line supervision staff & management staff	<input type="checkbox"/> 3 Safety organization included line supervision staff, management staff and company top management	<input type="checkbox"/> 4 Safety organization included line supervision staff, management staff, safety profession and company top management
Remarks	Please attach a copy of organization chart, if available			
Q4 Safety personnel	<input type="checkbox"/> 1 Only Safety Supervisor appointed on for the project.	<input type="checkbox"/> 2 Assistant Safety Officer or full time Safety Supervisor appointed.	<input type="checkbox"/> 3 In addition, part RSO employed for the project	<input type="checkbox"/> 4 Full time RSO for the project
Remarks	Please specify number of Safety Supervisor and Register Safety Officer employed.			
Q5 Occupational health & safety training to staff/worker	<input type="checkbox"/> 1 Training is being arranged.	<input type="checkbox"/> 2 Only “Green Card” Training.	<input type="checkbox"/> 3 In addition other relevant safety and health training provided to staff/workers	<input type="checkbox"/> 4 A training plan available, and relevant safety and health training to workers are specified.
Remarks	Please specify (a) Percentage of staff/worker with “Green Card”. (b) Type of safety training other than Green Card, if available			

Contractor Evaluation Record				
Part 1 – Quality, Environmental and Occupational Health & Safety Checklist				
(to be completed by contractor / supplier)				
Please tick below one of the 4 descriptions which most closely fits your current status; otherwise, please describe your current status being asked for in the space under “Remarks”.				
Q6 Past year accidents record	<input type="checkbox"/> 1 Only number of accident recorded.	<input type="checkbox"/> 2 Accident statistic available but no target for accident rate	<input type="checkbox"/> 3 Accident rate above their target accident rate	<input type="checkbox"/> 4 Accident rate below their target accident rate
Remarks	Please specify number of accident in past 12 month and the target accident rate.			
Q7 Record of fatal accident	<input type="checkbox"/> 1 More than one fatal accident in the past 12 months	<input type="checkbox"/> 2 Detail investigation to identify the probable cause of the accident.	<input type="checkbox"/> 3 In addition, prompt arrangement to prevent similar accident from happening.	<input type="checkbox"/> 4 No fatal accident record
Remarks	Please specify number of fatal accident in past 12 months, if available			
Q8 Conviction record in past 24 months related to violation of statutory and regulatory requirements including any occupational health and safety related or environmental related legislation	<input type="checkbox"/> 1 More than 3 convictions in past 24 months	<input type="checkbox"/> 2 Less than 3 but more than 1 conviction in past 24 months	<input type="checkbox"/> 3 Only 1 conviction in past 24 months	<input type="checkbox"/> 4 No conviction in past 24 months
Remarks	Please specify number and details of conviction in past 24 months, if available.			
Q9 Job Hazard Analysis / Risk Assessment (JHA/RA)	<input type="checkbox"/> 1 Committed to comply with the recommendation stated in EMSD's Risk Assessment Report	<input type="checkbox"/> 2 A written procedure or methodology for JHA/RA is available.	<input type="checkbox"/> 3 JHA/RA would be conducted for high-risk activities.	<input type="checkbox"/> 4 Competent / Qualified person(s) is/are employed to conduct JHA/RA.
Remarks	Please provide procedure or methodology for JHA/RA, if available.			
Q10 Method Statement	<input type="checkbox"/> 1 Committed to follow EMSD's work instructions.	<input type="checkbox"/> 2 Only work procedure breakdown would be prepared	<input type="checkbox"/> 3 Method Statement with detail work procedure breakdown with safety and health control measure would be prepared	<input type="checkbox"/> 4 Comprehensive Method Statement would be developed based on the result of JHA/RA.
Remarks				

Contractor Evaluation Record				
Part 1 – Quality, Environmental and Occupational Health & Safety Checklist				
(to be completed by contractor / supplier)				
Please tick below one of the 4 descriptions which most closely fits your current status; otherwise, please describe your current status being asked for in the space under “Remarks”.				
Q11 Quality Management System	<input type="checkbox"/> 1 Planning to implement a quality management system	<input type="checkbox"/> 2 Work has commenced to develop a quality management system	<input type="checkbox"/> 3 A quality management system in place, but not or not yet certified by accreditation body	<input type="checkbox"/> 4 A quality management system in place and has been certified to a recognized standard, e.g. ISO 9001
Remarks	Please specify the standard used to develop the quality management system.			
Q12 Environmental Management System	<input type="checkbox"/> 1 Planning to implement an environmental management system	<input type="checkbox"/> 2 Work has commenced to develop an environmental management system	<input type="checkbox"/> 3 An environmental management system in place, but not or not yet certified by accreditation body	<input type="checkbox"/> 4 An environmental management system in place and has been certified to a recognized standard, e.g. ISO 14001
Remarks	Please specify the standard used to develop the environmental management system.			
<p>Completed for and on behalf of the Contractor / Supplier by:</p> <p>Signature : _____</p> <p>Name : _____</p> <p>Title : _____</p> <p>Date : _____</p> <div style="text-align: right; margin-top: 20px;"> <div style="border: 1px solid black; width: 150px; height: 80px; display: inline-block;"></div> Company Chop </div>				

Contractor Evaluation Record
Part 2: For EMSD Use Only

Summary of Marks

Marking Scheme:

	Mark				
	0	1	2	3	4
For questions Q1 to Q12	Not answered	Answer with "1"	Answer with "2"	Answer with "3"	Answer with "4"
For other criteria	Poor	Satisfactory	Fair	Good	Excellent

Questions / Criteria	Marks for Contractor / Supplier under Evaluation
Q1	
Q2	
Q3	
Q4	
Q5	
Q6	
Q7	
Q8	(a)
Q9	
Q10	
Q11	(b)
Q12	(c)
Experience / Competence	
Reputation	(d)
Lead Time / Delivery	(e)
Cooperation / Attitude	(f)
Total =	
For <i>Supplier</i> only: (a)+(b)+(c)+(d)+(e)+(f) =	

Evaluation Result

Name of Contractor / Supplier : _____

Evaluation Result # : **Satisfactory / Unsatisfactory*** as **Contractor / Supplier***

Conditions:

For **Contractor**, the total mark shall be at least **26** for "satisfactory".

For **Supplier**, the sum (a)+(b)+(c)+(d)+(e)+(f) shall be at least **12** for "satisfactory".

* Delete as appropriate

Evaluated by: _____ Date: _____

Approved by: _____ Date: _____

款項付予銀行授權書
AUTHORITY FOR PAYMENT TO A BANK

請以中文或英文填寫本表格第 I、II 及 III 欄
Please complete sections I, II and III of this form in Chinese or English
(本表格如有任何塗改, 概不受理)
(This form will not be accepted if it contains any erasure or amendment)

<p>I</p> <p>參閱背頁 只供收款人 填寫的 附註 See Notes Overleaf - For Payee's Use</p>	<p>致： To:</p> <p>Electrical and Mechanical Services Trading Fund (Attn: Finance Division)</p> <p>6/F, 3 Kai Shing Street, Kowloon Bay, Kowloon.</p>	<p style="text-align: center;">只供部門填寫 FOR DEPARTMENT USE ONLY</p> <p style="text-align: center;">IV</p> <p style="text-align: center;">債權人編號 Creditor Reference No</p> <table border="1" style="margin: auto; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
<p>參閱背頁 註一 See Note 1 Overleaf</p>	<p>請將應付給我/我們的全部款項存入我/我們在下列銀行的帳戶 All sums due to me/us should be paid into my/our bank account with the</p> <p>銀行 Bank <input style="width: 150px;" type="text"/> 分行 Branch <input style="width: 150px;" type="text"/></p>									
<p>參閱背頁 註二 See Note 2 Overleaf</p>	<p>本授權書只適用於下列事務的付款:— This Authority applies to payments to me/us in respect of the following transaction(s) only:—</p> <p style="text-align: center;">All payments by Electrical and Mechanical Services Trading Fund</p> <hr/> <p>付款給我/我們所須的資料詳情載於第 II 欄 The particulars necessary to effect payment to me/us are given in Section II below</p>									
<p>II</p> <p>參閱背頁 註三 See Note 3 Overleaf</p>	<p>收款人名稱: 個人— 先寫姓氏 (最多可填寫 80 個英文字母或 40 個中文字) Payee's Name: For individual - Surname first (Maximum 80 characters for English or 40 words for Chinese)</p> <table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p>地址 (最多可填寫 120 個英文字母或 60 個中文字) Address (Maximum 120 characters for English or 60 words for Chinese)</p> <table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 100%;"></td> </tr> </table>									
<p>參閱背頁 註四 See Note 4 Overleaf</p>	<p>銀行帳戶 Bank Account 銀行編號 Bank Code <input style="width: 40px;" type="text"/> 分行編號 Branch Code <input style="width: 40px;" type="text"/> 帳戶號碼 Account No. <input style="width: 100px;" type="text"/></p>									
<p>參閱背頁 註五 See Note 5 Overleaf</p>	<p>英文銀行帳戶名稱 (適用於在上列以中文填寫了收款人名稱) Name of Bank Account in English (for payee's name completed in Chinese above)</p> <table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 100%;"></td> </tr> </table>									
<p>參閱背頁 註六 See Note 6 Overleaf</p>	<p>我/我們選擇以傳真方式或電子郵件接收領款通知書 (請選擇其中一種方式)。我/我們的傳真號碼或電子郵件地址是:— I/We elect to receive the Remittance Advice by fax or by e-mail (please choose one method only). My/Our fax number or e-mail address is:—</p> <p>傳真號碼 Fax No. <input style="width: 100px;" type="text"/></p> <p>電子郵件地址 e-mail address <input style="width: 100px;" type="text"/></p>									
<p>III</p>	<p>我/我們同意 I/We hereby agree that</p> <p>一、銀行向政府表示收到款項的證明, 足以代替我/我們的收款證明。 1. The Bank's acknowledgment to the Government will be sufficient discharge in lieu of acknowledgment by me/us.</p> <p>二、我/我們填報在本表格內的付款辦法指示, 在付款方式方面, 對政府並無約束力。 2. My/Our payment instructions on this form do not bind the Government in regard to the manner in which payment may be made.</p> <p>三、無論屬於何等理由, 倘銀行未獲足夠資料確定收款帳戶, 以致款項在未收到進一步資料之前暫停支付, 政府並不負責我/我們因銀行帳戶未能如期收到款項所遭受的任何損失或不便。 3. Where, for any reason, insufficient details are furnished to the Bank to determine the account to be credited and the sum is held in suspense pending receipt of further information, the Government will not be responsible for any loss or inconvenience suffered by me/us as a result of the bank account not being credited at the normal time.</p>									
<p>參閱背頁 註七 See Note 7 Overleaf</p>	<p>個人 For individual</p> <p>簽名 Signature 姓名 (正楷) Name in block letters 香港身分證/護照號碼 H.K.I.C./Passport No. 電話號碼 Telephone No. 日期 Date</p>									
<p>參閱背頁 註八 See Note 8 Overleaf</p>	<p>公司/團體 For company/organization</p> <p>公司印章 Official Stamp</p> <p style="text-align: center;">獲公司/團體授權之認可簽署 Authorized signature For and on behalf of the company/organization</p> <p>姓名 (正楷) Name in block letters 職位 Position 電話號碼 Telephone No. 日期 Date</p>									

附註個人資料收集聲明

1. 你所提供的資料，將作政府付款給你的用途。
2. 政府可能將部分或全部資料轉交其他已獲法律授權接收的人士。
3. 在《個人資料(私隱)條例》列明的豁免範圍內，你有權取得及更正個人資料。
4. 如欲取得或更改個人資料，請聯絡與你有收支往還的政府部門。

只供收款人填寫(第 I, II 及 III 欄)

1. 收款人如為公司或團體，在遞交本表格時，須附交一封使用該公司或團體的正式信紙的說明函件，並須由獲該公司或團體授權的人士簽署。
2. 如欲將本授權書的適用範圍限定於若干項事務，請列明該等事務。
3. 切勿在一空格內填寫超過一個字或一個數字。倘因篇幅所限而未能行末填寫一個完整的詞彙，須在下一行填上整個詞彙。
4. 帳戶持有人的名稱應與收款人的名稱完全相符。如未能確定銀行編號，請向有關銀行查詢。
5. 款項如須存入聯名帳戶，應列明該帳戶的英文全名而收款人名稱應是聯名帳戶的一部分。
6. 如希望以傳真方式或電子郵件接收領款通知書(只可選擇其中一種方式)，請填妥傳真號碼或電子郵件地址，否則領款通知書將經郵遞寄上。未能經傳真或電子郵件送達的領款通知書將改以郵遞送交。

只供部門填寫第 I 欄

在供收款人填寫表格前，在“致”字旁的空框內填上接收填妥表格的部門或辦事處的名稱及地址。如收款人銀行帳戶欄資料有任何更改，須另填一份新表格。

第 IV 欄

1. 在支付債權人系統更新後填寫。
2. 如經由支付債權人系統所支付給非公務員合約僱員的應課稅入息，應填寫第三個數字是“9”的債權人檔號。這些付款將會列入 IR56C 表格。

NOTESPersonal Information Collection Statement

1. The information provided by you will be used for purposes of effecting payments to you by the Government.
2. The Government may give some or all of the information to other parties authorized by law to receive it.
3. Subject to exemptions under the Personal Data (Privacy) Ordinance, you have a right of access and correction with respect to personal data.
4. Request for personal data access and correction should be addressed to the relevant Government departments with which you have dealings.

For Payee's Use (Sections I, II and III)

1. For companies/organizations, this form must be accompanied by a covering letter on the official letterhead of the company/organization and signed by an authorized signatory of the company/organization.
2. If it is desired to restrict this Authority to payments in respect of certain transactions only, please specify those transactions.
3. Do not use one space for more than one letter or one digit. Where a complete word cannot be entered at the end of a row because of insufficient space, the whole word should be entered in the next row.
4. The bank account should have the same name as the payee's name. If you do not know the bank code of your bank account, please contact your banker.
5. Where payment is to be made into a joint account, the full name of the joint account in English must be stated and the payee's name should form part of the name of the joint account.
6. Please enter your fax number or e-mail address if you wish to receive the Remittance Advice by fax or by e-mail (choose one method only). Otherwise, the Remittance Advice will be sent by post. Remittance Advice which cannot be successfully sent by fax or by e-mail will be sent by post.

For Department UseSection I

Before passing the form to the payee for completion, enter in the box beside the word 'To' the name AND address of the department, or office to which the payee should return the completed form. If there is a change in the bank account details of the payee, a new form must be completed.

Section IV

1. To be completed after the creditor record has been updated in the Payment of Creditors System.
2. For payment of taxable earnings to non-civil service contract staff through the Payment of Creditors System, Creditor Reference Number with "9" in the third digit should be entered. Such payments will be included in IR56C Return.