

Subcontractor/ Supplier Application Form

Please send the completed form by post or by fax to

Post: Hsin Chong – Procurement Department
Hsin Chong Center
107-109 Wai Yip Street
Kwun Tong, Kowloon, Hong Kong

Fax: (+852) 2516 7452

Enquiries on the status of applications may be made by email to subcontractor@hcg.com.hk

*Fields marked with an asterisk * are required to be filled in*

Initial Application Revision

Business Information

Registered Company Name *					
Registered Company Address *					
Business Registration Number		Phone Number*		Fax Number	

Type of Business

Description of Product(s) and/or Service(s) * (Not more than 100 words)					
Average Annual Turnover (HK Dollars Million) in Past 3 Years					
<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-20 <input type="checkbox"/> 20-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100-300 <input type="checkbox"/> over 300					
Average Number of persons directly employed in Past 3 Years					
<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> over 100					

Contact Person Information

Prefix	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				
Name in English *	(Other Name)			(Surname)	
Name in Chinese *		Position in Company *		Telephone Direct Line *	

Disclaimer

I declare that the information provided in this application form is accurate and true, and I understand that if I willfully give any false information or withhold any material information, it will render my application disqualified immediately by the Company.

Signature and Date