

Case No.:	
(to be filled in by HAD)	

To:	District Office
(Attn:)

Free Mediation Service Pilot Scheme for Building Management Application Form

Application Form						
Par	ticulars of Client					
	Party A (initiator)		Party B			
(1)	Name	:		Sex	: 🗆 M	□F
	Contact Tel. No.	:		Fax No.	. : <u></u>	
	Email Address	:				
	Correspondence Address					
	Capacity	:	☐ 2. Tena	ant		
		☐ 3. Represe	ntative of Pro	perty Manag	gement Con	npany (PMC)
		4. Member	r of * Manage	ment Comm	nittee (MC)	of Owners'
		Corpora	ation (OC)/Ow	vners' Com	mittee	
		(Position	n Held:)
of N	member of MC of MC/Owners' Commement?		-			
	Yes (relevant minut	es of meeting encl	losed)	□ No		
(2)	Particulars of Pr	operty				
	Name of Building	/Housing Estate	:			
	Address of Buildin	ng/Housing Estate	: <u></u>			
	_	sation (if any)		ners' Comm		
	PMC (if any):					

(3)	Name of person(s) in attendance in the mediation process (if any)			
	1	2		
(4)	<u> </u>	nnessy Road, Wan Chai, Hong Kong re, 6 Fuk Tsun Street, Tai Kok Tsui, Kowloon		
*Please	delete as appropriate	Please put a "✓" in the appropriate box		

Statement of Purpose in respect of Collection of Personal Data

Purpose of Collection

1. The personal data provided by means of this form will be used by the Home Affairs Department (HAD) for the sole purpose of processing application for the Free Mediation Service Scheme for Building Management.

Classes of Transferees

2. The personal data you provided by means of this form may be disclosed to other Government bureaux and departments, staff and members of participating mediation organisations, clients representing parties concerned, mediators appointed for the case, as well as other relevant persons and bodies for the purpose mentioned in paragraph 1 above.

Access to Personal Data

3. You have the right of access and correction with respect to personal data under sections 18 and 22 and Principle 6 of Schedule 1 to the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided in this form.

Enquiries

4. Enquiries concerning the personal data collection by means of this form, including access and correction, should be addressed to –

Principal Liaison Officer Division IV Home Affairs Department (Tel. No.: 2835 2065)

Disclaimer of Liability

- (a) The Home Affairs Department (HAD), staff and members of the participating mediation organisations or mediators accept no liability or responsibility whatsoever for any inaccuracy, misrepresentation or omission in relation to advice given, or for any claim, loss or damage occasioned by the result or procedures of the mediation.
- (b) Information including communications and documents disclosed in the mediation process shall not be presented as evidence in any future legal proceedings. The parties shall not call the mediators to give evidence for them in any future legal proceedings. Unless both parties agree, the mediator shall not act for any party in any capacity, professional or otherwise, after the mediation.

Acknowledgement of Disclaimer by Applicant

- (a) I understand the content and meaning of the above disclaimer and agree to apply for and use the service mentioned therein subject to the said disclaimer.
- (b) The client undertakes to co-operate with HAD, the participating mediation organisations and the mediators appointed to handle the dispute. Upon request by any of the above-mentioned parties, the client is willing to provide all information related to the case (including personal data) on the condition that the information provided is used solely for the specified case.
- (c) To protect the interests of all parties, the client undertakes to keep all matters and information related to and involved in the mediation in confidence and not to disclose any details of the mediation session to any unrelated parties, unless permitted and required by law.
- (d) The client has read the Statement of Purpose in respect of Collection of Personal Data and confirms that any information and personal data are provided in accordance with the provisions and purpose stated therein on a voluntary basis.
- (e) The client confirms that all information provided is true and correct.

Date:	Signature of Client:
Seal or chop of OC/Residents	s' Organisation/PMC:
Collaborating organisations:	



