

To : Central Plaza Management Co. Ltd. (CPMCL)

From : _____ (Name of Company)

Unit : _____ of Central Plaza Date : _____

Re : TENANT'S CONTACT (see note-1)

A. The information of our company is the same as the previous information we provided. (see note-2)

B. Contact in Central Plaza (see note-3)

Tel. No. : _____ Fax No. : _____

Name : [Dr. / Mr. / Mrs. / Ms. *] _____ (Admin. Dept.)

Name : [Dr. / Mr. / Mrs. / Ms. *] _____ (Accounts Dept.)

C. Emergency Contact (after office hours) (see note-3)

(1) Name : [Dr. / Mr. / Mrs. / Ms. *] _____

Tel. No. : _____ (home / pager / mobile)

(2) Name : [Dr. / Mr. / Mrs. / Ms. *] _____

Tel. No. : _____ (home / pager / mobile)

(3) Name : [Dr. / Mr. / Mrs. / Ms. *] _____

Tel. No. : _____ (home / pager / mobile)

D. Person(s) in Charge (see note-3)

[Dr. / Mr. / Mrs. / Ms. *]

(1) Name : _____ Position : _____

[Dr. / Mr. / Mrs. / Ms. *]

(2) Name : _____ Position : _____

[Dr. / Mr. / Mrs. / Ms. *]

(3) Name : _____ Position : _____

E. Authorized Signature & Company Chop Specimen

Authorized Signature(s) and Name in Block Letters	Company Chop [1]	Company Chop [2]	Company Chop [3]

F. Please state person(s) who need assistance from the Management Office or relevant Government Departments, in case of emergency.

Name _____ Gender _____ Need (disabled; illness; pregnant; visual impaired, etc.; please specify) _____

(1) _____

(2) _____

G. Please "✓" either of the following boxes if appropriate. If no indication is given, CPMCL shall keep whole content of this form CONFIDENTIAL

Keep whole content CONFIDENTIAL.

Agree CPMCL to disclose the information of PART-B of this form ONLY if and when CPMCL receive enquiry from third parties about our company.

Note : 1) All contact numbers shall be Hong Kong local phone numbers. 2) Please "✓" the box if the information of your company is the same as the previous information you provided. 3) * Please delete where appropriate. 4) Please use supplement sheet if needed. 5) Please TYPE in BLOCK LETTERS.