



Address : 2 Holy Cross Path, Sai Wan Ho, Hong Kong

Tel : 2384-3531 Fax : 2804-8622

Visit Application Form

Please read "Application Guidelines" for details

Name of applicant/organization : _____ Name of Contact : _____

Tel : (Mobile) _____ (Office) _____ Fax : _____

Correspondence Address : _____

E-mail : _____ Number of Visitor : _____ Age Group : _____

Date of Visit : _____ Time of Visit : _____

Language Preferred : English Chinese

Visiting Purpose(Please Select) : Get to know YO Services Exchange of knowledge and Experience Others(Please indicate : _____)

Expectation : _____

Name of Applicant : _____ Organization Chop & Signature : _____

Title of Applicant : _____ Date : _____

Application Guidelines

1. Completed application form should be submitted by email or fax to 2804-8622. Application will not be considered if completed application form is not submitted at least 4 weeks in advance before the proposed date of visit.
2. YO will contact the applicant within 14 working days after receiving the application.
3. The number of visitor is limited to 30 people and the duration is about 1 hour. The route will be arranged according to the operational situation.
4. Seek permission from the person in charge before taking photographs or videos.
5. All visits will be cancelled and no other arrangement will be made when Typhoon Signal No.8 or above is hoisted or the Black Rainstorm Signal is issued.
6. YO reserves the right to cancel / make any change of the scheduled visit. If the visit is confirmed to be changed, applicants will be notified before the visit.
7. If the applicant/group wants to change or cancel the scheduled visit, please call 2384-3531 to update the change 7 days before the visit.
8. If there is any special arrangement requested, YO may charge for it.
9. Applicants are required to provide adequate, correct and clear information. Otherwise the processing time and application result may be affected.

Official Use Only

Received Date : _____ Replied Date : _____

1. Visit Application : Accept Not Accept 2. Signature of Approval : _____

3. Entertain Unit & Staff : _____ 4. HQ Contact Person : _____

Remarks : _____

Visit Fee (HK\$) : _____ Room Reserved HO DS ABC HQ NA Unit for Charges : _____

Receipt No. : _____ Staff for Charges : _____