

APPLICANT & BUILDING/PREMISES

Name of Registered Customer (the Applicant)^[a] as shown on registration/ incorporation document			
Documentary Proof No.	<input type="checkbox"/> Company/Organisation Applicant:	Business Registration/Certificate of Incorporation or other Registration/Incorporation Document No.	
	<input type="checkbox"/> Personal Applicant:	HKID card/Passport No.	
Applicant's Representative Examples: Chairperson, chief executive officer, owner or director of the Applicant company/organisation	<input type="checkbox"/> Mr. Surname _____	Given Names _____	
	<input type="checkbox"/> Ms. _____		
	Job Title: _____		
	Contact: Phone _____ Email _____		
Building(s)/Premises Address	^Flat/Room/Shop _____ ^Floor _____ ^Block _____	Name of Building/Estate _____	
	Number and Name of Street/Road (or Village) _____	<input type="checkbox"/> Central & Western <input type="checkbox"/> Eastern <input type="checkbox"/> Southern <input type="checkbox"/> Wanchai <input type="checkbox"/> Lamma Island	
Correspondence Address <input type="checkbox"/> Same as Address above	Flat/Room/Shop _____ Floor _____ Block _____	Name of Building/Estate _____	
	Number and Name of Street/Road (or Village) _____	<input type="checkbox"/> Central & Western <input type="checkbox"/> Eastern <input type="checkbox"/> Southern <input type="checkbox"/> Wanchai <input type="checkbox"/> Lamma Island <input type="checkbox"/> Others (please specify district): _____	
Type of Building Please refer to Schedule 1 in the Guide to Application	<input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 3A <input type="checkbox"/> 3B <input type="checkbox"/> 3B*	No. of building(s) under application	
Type of Applicant Please refer to Schedule 2 in the Guide to Application	<input type="checkbox"/> Owners' Corporation <input type="checkbox"/> Deed of Mutual Covenant Manager <input type="checkbox"/> Single Owner <input type="checkbox"/> Residents'/Owners' Organisation <input type="checkbox"/> NGO <input type="checkbox"/> School <input type="checkbox"/> Others (please specify): _____		
Person-in-charge (PIC) Please select the type of PIC in next row <input type="checkbox"/> Same as Applicant's Representative	<input type="checkbox"/> Mr. Surname _____	Given Names _____	
	<input type="checkbox"/> Ms. _____		
	Name of company or organisation: _____		
	Job Title: _____		
Contact: Phone _____ Email _____			
Type of PIC Please refer to Schedule 3 in the Guide to Application	<input type="checkbox"/> The owner of the building under the Application (for a building with single ownership)		<input type="checkbox"/> A representative of the Applicant's organisation
	<input type="checkbox"/> The chairperson/director of the Applicant's organisation		<input type="checkbox"/> A representative of the property management company of the building(s)/premises under the Application
	<input type="checkbox"/> An owner as a representative for all the owners of the building (for a building with multi-ownership but without any owners' corporations/organisations)		<input type="checkbox"/> A Qualified Service Provider engaged by the Applicant

Note: [a] Full name as shown on Business Registration Certificate/Certificate of Incorporation or other registration/incorporation document.

^ Applicable to Application under Sub-Category 2B only.

Please tick as appropriate.

QUALIFIED SERVICE PROVIDER (QSP)

Qualified Service Provider (QSP) A Registered Energy Assessor stipulated under the Building Energy Efficiency Ordinance (Cap. 610) <input type="checkbox"/> Registered Retro-commissioning Professional	<input type="checkbox"/> Mr. Surname (as shown on Certificate of Registration) _____ <input type="checkbox"/> Ms. _____ Given Names (as shown on Certificate of Registration) _____
	Registered Energy Assessor Registration No.: _____
	Name of company or organisation: _____
	Job Title: _____
	Contact: Phone _____ Email _____

ENERGY EFFICIENCY ENHANCEMENT PROJECT(S) (Please make copy if necessary)

All Electricity Account Nos. of the Building/Premises as shown on electricity bill	Electricity Account for the Energy Efficiency Enhancement Projects
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No.	Project Type	Building Services Installation (BSI)	Description or Remarks of the Project (if any)	Eligible Project Cost (HK\$)		
				Materials	Installation	Total (HK\$)
1	<input type="checkbox"/> Retrofitting <input type="checkbox"/> Retro-commissioning <input type="checkbox"/> Building-based Smart Technology	<input type="checkbox"/> Lighting <input type="checkbox"/> Air-conditioning system <input type="checkbox"/> Lift/Escalator <input type="checkbox"/> Electrical installation <input type="checkbox"/> Others (please specify) _____				
2	<input type="checkbox"/> Retrofitting <input type="checkbox"/> Retro-commissioning <input type="checkbox"/> Building-based Smart Technology	<input type="checkbox"/> Lighting <input type="checkbox"/> Air-conditioning system <input type="checkbox"/> Lift/Escalator <input type="checkbox"/> Electrical installation <input type="checkbox"/> Others (please specify) _____				
3	<input type="checkbox"/> Retrofitting <input type="checkbox"/> Retro-commissioning <input type="checkbox"/> Building-based Smart Technology	<input type="checkbox"/> Lighting <input type="checkbox"/> Air-conditioning system <input type="checkbox"/> Lift/Escalator <input type="checkbox"/> Electrical installation <input type="checkbox"/> Others (please specify) _____				
Total Estimated Annual Energy Saving (kWh) of all Projects = (H): _____				Qualified Service Provider Service Fee = (A)		
				Total Eligible Project Cost = (B)		

OTHER SUBSIDIES FOR THE PROJECTS UNDER APPLICATION (as detailed in Clause 4.6 of the Guide to Application)

Name of Fund/Funding Scheme	Name of Funding Organisation
Subsidy Amount (HK\$) = (C)	Application Date
Revenue Gained from the Project(s) (HK\$) = (D)	Energy Efficiency Project (please quote the project no. in above Section)

Note: Please tick as appropriate.

NET ELIGIBLE PROJECT COST/ ESTIMATED SUBSIDY

Net Eligible Project Cost (HK\$) = (B) – (C) – (D)

Estimated SPBF Subsidy (HK\$) to be Applied For

Please refer to Clause 4 in the Guide to Application

APPLICATION FOR OTHER SMART POWER SERVICES (OPTIONAL)

I/We would also like to apply for other schemes/programmes under Smart Power Services (please tick as appropriate), and request HK Electric to contact and follow up with me/us on the respective application processes.

- Smart Power Energy Audit (for non-residential customers): Free energy audit with written report. (www.hkelectric.com/SPEA-en)
- Energy-efficient Equipment Subsidy (for non-residential customers already conducted energy audits): Subsidy (capped at HK\$150,000) at 50% of turnkey project cost for retrofitting of energy-efficient equipment. (www.hkelectric.com/SPCF-en)
- Renewable Energy Certificates (REC) (for all customers): Customers can purchase from HK Electric REC representing electricity generated from local renewable energy (RE) sources to achieve their RE or environmental targets. (www.hkelectric.com/REC-en)

PERSONAL DATA COLLECTION STATEMENT

Purpose of Collection

The personal data and other related information provided by you in the application form will be used by HK Electric solely for the purposes of processing your application and/or request in respect of other schemes/programme under Smart Power Services for which you would like to apply. The provision of personal data and other related information in the application form is voluntary. However, if you do not provide adequate and accurate data, we may not be able to process your application and/or request.

Transfer of Personal Data

Your application forms, inspection records, and other related information may be provided to the HKSAR Government for auditing and verification purposes, and will also be provided to other departments or the service providers assigned by HK Electric for the purposes of verifying the particulars provided by you and other purposes related to the Smart Power Services.

HK Electric will disclose your personal data when required to do so by law or in response to requests from law enforcement agencies or the Government, or if explicit consent to such disclosure is given by you.

Access to Personal Data

To request a full copy of the Privacy Policy Statement, for enquiry, for data access and correction, please refer to the website: www.hkelectric.com, email us at personaldata@hkelectric.com, call us at 2887 3411, fax to 2510 7667 or write to 9/F Electric Centre, 28 City Garden Road, North Point for the attention of our Personal Data Protection Officer.

DECLARATION AND SIGNATURE BY QSP

I declare that the information provided in this form and all associated documents are complete, true and correct. I have read and agree to be bound by the terms and conditions of the Smart Power Building Fund (as set out in the SPBF Guide to Application and may be revised from time to time). I also acknowledge that I have read and understand the Personal Data Collection Statement above.

Name of Signatory

Signature and Official Chop

Date

Notes: Please tick as appropriate.

DECLARATION AND SIGNATURE BY PIC

I declare that the information provided in this form and all associated documents are complete, true and correct. I have read and agree to be bound by the terms and conditions of the Smart Power Building Fund (as set out in the SPBF Guide to Application and may be revised from time to time). I also acknowledge that I have read and understand the Personal Data Collection Statement above.

Name of Signatory	Signature
Date	

DECLARATION AND SIGNATURE BY APPLICANT

In accordance of Clause 11.2 of the Guide to Application,

- I/We confirm I/We do not have personal interests compete or conflict with the interests of the Project(s) under this Application or may lead to a conflict of interest in the Application.
- I/We confirm I/we have personal interests compete or conflict with the interests of the Project(s) under this Application or may lead to a conflict of interest in the Application as specified below: _____

Please confirm the documents below are submitted together with this application form (please refer to Clause 5.1 of the Guide to Application).

- | | |
|---|---|
| <p><input type="checkbox"/> A copy of each of valid establishment/ registration/ incorporation documents of the Applicant if the Applicant is an organisation/company; or a copy of the identify proof of the Applicant if the Applicant is a person.</p> <p><input type="checkbox"/> A copy of copy of Deed of Mutual Covenant (DMC) if the Applicant is the DMC Manager.</p> <p><input type="checkbox"/> For Category 2 application, if the Applicant is not the landlord of the building(s), a copy of a valid tenancy agreement in relation to the building(s) or evidence of the written approval of the landlord of the building(s) for the implementation of the Projects.</p> <p><input type="checkbox"/> A copy of contract or documentary proof for the appointment of the QSP with the respective service fee.</p> <p><input type="checkbox"/> A copy of qualification proof of the appointed QSP.</p> <p><input type="checkbox"/> Documentary proof for the Project Subsidy/ Revenue (if applicable).</p> | <p><input type="checkbox"/> A copy of general meeting minutes of the corporation/ organisation/DMC Manager (in the case of a company), or documentary proof showing the decision of all the owners of building(s), which shall cover the following items:
I. the consent to carry out the Project(s) under the Application;
ii. the consent to apply for the SPBF; and
iii. the resolution for selecting tender for the Project(s).</p> <p><input type="checkbox"/> A list of all tenders received for the Project(s) under the Application together with the following documents:
i. a copy of tender specification and requirements;
ii. a copy of selected tenders for the Project(s) under the Application with detailed price schedule covering cost breakdowns of materials and installation, testing & commissioning; and
iii. tender assessment report.</p> <p><input type="checkbox"/> Details of the Projects as deemed necessary, such as equipment catalogue, schematic diagram, etc.</p> |
|---|---|

I/We declare that the information provided in this form and all associated documents are complete, true and correct. I/We have read and agree to be bound by the terms and conditions of the Smart Power Fund (as set out in the SPBF Guide to Application and may be revised from time to time). I/We also acknowledge that I/We have read and understand the Personal Data Collection Statement above.

I/We also confirm that the above **Applicant's Representative** and **Person-in-charge** are designated and authorised by me/us to act on my/our behalf in all matters relating to this application under this application, and you are entitled to treat all communications (oral or written) with him/her as proper communications with the Applicant.

Name of Signatory*	Signature and Official Chop#
Job Title	
Date	

Notes: * The personal applicant or the authorised signatory for company/organisation applicant.
Company/organisation applicant should also stamp its official chop beside the signature.
 Please tick as appropriate.



樓宇基金
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SMART POWER SERVICES
Smart Power Building Fund
Appendix A - Details of Non-lighting Retrofitting Projects



Energy Saving Estimation for the Building Services Installation (BSI) (Please fill in with extra copy if more than 1 system/ equipment)										
Original Installation										
Energy Efficiency Enhancement Project No.										
Building Services Installation (BSI) (Please tick ONE only)		System/ Equipment (Please tick ONE only and *delete as appropriate)								
<input type="checkbox"/> Lift <input type="checkbox"/> Escalator		<input type="checkbox"/> Motor drive and control panel *DC / AC1 / AC2 / ACVV / ACVVVF <input type="checkbox"/> Other (please specify) _____								
<input type="checkbox"/> Heating, Ventilation and Air-conditioning (HVAC) System		<input type="checkbox"/> Air-cooled chiller <input type="checkbox"/> Water-cooled chiller <input type="checkbox"/> Variable refrigerant flow system <input type="checkbox"/> Window type air-conditioner <input type="checkbox"/> Split type air-conditioner <input type="checkbox"/> Other (please specify) _____								
<input type="checkbox"/> Motor (Please specify use, e.g. water pump) _____		<input type="checkbox"/> AC (Please specify efficiency class _____) <input type="checkbox"/> DC <input type="checkbox"/> Other (please specify) _____								
<input type="checkbox"/> Other (please specify) _____		Please specify _____								
BSI No.	Location (e.g. Building 1 lobby, Building 2 corridors, Building 3 lift machine room on roof)	Rated Power (kW) [a]	Air-conditioning		Quantity [b]	Average Annual Load Factor (%) [c]	Estimated Annual Operating Hours [d]	Motor Efficiency (%) [μ]	Estimated Annual Energy Consumption (kWh) [e] ^[1]	
			Cooling Capacity (kW)	COP						
[1] For motor installation(s), [e] = a × b × c × d ÷ μ / For other installation(s), [e] = a × b × c × d										
New Installation										
System/Equipment (Please tick ONE only)		Location (Please specify if different from the above)	Rated Power (kW) [f]	Air-conditioning		Quantity [g]	Average Annual Load Factor (%) [h]	Estimated Annual Operating Hours [i]	Motor Efficiency (%) [μ]	Estimated Annual Energy Consumption (kWh) [j] ^[2]
				Cooling Capacity (kW)	COP					
<input type="checkbox"/> VVVF-control Motor <input type="checkbox"/> Energy-efficient Motor <input type="checkbox"/> Energy-efficient chiller <input type="checkbox"/> Energy-efficient air-conditioner <input type="checkbox"/> Other (please specify) _____										
[2] For motor installation(s), [j] = f × g × h × i ÷ μ / For other installation(s), [j] = f × g × h × i										
Remarks						Estimated Annual Energy Saving (kWh) [k] = [e] - [j]				

Energy Saving Estimation for the Building Services Installation (BSI) (Please make copy if necessary)							
Original Lighting Installation							
Energy Efficiency Enhancement Project No.							
BSI No.	Type No.	System/Equipment (Please tick ONE only)		Rated Power (kW) [l]	Quantity [m]	Estimated Annual Operating Hours [n]	Estimated Annual Energy Consumption (kWh) [o] = [l × m × n]
		<input type="checkbox"/> Incandescent lamp <input type="checkbox"/> Tungsten halogen lamp <input type="checkbox"/> T8 fluorescent tube <input type="checkbox"/> T5 fluorescent tube	<input type="checkbox"/> Compact fluorescent lamp (CFL) <input type="checkbox"/> Conventional EXIT sign <input type="checkbox"/> Other (please specify) _____				
		<input type="checkbox"/> Incandescent lamp <input type="checkbox"/> Tungsten halogen lamp <input type="checkbox"/> T8 fluorescent tube <input type="checkbox"/> T5 fluorescent tube	<input type="checkbox"/> Compact fluorescent lamp (CFL) <input type="checkbox"/> Conventional EXIT sign <input type="checkbox"/> Other (please specify) _____				
		<input type="checkbox"/> Incandescent lamp <input type="checkbox"/> Tungsten halogen lamp <input type="checkbox"/> T8 fluorescent tube <input type="checkbox"/> T5 fluorescent tube	<input type="checkbox"/> Compact fluorescent lamp (CFL) <input type="checkbox"/> Conventional EXIT sign <input type="checkbox"/> Other (please specify) _____				
		<input type="checkbox"/> Incandescent lamp <input type="checkbox"/> Tungsten halogen lamp <input type="checkbox"/> T8 fluorescent tube <input type="checkbox"/> T5 fluorescent tube	<input type="checkbox"/> Compact fluorescent lamp (CFL) <input type="checkbox"/> Conventional EXIT sign <input type="checkbox"/> Other (please specify) _____				
		<input type="checkbox"/> Incandescent lamp <input type="checkbox"/> Tungsten halogen lamp <input type="checkbox"/> T8 fluorescent tube <input type="checkbox"/> T5 fluorescent tube	<input type="checkbox"/> Compact fluorescent lamp (CFL) <input type="checkbox"/> Conventional EXIT sign <input type="checkbox"/> Other (please specify) _____				
		<input type="checkbox"/> Incandescent lamp <input type="checkbox"/> Tungsten halogen lamp <input type="checkbox"/> T8 fluorescent tube <input type="checkbox"/> T5 fluorescent tube	<input type="checkbox"/> Compact fluorescent lamp (CFL) <input type="checkbox"/> Conventional EXIT sign <input type="checkbox"/> Other (please specify) _____				
		<input type="checkbox"/> Incandescent lamp <input type="checkbox"/> Tungsten halogen lamp <input type="checkbox"/> T8 fluorescent tube <input type="checkbox"/> T5 fluorescent tube	<input type="checkbox"/> Compact fluorescent lamp (CFL) <input type="checkbox"/> Conventional EXIT sign <input type="checkbox"/> Other (please specify) _____				
New Lighting Installation							
BSI No.	Type No.	System/Equipment (Please tick ONE only)		Rated Power (kW) [p]	Quantity [q]	Estimated Annual Operating Hours [r]	Estimated Annual Energy Consumption (kWh) [s] = [p × q × r]
		<input type="checkbox"/> LED <input type="checkbox"/> LED with sensor <input type="checkbox"/> Other (please specify) _____					
		<input type="checkbox"/> LED <input type="checkbox"/> LED with sensor <input type="checkbox"/> Other (please specify) _____					
		<input type="checkbox"/> LED <input type="checkbox"/> LED with sensor <input type="checkbox"/> Other (please specify) _____					
		<input type="checkbox"/> LED <input type="checkbox"/> LED with sensor <input type="checkbox"/> Other (please specify) _____					
		<input type="checkbox"/> LED <input type="checkbox"/> LED with sensor <input type="checkbox"/> Other (please specify) _____					
		<input type="checkbox"/> LED <input type="checkbox"/> LED with sensor <input type="checkbox"/> Other (please specify) _____					
Remarks					Estimated Annual Energy Saving (kWh) [t] = [o - s]		

Energy Saving Estimation for the Building Services Installation (BSI) (Please fill in with extra copy if more than 1 system/ equipment)								
Original Installation								
Energy Efficiency Enhancement Project No.								
BSI No.	Building Services Installation (BSI) (Please tick ONE only)		System/ Equipment (Please tick ONE only and *delete as appropriate)					
	<input type="checkbox"/> Lift <input type="checkbox"/> Escalator		<input type="checkbox"/> Motor drive and control panel *DC / AC1 / AC2 / ACVV / ACVVVF <input type="checkbox"/> Other (please specify) _____					
	<input type="checkbox"/> Lighting (Please also complete Appendix B – Inventory of Original Lighting Installations)		<input type="checkbox"/> Incandescent lamp <input type="checkbox"/> Tungsten halogen lamp <input type="checkbox"/> T8 fluorescent tube <input type="checkbox"/> T5 fluorescent tube			<input type="checkbox"/> Compact fluorescent lamp (CFL) <input type="checkbox"/> Conventional EXIT sign <input type="checkbox"/> Other (please specify) _____		
	<input type="checkbox"/> Heating, Ventilation and Air-conditioning (HVAC) System		<input type="checkbox"/> Air-cooled chiller <input type="checkbox"/> Water-cooled chiller <input type="checkbox"/> Variable refrigerant flow system <input type="checkbox"/> Window type air-conditioner <input type="checkbox"/> Split type air-conditioner <input type="checkbox"/> Other (please specify) _____					
	<input type="checkbox"/> Motor (Please specify use, e.g. water pump) _____		<input type="checkbox"/> AC (Please specify efficiency class _____) <input type="checkbox"/> DC <input type="checkbox"/> Other (please specify) _____					
	<input type="checkbox"/> Other (please specify) _____		Please specify _____					
Location (e.g. Building 1 lobby, Building 2 corridors, Building 3 lift machine room on roof)	Rated Power (kW) [a]	Air-conditioning		Quantity [b]	Average Annual Load Factor (%) [c]	Estimated Annual Operating Hours [d]	Pump	Estimated Annual Energy Consumption (kWh) [e] ^[1]
		Cooling Capacity (kW)	COP				Efficiency (%) [μo]	

[1] For Lighting installation(s), [e = a × b × d] / For Pump installation(s), [e = a × b × c × d ÷ μo] / For other installation(s), [e = a × b × c × d]

After Implementation of the Project		
Detailed description of energy saving estimation including methodology, measurement & verification methods, technical guidelines, code of practice, assumptions, etc. (please provide additional document or attach additional sheets if necessary)	Estimated Annual Energy Saving (kWh)	Estimated Energy Saving %



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Appendix D - Photos of Original Building Services Installation



<p>Notes: Please provide the requested photos of the Original Installation as listed below. (Please make copy if necessary)</p> <table border="1"> <thead> <tr> <th>BSI</th> <th>Photos required</th> </tr> </thead> <tbody> <tr> <td>Lighting</td> <td> <ul style="list-style-type: none"> Lighting Outlook Lighting nameplate (Rated power figure is shown) </td> </tr> <tr> <td>Lift/Escalator</td> <td> <ul style="list-style-type: none"> Log book Part 1 & Part 2 Motor drive outlook Motor drive nameplate (Rated power figure is shown) Control panel outlook </td> </tr> <tr> <td>Air Conditioning System</td> <td> <ul style="list-style-type: none"> Equipment outlook (e.g. chiller) Equipment nameplate (Rated power figure/ model no. is shown) </td> </tr> <tr> <td>Electrical Installation</td> <td> <ul style="list-style-type: none"> Motor drive outlook Motor drive nameplate (Rated power / efficiency figure is shown) </td> </tr> </tbody> </table>				BSI	Photos required	Lighting	<ul style="list-style-type: none"> Lighting Outlook Lighting nameplate (Rated power figure is shown) 	Lift/Escalator	<ul style="list-style-type: none"> Log book Part 1 & Part 2 Motor drive outlook Motor drive nameplate (Rated power figure is shown) Control panel outlook 	Air Conditioning System	<ul style="list-style-type: none"> Equipment outlook (e.g. chiller) Equipment nameplate (Rated power figure/ model no. is shown) 	Electrical Installation	<ul style="list-style-type: none"> Motor drive outlook Motor drive nameplate (Rated power / efficiency figure is shown) 	BSI No.		Photo No.	
				BSI	Photos required												
				Lighting	<ul style="list-style-type: none"> Lighting Outlook Lighting nameplate (Rated power figure is shown) 												
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Electrical Installation	<ul style="list-style-type: none"> Motor drive outlook Motor drive nameplate (Rated power / efficiency figure is shown) 																
Position		Please insert photo here															
Description																	
BSI No.		Photo No.		BSI No.		Photo No.											
Position		Position		Position		Position											
Description		Description		Description		Description											
Please insert photo here				Please insert photo here													
BSI No.		Photo No.		BSI No.		Photo No.											
Position		Position		Position		Position											
Description		Description		Description		Description											
Please insert photo here				Please insert photo here													