

Form 2 To be completed by the nominator

Part 1 – Nominator details

Organisation name

Chinese _____

English _____

Tax-Exempt Charitable Institution and Trusts Reference No. _____

Year of establishment

Organisation website _____

Major service scope

- Children Youth Elderly Women Community Environmental protection Health Education
 International and Cross-boundary Cultural, Recreational & sports Labour Rehabilitation Others: _____

Part 2 – Nominator details

For Non-HKCSS Agency Members, Non-Community Chest Agency Members ONLY.

Mission / Objective _____

Years of establishment _____

Background _____

Service scope _____

Name of the Chairman _____ Mr Ms Miss Mrs Dr ProfName of the Organisation Representative _____ Mr Ms Miss Mrs Dr Prof

Number of full-time employee(s) _____

Last year's expenditure About HK\$ _____ (for the year 20 _____ - 20 _____)

Major sources of Income Government _____% Donations _____% Service charges _____% Operating income _____% Others _____%

Organisation scale:

- | | |
|---|--|
| <input type="checkbox"/> Annual expenditure under or equal to HK\$ 500,000 | <input type="checkbox"/> Annual expenditure of between HK\$10,000,001 - 50,000,000 |
| <input type="checkbox"/> Annual expenditure of between HK\$ 500,001 – HK\$1,500,000 | <input type="checkbox"/> Annual expenditure of between HK\$50,000,001 - 100,000,000 |
| <input type="checkbox"/> Annual expenditure of between HK\$ 1,500,001 - 5,000,000 | <input type="checkbox"/> Annual expenditure of between HK\$100,000,001 - 250,000,000 |
| <input type="checkbox"/> Annual expenditure of between HK\$ 5,000,001 - 10,000,000 | <input type="checkbox"/> Annual expenditure of above HK\$250,000,000 |

Part 3– Contact person

Management (e.g., Chairperson, Chief Executive, etc.) - Recipient of nomination results**Each organisation should have ONE recipient only*Title Mr Ms Miss Mrs Dr Prof

Family name _____ Given name _____

Position _____

Tel _____ E-mail _____

Name of secretary (if any) _____ Tel _____ E-mail _____

Mailing address _____

 Hong Kong Island Kowloon New Territories
Administrative Contact – For liaison regarding the NominationTitle Mr Ms Miss Mrs Dr Prof

Family name _____ Given name _____

Position _____

Tel _____ E-mail _____

Mailing address _____

 Hong Kong Island Kowloon New Territories

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Part 4 – Declaration

A. Our organisation hereby agrees and declares that:

1. all information provided in this form is true and accurate.
2. additional information will be provided to the HKCSS if required.
3. further assistance will be provided if any complaints are received regarding the nominated company / organisation.

B. Our organisation has:

- provided a crossed cheque payable directly to HKCSS in payment of the processing fees, OR
 confirmed that the processing fees will be paid by the nominee.

C. By submitting the nomination, I agree that HKCSS can use the information on the nomination form for promotion of CSR related events & training, data analysis and research purposes on a collective basis. No information of individual nominator will be disclosed without our prior approval. Please email us at caringcompany@hkcss.org.hk if you do not accept to the above mentioned arrangement.

D. Our organisation has maintained a partnership with the nominee (as specified in this nomination form) for a period of:

- ≤ 6 months 7-11 months 1-2 years 3-5 years 6-10 years > 10 years

E. With the exception of partnership under "Caring for the Community", our organisation has or do not have any other relationship with the nominee related to business or under same Group of Company / Organisation, etc

- Yes (Please specify _____)
 No

Signature with chop of the nominator

Name of signatory _____ Position _____

Signature with chop

X

Date _____

*** This form must be signed by the management bearing the chop of the organisation as confirmation, otherwise it will not be processed.**