

CONFIDENTIAL

'✓' please tick as appropriate

I/We would like to apply for REFUND TRANSFER to my/our account stated in Schedule B below of the total amount set out in Schedule A below, the relevant deposit receipt(s) and /or receipted electricity bill(s) having been stolen or lost or defaced :

SCHEDULE A	ACCOUNT NO.		IN NAME OF			DATE A/C TERMINATED
	SUPPLY ADDRESS					
	DATE OF PAYMENT	RECEIPT NO.	AMOUNT \$	OUTSTANDING CHARGES \$	CREDIT BALANCE \$	REFUND AMOUNT \$
				REMARKS (FOR OFFICE USE ONLY)		
	TOTAL					

SCHEDULE B	ACCOUNT NO.	IN NAME OF
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IN SUPPORT OF MY/OUR APPLICATION FOR REFUND OR TRANSFER OF THE TOTAL AMOUNT STATED IN SCHEDULE A ABOVE,

- (1) I/We attach for your record the following copy documents proving my/our entitlement to the said amount, the original documents or certified true copies thereof having been shown to your staff :-
 - (a) Passport(s)/Identity card(s) of the registered customer and applicant/bearer of this application form (if different from the registered customer(s));
 - (b) Relevant bills (electricity, water, gas, rates, property tax, etc.) and title deeds or tenancy agreement relating to the supply address stated in schedule A;
 - (c) (For a firm) An up-to-date Application for Business Registration Form, certified by the Business Registration Office, relating to the supply address stated in Schedule A;
 - (d) (For a corporation) A certified true copy of the latest Form AR1 (Annual Return) filed with the Companies Registry;
 - (e) (Where this application is made in person other than by the registered customer) A letter of authorization from the registered customer, its proprietor, partner of chairman/director authorizing the bearer of this letter to receive the refund on behalf of the registered customer.
- (2) I/We agree to enter into the indemnity in Schedule C below, if this application is approved by you.
- (3) I hereby authorize CLP, in accordance with the Personal Data (Privacy) Ordinance, to use any information for the purpose of application processing.

NAME OF APPLICANT	DATE OF APPLICATION
I.D. CARD / B.R.C. NO. (COPY ENCLOSED)	TELEPHONE NO.
MAILING ADDRESS	

SCHEDULE C INDEMNITY	In consideration of your agreeing at my/our request to refund or transfer the total amount stated in Schedule A, I/we hereby undertake at all times to indemnify you and keep you indemnified against all costs, losses, damages, claims & proceedings against you in consequence of the aforesaid refund or transfer.	SIGNATURE & CHOP OF APPLICANT*
		*With company chop if an applicant is a firm /corporation

Note: Please return the form to CLP Power Hong Kong Limited, Billing & Credit Control Branch, 7/F., Shamshuipo Centre, 215 Fuk Wa Street, Sham Shui Po, Kowloon, or submitted to any of our Customer Service Centre.
 (This address is our back office operation centre, not a Customer Service Centre, please do NOT visit in person)

Customer Personal Data

If you wish us to exclude your personal data for direct marketing purposes, please send us an e-mail, along with your name and account number to our Data Protection Officer at csd@clp.com.hk or call us at 2678 2678. For more information on how we collect and use customer personal data, a copy of the latest customer Personal Information Collection Statement is available for download from the CLP website, www.clp.com.hk, or by calling 2678 2678.