



For Official Use Only	EF83C (06/21)
Received on: _____	
Label No.: _____	
Expiry Date: _____	
Fee: _____	
Approved by: _____	

Please read the guidelines for application (EF83C1) carefully before completing this form. All items should be completed in BLOCK LETTERS. For Enquiry, please email to parking@hku.hk.

(*Please tick or cross as appropriate)

To: Security and Parking Unit

Application for Class C parking Label

Part I Eligibility

Staff members of LKS Faculty of Medicine whose applications are supported by the Faculty, and can only park at the Faculty of Medicine Building

Part II Particulars of Applicant

- Name of Applicant: (Prof / Dr / Mr / Mrs / Miss*) _____
(Surname) (Given name)
- Position Held: _____ (Title) (Staff number)
- Department: _____
- Contacts: _____ (Direct) _____ (Office) _____ (Email)
- Parking Start Date: _____ (DD/MM/YYYY)
- Disabled User * No Yes (Guidelines item 9)

Part III Details of Application

- Type of Application*
 Renewal New Application
 Change of Vehicle Details ----- (Current registration number: _____)
 2nd vehicle label (Guideline item 14)
- Vehicle Registration Number: _____
 Pure Electric Hybrid Motorcycle (Guideline item 7)
- Vehicle Make & Model: _____
- Vehicle Ownership* Self Family Member Company
 (Vehicle must be owned by the applicant or by his/her family member. If the vehicle is owned by his/her company, please provide a certified authorization letter from them. For new application or change of vehicle details, a copy of vehicle registration is required to be attached to this application form)
- Overnight Parking required *: (Guideline item 11 & 12)
 No:
 Yes:--- Sep – Nov Dec – Feb Mar – May Jun – Aug

Part IV Declaration of the Applicant

I have read and acknowledged the Guidelines for Application for Class C Parking Label (EF83C1). I agree to observe the Regulations governing Traffic and Parking on University Estates currently in force and I agree that the University shall not be liable for any theft of or damage to vehicles parked on its properties whether caused through the negligence or breach of contract committed by the University or its staff. I also agree to bear all liabilities for any indemnity against all damages, injuries and losses on the University Properties caused by or in connection with the above-mentioned vehicle.

Date

Name of Applicant

Signature