



For Official Use Only	EF83B (06/22)
Received on:	_____
Label No.:	_____
Expiry Date:	_____
Fee:	_____
Approved by:	_____

Please read the guidelines for application (EF83B1) carefully before completing this form. All items should be completed in BLOCK LETTERS. For Enquiry, please email to [parking@hku.hk](mailto:parking@hku.hk).

(\*Please tick or cross as appropriate)

To: Security and Parking Unit

### Application for Class B Parking Label

#### Part I Eligibility

Staff members with a salary at or above Civil Service Master Pay Scale Point 27 (Guidelines Item 1) for annual 30 competing quotas to park at the Composite Building Carpark

#### Part II Particulars of Applicant

- 1) Name of Applicant: (Prof / Dr / Mr / Mrs / Miss\*) \_\_\_\_\_  
(Surname) (Given name)
- 2) Position Held: \_\_\_\_\_ (Title) \_\_\_\_\_ (Staff number)
- 3) Department: \_\_\_\_\_
- 4) Contacts: \_\_\_\_\_ (Direct) \_\_\_\_\_ (Office) \_\_\_\_\_ (Email)
- 5) Residential Address: \_\_\_\_\_
- 6) Any qualified spouse or next of kin who has not applied / will not apply\* for Class B parking?  
 No  Yes (please provide his/her name, staff no., department and grade on a separate sheet)
- 7(a) Basic Salary: \_\_\_\_\_ 7(b) Years of Service: \_\_\_\_\_ 7(c) Total Score: \_\_\_\_\_
- 8) Disabled User \*  Yes  No (Guideline item 14)

#### Part III Details of Application

- 9) Type of Application \*  
 Apply  2<sup>nd</sup> vehicle label (Guideline item 19)  
 Change of Vehicle Details ----- (Current registration number: \_\_\_\_\_)
- 10) Vehicle Registration Number \*: \_\_\_\_\_  
 Pure Electric  Hybrid (Guideline item 12)  Motorcycle (Guideline item 8)
- 11) Vehicle Make & Model: \_\_\_\_\_
- 12) 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)
- 13) Overnight Parking required: \* (Guideline item 16 & 17)  
 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 B Parking Label (EF83B1). 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