

Part D1: Particulars of Department / Section implementing the Project

(If the Project is implemented by the delegated Subsidiary Organisation, please fill in Part D2.)

1. Name of Department / Section: (English) _____

(Chinese) _____

2. Name and position of Head of Department / Section: (English) _____ (Mr./Ms./Mrs./Miss)*

(Chinese) _____ (先生/女士/太太/小姐)*

Position _____

3. Address of Department / Section: (English) _____

(Chinese) _____

4. Telephone no. of Department / Section: _____

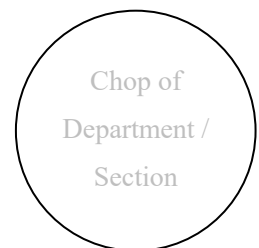
5. Fax no. of Department / Section: _____

6. Email Address of Department / Section: _____

7. Website of Department / Section: _____

8. Signature of Head of Department / Section: _____

Date: _____ / _____ / 2024



(*Delete whichever is not applicable)