

**To: The Director of Water Supplies  
47/F Immigration Tower  
7 Gloucester Road  
Wan Chai  
Hong Kong**

**Quality Water Supply Scheme – Flushing Water  
Undertaking Form for Incoming Building Management Company**

I am / We are\* the incoming Building Management Company for:

Name of building(s): \_\_\_\_\_

Scheme Certificate no(s):. \_\_\_\_\_

Certificate valid till date(s): \_\_\_\_\_

Building Management Contract start date: \_\_\_\_\_

I/We\* wish to receive future correspondence relating to the Scheme by e-mail / fax / mail\*.

I/We\* will fit in the last tank cleansing and plumbing inspection of the outgoing Building Management Company and continue to carry out the periodic tank cleansing as well as plumbing inspection and subsequent rectification (for detail requirements, please see Annex I to Form C – “Checklist on Flushing Tank Cleansing and Plumbing Inspection”, which is downloadable at [www.wsd.gov.hk](http://www.wsd.gov.hk)).

**Terms and Conditions**

1. I/We\* declare that all the information provided for the purpose of this Application are true, accurate and complete.
2. I/We\* have maintained the plumbing up to a high standard.
3. I/We\* shall ensure that all my/our staff are fully aware of and observe the assessment criteria of the Scheme at all times during the validity period of the certificate.
4. I/We\* shall co-operate with the Water Supplies Department (WSD) for checking the compliance of the prescribed criteria of the Scheme if considered necessary by the WSD.

5. I/We\* agree that none of the members of the WSD nor the Advisory Committee on Water Resources and Quality of Water Supplies (ACRQWS) shall have any responsibility or liability whatsoever in relation to any dealings between the Scheme certificate holder and the holder's customers arising from the Scheme.
6. I/We\* shall not behave in a manner which may jeopardize or damage the reputation or interests of the Government of the HKSAR, the WSD or the ACRQWS.
7. I/We\* abide by that the certificate remains the property of the WSD and shall return the certificate when required by the WSD.
8. I/We\* shall not transfer the certificates to other persons or organizations without the permission of the WSD.
9. I/We\* agree to abide by the Terms and Conditions of the Scheme.

**Incoming Building Management Company**

Name of incoming Building Management Company: \_\_\_\_\_

\_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & title: \_\_\_\_\_ Company chop: \_\_\_\_\_

Management contract valid till date: \_\_\_\_\_

Correspondence address: \_\_\_\_\_

\_\_\_\_\_

Contact tel. no. / fax no.: \_\_\_\_\_

Contact e-mail address: \_\_\_\_\_

**Supported by Owner / Owners' Corporation / Owners' Committee / Government Department**

1. I/We\* support that the applicant has adequate capacity and has committed to

performing and observing the Terms and Conditions as specified above (see also Part G of Form C).

2. I/We\* understand that if there are further changes in building management company, the Certificate of the Scheme will expire on that day. For the Certificate to remain valid, I/We\* shall instruct the new company to submit this undertaking form within 1 month and to continue to perform and observe all the requirements of and the Terms and Conditions of the Scheme.

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & title: \_\_\_\_\_ Chop: \_\_\_\_\_

Names of Owner / Owners' Corporation / Owners' Committee / Government Department\*:

\_\_\_\_\_

Correspondence address: \_\_\_\_\_

\_\_\_\_\_

*\* please delete whichever not applicable.*