

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

**Quality Water Supply Scheme for Buildings
– Fresh Water (Management System)**

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 continue the checking and action items in the Routine Water Safety Checklist of the outgoing Building Management Company.

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 internal plumbing system up to the requirements of the Scheme for keeping the good quality of government water supplies throughout the inside service up to the consumers' taps.
3. I/We* shall ensure that all my/our staff are fully aware of and observe the requirements and 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 Supplies (ACWS) 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 jeopardise or damage the reputation or interests of the Government of the HKSAR, the WSD or the ACWS.
7. I/We* agree that the certificate remains the property of the WSD and shall return the certificate if required by the WSD, for example, any major non-compliance that can seriously affect the effectiveness of WSPB, such as inaccurate water supply flow diagrams, incomplete checking records, failure to produce audit reports or non-compliance with assessment criteria etc., the applicant shall rectify the non-compliance with the WSD's verification within 3 months from the date of the WSD's notice, otherwise the certificate will be invalidated and the applicant shall return it to the WSD.
8. I/We* shall not transfer the certificates to other persons or organizations without the permission of the WSD.
9. I/We* shall take full accountability and responsibility for disclosure of the information concerning the application upon request by third parties.
10. I/We* shall handle requests for information concerning the application, whilst the WSD will not disclose such information to a third party and will destroy the same after 5 years from the date of receipt from the applicant.
11. I/We* shall educate and sensitise the residents to the importance of proper maintenance of inside service (I/S) and use of proper pipe materials in I/S through broadcasting videos, displaying posters and distributing leaflets, and shall provide relevant information and records if requested by the WSD.
12. I/We* agree to abide by the Terms and Conditions of the Scheme.

Incoming Building Management Company

Name of incoming Building Management Company: _____

Authorised 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*/Others (please specify)

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 A).
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.

Authorised signature: _____ Date: _____

Name & title: _____ Company chop: _____

Name of Owner / Owners' Corporation / Owners' Committee / Government Department*:

Correspondence address: _____

** please delete whichever not applicable.*