**Annex A**

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| --- | --- |
|  | 破產管理署電子提交系統機構賬戶登記表格 (債權人入門網站)Official Receiver’s Officer’s Electronic Submission SystemOrganization Account Registration Form (Creditor Portal) |
|  |
|  |  |  |

|  |
| --- |
| **1 機構名稱Name of Organization** |
| **英文名稱English Name** |
|  |
| **中文名稱Chinese Name** |
|  |
| **是否為機構的其中一個部門開設獨立的機構賬戶?****Is the establishment of separate organization accounts required for a department of your organization?***(請在適當的位置打勾 Please tick the appropriate box)* |
| **是 Yes** |  | **否 No** |  |  |
| ***(若「是」，請填寫第2、3及4部分******If “Yes”, please complete Part 2, 3 and 4)*** |  | ***(若「否」，請填寫第3及4部分******If “No”, please complete Part 3 and 4)*** |  |  |

|  |
| --- |
| **2 部門名稱Name of Department** |
| **英文名稱English Name** |
|  |
| **中文名稱Chinese Name** |
|  |

|  |
| --- |
| **3** **機構賬戶的資料Information of the Organization Account** |
|  |
|  | **英文名稱****Name in English** |  |
|  |
|  | **中文名稱****Name in Chinese** |  |
|  |
|   | **電郵地址**Email Address |  |
|  |
|   | **聯絡電話號碼**Contact Telephone Number | **+852** |  |
|  |
|  | **傳真號碼**Fax Number | **+852** |  |
|  |
|  | **聯絡地址**Contact Address |  |
|  |  |  |
|  |  |  |
|  |  |  |

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| **4** **首名管理員資料 Information of the First Administrator** |
|  |
|  | **中文姓名****Name in Chinese** |  |
|  |
|  | **英文姓名****Name in English** |  |
|  |
|   | **電郵地址**Email Address |  |
|  |
|   | **聯絡電話號碼**Contact Telephone Number | **+852** |  |
|  |
|  | **傳真號碼**Fax Number | **+852** |  |
|  |
|  | **職位**Post Title |  |
|  | **職員編號**Staff Number |  |

|  |
| --- |
| 5 聲明 Declaration |
|  |
| 本人現確認I confirm that： |
|  |
| **(a)** | **本表格所載的資料均屬準確。****The information contained in this form are accurate.** |
| **(b)** | **我已閱讀、理解並同意使用破產管理署電子提交系統(債權人入門網站)條款與細則。****I have read, understood and agreed with the Terms and Conditions for using the ESS of ORO (Creditor Portal).** |
|  |  |
| **簽****署** Signed  | : |  | **日期**Date : |  |
| **姓名**  Name | : |
|  | **機構授權代表****Authorized Representative** **of Organization**  |  | **日**DD / **月**MM / **年**YYYY |

**重要事項:**

**IMPORTANT NOTE:**

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**(1) 請以正楷及黑色墨水填寫以上各欄。**

 **Please complete all parts in BLOCK LETTERS and in BLACK INK.**

**(2) 請在賬戶登記表格上簽署並蓋上貴公司印章。**

 **Please sign and stamp your Company Chop on the Account Registration Form.**

**(3) 請將已填妥的賬戶登記表格以親身或郵寄方式交回香港金鐘道66號金鐘道政府合署高座十樓破產管理署。**

 **Please return the completed Account Registration Form by hand or by post to the Official Receiver’s Office, 10th Floor, High Block, Queensway Government Offices, 66 Queensway, Hong Kong.**

**(4) 註冊將根據收到賬戶登記表的時間進行處理。**

 **Registration will be processed according to the timing of receipt of the Account Registration Form.**

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