TO: Home and Youth Affairs Bureau

The Community Investment and Inclusion Fund Secretariat

Designated Bank Account Form

- 1. Name of Project:
- 2. Project No.:
- 3. Name of Designated Account (English): (Must be identical to the account name registered with the bank and Faster Payment System (FPS))
- 4. Name of Bank:
- 5. Account No.: (Including bank code and branch code)
- 6. Authorised person(s) to certify expenditure and operate the Designated Bank Account If different from the Conditions of Grant: Schedule I, please fill in the table below:

Name of Authorised Person	Position

7. Attached with certified true photocopy of * (first bank statement / first page of the bank passbook with first page of transaction record) (Total (no.) page(s).)
(* Delete whichever is inapplicable)

On behalf of the grantee(s), I co	onfirm the information provide	d above is true and correct.
		Company Chop of Grantee
Signature of authorised person ^{Note}	Name of authorised person	Position of authorised person
Date:		
<i>Note: The above should be signed b</i>	y one of the authorised persons liste	d in Schedule I of the Conditions of Grant.