

# Plan International Hong Kong 國際培幼會

## Child Caring Partner Application Form 「培幼夥伴」申請表

Please complete this application form and mail to Plan International Hong Kong with the supporting documents listed on the Check List on Page 3. 請填寫此申請表，並將表格連同第三頁清單所列之證明文件交回國際培幼會。

### COMPANY PROFILE 公司資料

**Company Name 公司名稱:**

English 英文:

Chinese 中文:

**Company Address 公司地址:**

English 英文:

Chinese 中文:

**Business Registration No.:**

商業登記編號:

**Established Since:**

創辦年份:

**Type of Ownership 業務形式:**

- Sole Proprietorship 獨資     
  Partnership 合資     
  Limited Company 有限公司  
 Listed Company 上市公司 - HKEX Stock Code 港交所上市公司代號:  
 Non-Profit Organization 非牟利機構

**Company Description (Chinese-English bilingual format) 公司簡介 (中英對照)**

*\* It will be shown on Plan's website. 簡介內容將顯示於國際培幼會網頁。*

### CONTACT DETAILS 聯絡資料

**Contact of Owner / Board Director 公司所有人或主要董事(Optional) (選填)**

Name:

姓名:

Job Title:

職銜:

Tel 電話:

Fax 傳真:

Email 電郵:

**Contact of Official Representative 聯絡人員代表**

*\* The name and job title will be shown on Plan website 其姓名及職銜將顯示於國際培幼會網頁*

Name:

姓名:

Job Title:

職銜:

Tel 電話:

Fax 傳真:

Email 電郵:

**Secretary (if appropriate) 秘書(如適用)**

Name 姓名:

Tel 電話:

Email 電郵:

**Contact of Deputy Representative 聯絡人員副代表**

Name:

姓名:

Job Title:

職銜:

Tel 電話:

Fax 傳真:

Email 電郵:

**Head of Sustainability Department 可持續發展部主管 (Optional) (選填)**

Name:

姓名:

Job Title:

職銜:

Tel 電話:

Fax 傳真:

Email 電郵:

*To facilitate effective and regular communications specific to your needs, please fill in contact details of the senior management personnel. (optional)*

*為更有效地與 貴公司的特定人員定期交流及溝通, 請填寫 貴公司不同部門要員作為代表。(選填)*

**Human Resources / Training & Development Department 人力資源及培訓部**

**Plan International Hong Kong**

21/F., 9 Chong Yip Street, Kwun Tong, Kowloon, Hong Kong

Tel: +852 3405 5305 Fax: +852 2893 3619

www.plan.org.hk

Name:	姓名:
Job Title:	職銜:
Tel 電話:	Fax 傳真:
	Email 電郵:
<b>Corporate Communications Department 市場及公關傳訊部</b>	
Name:	姓名:
Job Title:	職銜:
Tel 電話:	Fax 傳真:
	Email 電郵:
<b>Finance Department 財務部</b>	
Name:	姓名:
Job Title:	職銜:
Tel 電話:	Fax 傳真:
	Email 電郵:

## DECLARATION 聲明書

We (company name) \_\_\_\_\_ hereby apply for Child Caring Partner of Plan International Hong Kong. As a Child Caring Partner of Plan International Hong Kong, we support Plan to roll out local and overseas programmes and influencing work through evidence-based research, partnership programmes, and public education etc. in realising children's rights. We will collaborate with different partners to ensure our children and youth grow up in a safe and supportive environment.

本公司 (公司名稱) \_\_\_\_\_

茲申請成為國際培幼會「培幼夥伴」。作為國際培幼會「培幼夥伴」，我們認同國際培幼會開展本地及外地項目，以實證研究、本地夥伴項目、政策倡議、公眾教育等工作提升兒童權利。我們將與不同持份者攜手合作，致力消除對兒童的暴力行為。

## PARTNERSHIP FEE SCHEDULE 培幼夥伴費用資訊

Annual subscription of Plan's Child Caring Partner is listed as follow. Please check the Partnership Tier you would like to join. *Partnership Renewal notice will be sent to you within 2 months before partnership expiry.* Please feel free to contact us at 3405-5305 should you need further information.

國際培幼會「培幼夥伴」各類別年度會費詳列如下。請選擇夥伴類別。「培幼夥伴」續會通知將於每年會籍到期前兩個月內發送至貴公司或機構。如有疑問，請致電 3405-5305 與本會職員聯絡。

Partnership Tier Applied for 申請培幼夥伴類別	Annual Subscription (HK\$) 年費 (港幣)
<input type="checkbox"/> Diamond Partner 鑽石夥伴	50,000
<input type="checkbox"/> Platinum Partner 白金夥伴	30,000
<input type="checkbox"/> Gold Member 金夥伴	5,000
<input type="checkbox"/> NGO Member 機構夥伴	<input type="checkbox"/> 2,000 (With Child Safeguarding Services) <input type="checkbox"/> 500 (Without Child Safeguarding Services)

Signature of Representative and  
Company Chop  
申請公司代表簽署及公司印鑑

Position  
職銜

Date  
日期

### Plan International Hong Kong

21/F., 9 Chong Yip Street, Kwun Tong, Kowloon, Hong Kong

Tel: +852 3405 5305 Fax: +852 2893 3619

www.plan.org.hk

## CHECKLIST 清單

Please submit your application form along with the following items to the below address or email for our processing:

*Plan International Hong Kong Limited* 21/F., 9 Chong Yip Street, Kwun Tong, Kowloon,  
Hong Kong OR  
Email to [koei.lai@plan.org.hk](mailto:koei.lai@plan.org.hk)

- Copy of Business Registration Certificate 商業登記副本
- Copy of business cards of nominated representatives (if any)  
代表卡片副本 (如有)

## PAYMENT 付款方式

Payment should be made by bank transfer or cheque payable  
to “Plan International Hong Kong Limited”

Account Number: 640-068318-838  
Bank Name: The Hongkong and Shanghai Banking Corporation Ltd.  
Bank Branch: 1 Queen's Road Central, Hong Kong  
Bank Swift Code: HSBCHKHKKH

*The payment, along with your application, will be returned to you if the membership application is not approved.*  
倘若 貴公司的申請不獲接納，本會將退回所收得之款項及所有申請文件。

### IMPORTANT NOTE:

1. Personal data including contact information will be used by Plan International Hong Kong for its communications and direct marketing purpose, including newsletters, promotions of events, training courses and other activities. If you do not wish to receive any further promotional materials from Plan International Hong Kong, please send an email to [supporter@plan.org.hk](mailto:supporter@plan.org.hk). 個人資料包括通訊資料將會被用於國際培幼會通訊、活動、培訓課程推廣和其他活動的宣傳之用。日後如不欲收到任何來自國際培幼會的宣傳，煩請發電郵至 [supporter@plan.org.hk](mailto:supporter@plan.org.hk).
2. Information provided will be kept strictly confidential and will not be sold, reused, rented, loaned, or otherwise disclosed to third party.  
您的個人資料將被嚴格保密，並不會用於出售、重用、租借或向第三方披露。