



委任註冊檢驗人員作樓宇訂明檢驗及 / 或監督訂明修葺的通知
 Notification of Appointment of Registered Inspector (RI) for Prescribed
 Inspection and / or Supervision of Prescribed Repair of Building
 《建築物(檢驗及修葺)規例》第11條 Building (Inspection and Repair) Regulation Section 11

表格 Form

MBI 1

- 本表格須於註冊檢驗人員獲委任日之後7日內呈交。
- 請以正楷填寫，並在適當方格內加上「√」號。填寫前，請細閱《注意事項》。
- **Submit this form within 7 days after the date of appointment of RI.**
- Read the "Matters to Note", complete in BLOCK LETTERS and tick the appropriate boxes.

致建築事務監督 To the Building Authority (* 不可使用可擦式原子筆書寫及簽名 * Must not use the erasable pen for fill in and sign Forms)

基本資料
Basic Information

地址 Address 樓宇 Building 處所 Premises

區域 Area 香港 Hong Kong 九龍 Kowloon 新界 New Territories

地區 District KWAI FONG

街道/鄉 Street/Village HING FONG RD 街道號碼 Street No. 223

大廈/屋苑 Building/Estate ABC MANSION TOWER 1
[如需要以中文表達唐樓，請於樓層數字前加上“唐”字]

樓層 Floor 4/F 單位/室 Flat/Room B

或詳細位置 Or Detailed Location
(例如：停車場、天台、店舖等等 e.g. car park, roof, shop, etc.)

本署檔號+ Our Reference No. +

MBI/1234/56/J07(MBIS12)

法定通知編號+ Statutory Notice No. +

UMB/MB0000001-001/0001

+ 如編號以“HD-”為首，請參閱《注意事項》丙部第4項。
 + If the prefix is "HD-", see "Matters to Note" item C4.

並無接獲法定通知。
 Statutory Notice not received.

① 如空位不敷應用，請把地址另寫在附加紙張上。
 If space is insufficient, please write full address on attached sheet.

甲部 註冊檢驗人員的委任通知
Part A Notification of Appointment of RI

由他人代為進行訂明檢驗及 / 或監督訂明修葺的人填寫 (例如業主、業主代表)
 To be completed by the person for whom the prescribed inspection and/or supervision of prescribed repair is/are to be carried out (e.g. owner, owner's representative)

1 由他人代為進行訂明檢驗及 / 或監督訂明修葺的人的詳情
 Particulars of the Person for whom the Prescribed Inspection and/or Supervision of the Prescribed Repair is/are to be Carried Out

中文名稱 Name in Chinese ① 姓氏先行 Surname first

陳小明

英文名稱 Name in English ① 姓氏先行 Surname first

CHAN SIU MING

通訊地址 Correspondence Address

UNIT 408, 4/F, TOWER 1, ABC MANSION,
223 HING FONG RD., KWAI FONG, N.T.

聯絡電話 Contact Tel. No.

98765432

傳真號碼 Fax No.

23456789

電郵地址^ E-mail Address^

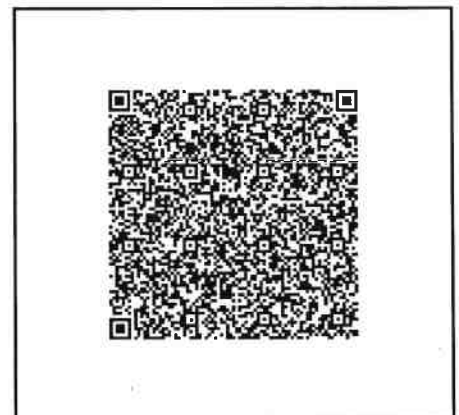
SIUMINGCHAN@GMAIL.COM

身份證明 (任擇其一) Identification (Choose one)

法團編號: Owners' Corporation No.: []

香港身份證號碼: HKID No.: [A 2 3 4 * * * (8)]

商業登記號碼: Business Registration No.: []



^ 作認收電郵之用 (電子呈交適用)
 ^ For acknowledgement email (e-submission)

2 註冊檢驗人員的詳情
Particulars of the Appointed RI

中文姓名* Name in Chinese* (i) 姓氏先行 Surname first

陳大文

英文姓名* Name in English* (i) 姓氏先行 Surname first

CHAN TAI MAN

註冊證明書編號* Certificate of Registration Number*

RI(E) 0 1 / 0 1

根據《建築物條例》第30D(1)(a)及/或(b)條，本人/我們委任上述註冊檢驗人員對上述樓宇進行訂明檢驗及/或監督訂明修葺。

In accordance with section 30D(1)(a) and/or (b) of the Buildings Ordinance, I/we have appointed the above RI to carry out the prescribed inspection and/or supervise the prescribed repair to the above building.

本人/我們已閱讀並同意於《注意事項》內所列之條款。

I/we have read and hereby agree the terms and conditions as stated in the "Matters to Note".

由他人代為進行訂明檢驗及/或監督訂明修葺的人簽署及蓋上公司印章(如適用)

Signature of the person for whom the prescribed inspection and/or supervision of prescribed repair is/are to be carried out and affixed with company seal (if applicable)

CHAN SIU MING

任何失實核證或聲明可引致法律行動。**
Any false certification or declaration may be subject to legal action.**

日期 Date

2 1 0 6 2 0 2 1
日 dd 月 mm 年 yyyy

乙部 註冊檢驗人員的委任確認
Part B Confirmation of Appointment by the RI

由已獲委任的註冊檢驗人員填寫
To be completed by the appointed RI

中文姓名* Name in Chinese* (i) 姓氏先行 Surname first

陳大文

英文姓名* Name in English* (i) 姓氏先行 Surname first

CHAN TAI MAN

註冊證明書編號* Certificate of Registration Number*

RI(E) 0 1 / 0 1

註冊屆滿日期* Date of Expiry of Registration*

3 1 1 2 2 0 2 4
日 dd 月 mm 年 yyyy

聯絡電話 Contact Tel. No.

97845632

傳真號碼 Fax No.

23654987

按照《建築物(檢驗及修葺)規例》第11條，本人為一名註冊檢驗人員，確認已獲委任為甲部第二項所述的註冊檢驗人員；及本人會按照《建築物條例》及相關規例就上述樓宇進行訂明檢驗及/或監督所進行的訂明修葺。

In accordance with section 11 of the Building (Inspection and Repair) Regulation, I, being an RI, confirm that I have been appointed as the RI detailed in item 2 of Part A; and I will carry out the prescribed inspection and/or supervise the prescribed repair to be carried out to the above building in accordance with the Buildings Ordinance and the related Regulations.

註冊檢驗人員簽署* Signature of the Appointed RI*

CHAN TAI MAN

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日期 Date

2 1 0 6 2 0 2 1
日 dd 月 mm 年 yyyy



* 根據註冊記錄

* In accordance with the registration record