

FORM 1
BEDSPACE APARTMENTS ORDINANCE
(Chapter 447)

[s. 3]

NOTICE OF APPEAL UNDER SECTION 26

Before completing this form read the note below.

To: Chairman of the Appeal Board

1. Full name of Appellant: _____

2. Address of Appellant: _____

_____ Telephone No.: _____

3. Address of Appellant or name and address of duly authorized representative for service if different from the above:

4. Details of decision appealed against:

(Attach copy of decision and indicate the particular aspect which is the subject of the appeal)

5. Grounds of appeal: _____

6. Evidence to be adduced: _____

7. Names of witnesses: _____

8. Documents to be produced: _____

Dated this _____ day of _____ 20 _____

Appellant.

Please note :

1. This form is to be used by a person who is aggrieved by a decision of the Authority under section 8, 9, 10, 12, 13, 14, 15 or 21 of the Ordinance.
2. This form must be completed in accordance with the directions in the form and served on the Chairman of the Appeal Board at the office of the Home affairs Branch not more than 28 days after you received notice from the Authority of the decision you wish to appeal against.
3. At the same time, you are required to serve a copy of this notice on the Authority either personally or by registered post addressed to the last known address of the Authority.
4. The particulars set out in paragraphs 5 to 8 of the form should be sufficient to fully inform the Chairman and the Authority of the nature of the appeal. However, you may also be required to furnish further particulars or produce documents for the inspection of the Authority.
5. You are advised to read the Bedspace Apartments Ordinance and the Bedspace Apartments (Appeal Board) Regulation before serving this office of appeal.