## Independent Checking Unit Office of the Permanent Secretary for Housing

Form ICU 20

## **Notice of Technically Competent Person or Persons Appointed to Supervise Demolition Works**

Demolition at (address	of site / project title)			
on	( PHCP (Phase) STT	VO LOT	No.)	·
thereto being carried or	, registered contractor, hereby ut on this site have been placed ame(s) in full)	d under the s	supervision of the	technically competent
(Chinese)	holder of @HKI	O No	XXX(X)	·
Full name of registered	l contractor :			
	(Chinese)			
Telephone No. :		Fax No	.:	
Name in English of the Authorized Signatory		Name in Chinese of the Authorized Signatory		
			Date :	/ /20
Signature of the Auth	orized Signatory of the Registere	d Contractor		(dd/mm/yyyy)
Certificate of BD Regis	stration No.:			
Date of Expiry of BD I	Registration (dd/mm/yyyy):	/ / 20		
* Please delete whichever is @ For I.D. No., only the first Delease check as appropriate	four digits of the I.D. No. need to be sho	own (i.e. A123X	XX(X))	

Form ICU 20 (07/2022)

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[Source: Form BA 20 Rev. 03/2019]