


Samples of Certification of Supporting Documents
證明文件核證樣本

No. _____ 編號	
公司註冊處 COMPANIES REGISTRY	
CERTIFICATE OF CHANGE OF NAME 公司更改名稱證書	

I hereby certify that 本人謹此證明	
having by special resolution changed its name, is now incorporated under the 已藉特別決議更改其名稱，該公司根據	
Companies Ordinance (Chapter 32 of the Laws of Hong Kong) in the name of 《公司條例》(香港法例第32章)註冊的名稱現為	
Issued on	
本證書於	年 月 日發出。
----- Registrar of Companies Hong Kong Special Administrative Region 香港特別行政區公司註冊處處長	
Note 註： Registration of a company name with the Companies Registry does not confer any trade mark rights or any other intellectual property rights in respect of the company name or any part thereof. 公司名稱獲公司註冊處註冊，並不表示獲授予該公司名稱或其任何部分的商標權或任何其他知識產權。	
Certified True Copy (Signature of Representative/ Authorised Officer (A.O.)) Name of Representative/A.O.	

Samples of Certification of Supporting Documents 證明文件核證樣本



稅務局
香港灣仔告士打道5號
稅務大樓

INLAND REVENUE DEPARTMENT
REVENUE TOWER
5 GLOUCESTER ROAD, WAN CHAI,
HONG KONG.

網址 Web site: (<http://www.ird.gov.hk>)

來函請寄「香港郵政總局信箱132號稅務局局長收」
ALL CORRESPONDENCE SHOULD BE ADDRESSED TO-
COMMISSIONER OF INLAND REVENUE
G.P.O. BOX 132, HONG KONG.

來函編號:

Your Ref.:

來函請註明本局檔案號碼

IN ANY COMMUNICATION PLEASE QUOTE OUR FILE NO.

檔案號碼:

IR File No.:

電話 :
Tel. No. : 2594 5300
圖文號碼 :
Fax No. : 2802 7625
電郵 :
E-mail : taxinfo@ird.gov.hk

先生/小姐 :
Dear Sir/Madam,

現 證 實 由 2 0 0 8 年 1 0 月 1 0 日 起
This is to confirm that with effect from 10 October 2008

因 屬 公 共 性 質 的 慈 善 機 構 或 信 託 團 體 ,
being a charitable institution or trust of a public character,
故 可 根 據 稅 務 條 例 第 八 十 八 條 獲 豁 免 繳 稅 。
is exempt from tax under Section 88 of the Inland Revenue Ordinance.

稅務局局長

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for Commissioner of Inland Revenue

WY:AL:cl:B2&1-67B

表格 J02
IRJ02

Certified True Copy
(Signature of Representative/
Authorised Officer (A.O.))
Name of Representative/A.O.



香港學術及職業資歷評審局
Hong Kong Council for Accreditation of
Academic & Vocational Qualifications

CONFIDENTIAL

ACCREDITATION REPORT

LEARNING PROGRAMME ACCREDITATION

Certified True Copy
(Signature of Representative/
Authorised Officer (A.O.))
Name of Representative/A.O.



香港學術及職業資歷評審局
Hong Kong Council for Accreditation of
Academic & Vocational Qualifications

STATEMENT OF ACCREDITATION APPROVAL
評審證明書

(For Non-local Learning Programme Re-accreditation)
(非本地課程覆審)

This Statement is issued by the Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ) in its capacity as the Accreditation Authority (as specified in Part 1 of Schedule 1 of the Accreditation of Academic and Vocational Qualifications Ordinance (Cap. 592)) as approval of the accreditation status of the following learning programme of the Operator under the Hong Kong Qualifications Framework (HKQF).

香港學術及職業資歷評審局（評審局）根據《學術及職業資歷評審條例》（第 592 章）附表 1 賦予「評審當局」的職能，發出《評審證明書》批准下列營辦者的進修課程在香港資歷架構下之評審資格。

Name of Local Operator 本地營辦者名稱	
Name of Non-local Operator 非本地營辦者名稱	
Name of Award Granting Body 資歷頒授者名稱	
Title of Learning Programme 進修課程名稱	
Title of Qualification(s) [Exit Award(s)] 資歷名稱（結業資歷）	
Primary Area of Study and Training 主要學習及培訓範疇	
Sub-area (Primary Area of Study and Training) 子範疇（主要學習及培訓範疇）	

[Service Agreement No.. AA361] - Page 1 / 5 頁

Certified True Copy
(Signature of Representative/
Authorised Officer (A.O.))
Name of Representative/A.O.

QR Record Details

Title of Qualification:

Title of Qualification (Chinese):

Title of Learning Programme:

Title of Learning Programme (Chinese):

QR Registration No.:

Registration Validity Period:

Registration Status:

Level:

Credit:

Credit Accumulation and Transfer:

CAT Info.:

Primary Area of Study and Training:

Sub-area (Primary Area of Study and Training):

Other Area of Study and Training:

Sub-area (Other Area of Study and Training):

Industry and Branch:

Name of Operator / Agency:

Name of Operator / Agency(Chinese):

Mode of Delivery:

SCS-based Course:

SGC-based Course:

VQP Course:

Non-Local Programme:

Granting Body:

Granting Body (Chinese):

Country/Region of Operator/Agency:

Country/Region of Granting Body:

Programme / Qualification Info.:

Prog. / Qualification Enq. Phone No.:

Operator/Agency Reference Code:

Certified True Copy
(Signature of Representative/
Authorised Officer (A.O.))
Name of Representative/A.O.

資歷記錄詳情

資歷名稱(英文):

資歷名稱:

進修課程名稱(英文):

進修課程名稱:

資歷名冊登記號碼:

登記有效期:

登記狀況:

資歷架構級別:

資歷學分:

學分累積及轉移:

學分累積及轉移資料:

主要學習及培訓範疇:

子範疇 (主要學習及培訓範疇):

其他學習及培訓範疇:

子範疇 (其他學習及培訓範疇):

行業和行業分支:

營辦者/評估機構(英文):

營辦者/評估機構

授課模式:

《能力標準說明》為本課程:

《通用(基礎)能力說明》為本課程:

非本地課程:

資歷頒授者(英文):

資歷頒授者:

營辦者/評估機構所屬國家/地區:

資歷頒發國家/地區:

進修課程/資歷資料:

進修課程/資歷

查詢電話:

營辦者/評估機構參考編號:

Certified True Copy
(Signature of Representative/
Authorised Officer (A.O.))
Name of Representative/A.O.

FORM 5

**NON-LOCAL HIGHER AND PROFESSIONAL
EDUCATION (REGULATION) ORDINANCE (Chapter 493)**

CERTIFICATE OF REGISTRATION OF A COURSE

(Registration Number: _____)

1. I certify that the undermentioned course is registered under section 10 of the Non-local Higher and Professional Education (Regulation) Ordinance -

Registered name of course

(in English) _____

(in Chinese) _____

2. The operator of the course is -

at _____

3. The course is claimed by the operator to lead to the award of

by _____

at _____

4. The designated person of the course is -

at _____



(_____)
A delegate of the Registrar of Non-local
Higher and Professional Education Courses

Certified True Copy
(Signature of Representative/
Authorised Officer (A.O.))
Name of Representative/A.O.

Important Note

The status of this course as a registered course under the Non-local Higher and Professional Education (Regulation) Ordinance DOES NOT carry with it any indication or implication whatsoever that the qualification to which the course leads or is claimed to lead is recognised for employment purposes in Hong Kong. The recognition of any qualification for employment purposes is a matter within the discretion of individual employers.

Original Copy
正本



香港學術及職業資歷評審局
Hong Kong Council for Accreditation of
Academic & Vocational Qualifications

DEBIT NOTE

To: _____

D/N No.: _____

Date : _____

Item	Particulars of Account	Amount (HK\$)
1	Final payment of the accreditation fee	
Reference: Agreement No.		

Note:


- This debit note is due on _____
- Cheque/Bankdraft should be made payable to **Hong Kong Council for Accreditation of Academic and Vocational Qualifications** and forwarded to the address shown hereunder.

Senior Manager (Finance)
HKCAAVQ

Hong Kong Council for Accreditation of
Academic and Vocational Qualifications
10 Siu Sai Wan Road,
Chai Wan, Hong Kong

Certified Correct

(Signature of Representative/
Authorised Officer (A.O.))
Name of Representative/A.O.

 <p>香港學術及職業資歷評審局 Hong Kong Council for Accreditation of Academic & Vocational Qualifications</p>		<p>No. _____</p> <p>Date 日期: _____</p>
<p>Original Copy 正本</p>		
<p>OFFICIAL RECEIPT 收據</p>		
<p>Received from 茲收到</p>	<p>In respect of 有關下列事項</p>	<p>The sum of dollars 交來金額</p>
		<p>HK\$ _____</p>
<p>By Cash / EPS / Cheque no. 現金 / 易辦事 / 支票號碼</p>	<p>Certified Correct (Signature of Representative/ Authorised Officer (A.O.)) Name of Representative/A.O.</p>	<p>----- for Executive Director 總幹事 (代行)</p>

Samples of Certification of Supporting Documents 證明文件核證樣本

Email issued by HKCAAVQ advising the breakdown of accreditation fees

評審局發出的電郵，提供評審分項的費用

寄件者:	@hkcaavq.edu.hk>
寄件日期:	
收件者:	
主旨:	FW: Accreditation Grant for Self-financing Programmes
附件:	
Dear	
Please see attached for the fee breakdown you need.	
Thanks & Best Regards.	
Hong Kong Council for Accreditation of Academic and Vocational Qualifications	
Certified True Copy (Signature of Representative/ Authorised Officer (A.O.)) Name of Representative/A.O.	

Breakdown of Accreditation Fee

Name of Operator			
Agreement No.			
Apply for			
Fee charged (on Service Agreement)			
Fee for Initial Evaluation at QF Level 3			
Fee for Accreditation of Each Programme			
<i>Programme at QF level 3</i>			
Title of Learning Programme	Title of Qualification (exit award)	Mode of study	Fee
Total:			

Certified True Copy and Correct
 (Signature of Representative/
 Authorised Officer (A.O.))
 Name of Representative/A.O.