



中國香港空手道總會有限公司
The Karatedo Federation of Hong Kong, China Limited

香港銅鑼灣掃桿埔大球場徑1號奧運大樓1031室

Room 1031, Olympic House, 1 Stadium Path, So Kon Po, Causeway Bay, Hong Kong.

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NOTICE OF ANNUAL GENERAL MEETING

NOTICE IS HEREBY GIVEN THAT an Annual General Meeting of the Federation will be held on the following date, and at the following time and place namely: -

Date: 27 December 2020 (Sunday)

Time: 2:30 p.m.

Place: Jockey Club Lecture Theatre, 2/F., Olympic House, 1 Stadium Path,
So Kon Po, Causeway Bay, Hong Kong S.A.R.

AGENDA

1. Considering and, if thought fit, approving the report of the General Committee;
2. Considering and, if thought fit, approving the Statement of Accounts of the Federation ended 31st March, 2020;
3. Considering and, if thought fit, re-appointing Messrs. Pang Chan & Co., Certified Public Accountants as Auditors of the Federation;
4. Report of the Court case HCA 529, 987 and 988;
5. Any other business.

By Order of the General Committee

Leung Wai Man, Raymond
Chairman, The KFHKCL

Dated this 27th November 2020

Remarks:

1. To improve the administration of the election, I enclose a letter of authorization to the Voting Members for their completion and return.
2. Please ensure the letter of authorization is duly completed and returned to the Office of the Federation 48 hours before the time appointed for the Annual General Meeting by fax transmission, post or in person.

To: Chairman
The Karatedo Federation of Hong Kong, China Limited
Rm 1031, Olympic House
1 Stadium Path
So Kon Po
Causeway Bay
Hong Kong

Letter of Authorization

We, [_____ (*Name of Dojo Representative*)] of
[_____ (*Dojo Name*)]
(Membership No. [_____]) being a Voting Member of the above Federation,
hereby appoint [_____ (*Name*)] of
[_____ (*Dojo Name*)]
(Membership No.[_____]), or failing him, [_____ (*Name*)],
of [_____ (*Dojo Name*)]
(Member No. [_____]) as our representative to attend and vote in our name
and on our behalf at the Annual General Meeting of the Federation to be held on
27th December 2020, and at any adjournment thereof.

Unless otherwise instructed, the above duly authorized representative may vote
as he/she deems fit. We understand that we shall be bound by his/her decision.

Name of Voting Member: _____ (M/S no. _____)

Name of Dojo: _____ (Dojo no. _____)

Signature: _____

Date: _____

致：中國香港空手道總會有限公司
香港銅鑼灣掃桿埔大球場徑一號奧運大樓 1031 室
主席梁為文先生

授權書

本會 [_____ (道場名稱)]，
[_____ (道場代表姓名)]
(會員編號 [_____]) 為上述總會之道場投票會員，現委任
[_____ (姓名)]，
[_____ (道場名稱)]
(會員編號 [_____])，或在其未能出席時，委任 [_____ (姓名)]，
[_____ (道場名稱)]
(道場會員編號 [_____]) 作為本會的代表，在 2020 年 12 月 27 日舉行
之周年會員大會及其任何延期會議上以本會的名義代表本會表決。

除另有指示外，代表人可按其認為合適的方式投票或放棄表決。

道場投票會員姓名: _____

道場名稱: _____ (道場編號 _____)

簽署: _____

日期: _____

健康申報表

HEALTH DECLARATION FORM

姓名： _____ 聯絡電話： _____
Name: _____ Contact Tel.: _____

緊急聯絡人姓名： _____
Name of Emergency Contact Person: _____

緊急聯絡人聯絡電話： _____
Contact Tel of Emergency Contact Person: _____

- | | | |
|---|--------------------------|--------------------------|
| 1. 過去 14 日內曾否去過內地或其他要求強制隔離的國家 / 地區？
Have you travelled to the Mainland or countries/districts in which mandatory quarantine is required in the last 14 days? | 有 YES | 沒有 NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 如「有」，何時回到香港？
If YES, when did you return to Hong Kong? | _____ | |
| 2. 你是否有以下的病徵：發燒、咳嗽、喉嚨痛、氣促、腹瀉、嘔吐、最近發現喪失嗅覺或味覺，以及各項流感症狀？
Do you have any of the following symptoms: Fever, cough, sore throat, breathing difficulty, diarrhoea, vomiting, recent onset of loss of smell or taste, or flu-like symptoms? | 有 YES | 沒有 NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 你曾否與任何確診或疑似呼吸系統疾病患者有過緊密接觸？
Have you been in close contact with anyone diagnosed with or suspected of any respiratory disease? | 有 YES | 沒有 NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 你家居有無正接受醫學監察或隔離中的人士？
Are there any family members are being medical observation or isolation? | 有 YES | 沒有 NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |

請在適當空格加上☑

☑ Please tick if appropriate

本人確認以上所有由本人提供的資料乃正確無誤，並承擔因提供虛假資料(包括病歷及外遊紀錄)而產生的任何後果和責任。

I declare that all the above information provided (including medical and travel history) is true and accurate, and will be responsible for any consequences arising from any false information if provided.

所收集的資料僅為確保活動環境健康及安全，有關資料將於到訪日期起 3 星期後銷毀。

The information collected will only be used to ensure the safety and health of the events environment and will be destroyed 3 weeks after the date of visit.

日期： _____
Date: _____

簽署： _____
Signature: _____