

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. 電話/Tel: 2504 8243 傅真/Fax: 2577 5525 電郵/E-mail: kfhkc@hkolympic.org 網址/http://www.hkkaratedo.com.hk

NOTICE OF EXTRAORDINARY GENERAL MEETING

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

Date:

10 April 2021 (Saturday)

Time:

3:00 p.m. (Registration starts at 2:30p.m.)

Venue:

Jockey Club Lecture Theatre, 2/F., Olympic House, 1 Stadium Path,

So Kon Po, Causeway Bay, Hong Kong S.A.R.

AGENDA

Leisure and Cultural Services Department ("LCSD") provides a funding to all National Sport Associations ("NSA") to review their existing Memorandum & Articles ("M&A") because LCSD found that many NSA's M&A are not yet updated to comply with the new Company Ordinance (Cap.622) which has been effective from March of 2014, Hence, the Federation selected Squire Patton Boggs (which is a global law firm) to review and revise its M&A after price comparison. The representative of the law firm will provide a brief about the amended AOA before the voting of the special resolution. Considering and, if thought fit, passing a Special Resolution to amend the Articles of Association ("AOA") as attached in Appendix-1. which has been previously reviewed by the Federation's Legal Advisor, Dr. James Lee. The summary of revision is also attached in Appendix-2 for your easy reference.

In order to match the structure of the General Committee in the updated AOA, the position of the existing 2nd Deputy Secretary shall automatically move to become the position of the Deputy Treasurer in the new structure once the aforementioned Special Resolution is passed.

By Order of the General Committee

Leung Wai Man, Raymond Chairman, The KFHKCL

Dated this 26th March 2021



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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 Extraordinary 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 Representat	tive)] of		
[(Doje			
(Membership No. []) being a Voting Member of the above Fe	ederation,		
hereby appoint 〔	(Nat	me)) of		
[or failing him, [Name)]		
of ((Dojo	Name)]		
(Member No. ()) as	s our representative to attend and vote in	our name		
and on our behalf at the Extra held on 10 th April 2021, and at	ordinary General Meeting of the Federa any adjournment thereof.	tion to be		
	he above duly authorized representative erstand that we shall be bound by his/her	•		
Name of Voting Member:	(M/S no)		
Name of Dojo:	(Dojo no.	(Dojo no)		
Signature:				
Data				

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	
(會員編號[, and the second		
			_
		(道	
(會員編號[]), 或	(在其未能出席時,委任	((姓名)],
		(道	
(道場會員編號〔	_〕) 作為本會的代表,	在 2021 年 4 月	10 日舉行
之特別會員大會及其任何	延期會議上以本會的名	義代表本會表決	o
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:		_
Nar		Contact Tel.:		
	聯絡人姓名:			
	ne of Emergency Contact Person:			
緊急	聯絡人聯絡電話:			
Con	tact Tel of Emergency Contact Person:			
1.	過去 14 日內曾否去過內地或其他要求強 Have you travelled to the Mainland or	•	有 YES	没有 NO
	which mandatory quarantine is requir	ed in the last 14 days?		
	如「有」 · 何時回到香港? If YES, when did you return to Hong K	-		
2.	你是否有以下的病徵:發燒、咳嗽、喉嚨 最近發現喪失嗅覺或味覺,以及各項流感		有 YES	没有 NO
	Do you have any of the following sym	ptoms: Fever, cough,		
	sore throat, breathing difficulty, diarrh	noea, vomiting, recent	<u> </u>	
	onset of loss of smell or taste, or flu-li	ke symptoms?		•
3.	你曾否與任何確診或疑似呼吸系統疾病患	• •	有 YES	没有 NO
	Have you been in close contact with a			
	suspected of any respiratory disease?	ilyono alagnosca with or		
4.	你家居有無正接受醫學監察或隔離中的人		有 YES	没有 NO
	Are there any family members are bei	ng medical observation		
	or isolation?			
	請在適當空格加上回			
	☑ Please tick if appropriate			
	本人確認以上所有由本人提供的資料乃正的任何後果和責任。	確無誤・並承擔因提供虚假資料	料(包括病歷及外,	遊紀錄)而產生的
	I declare that all the above information	provided (including medica	l and travel hist	ony) is true and
	accurate, and will be responsible for			
	provided.	any consequences ansing	uny laise	nnonnadon n
	provided. 所收集的資料僅為確保活動環境健康及安全	全,右腿容料熔於到試口期却:	2.星期後戦略。	
				tha arranta
	The information collected will only be	•		ne events
	environment and will be destroyed 3	weeks after the date of Visit		
日期	1:	簽署:		
Dat	e:	Signature:		