



Fax: 2559 3512

Application Form for Location Scouting at The Prince Philip Dental Hospital

*Note 1: Applicant must confirm the proposed location scouting date with **General Services Officer on 2859 0414** before submitting this Application Form which should reach the Hospital **at least 5 working days in advance** for processing. Any change in the scouting date without prior consent from the Hospital will NOT be entertained.*

Note 2: All information provided will be kept confidential.

Details of Application

Date _____ (**excluding** Saturday, Sunday and Public Holiday)

Time: (i) 10:00 a.m. – 12:00 noon (ii) 2:00 p.m. – 4:00 p.m. (Please tick the appropriate box.)

No. of persons in scouting party _____

Synopsis of the film _____
(Please attach a synopsis of the film to the Application Form.)

Description of scenes _____

Photographs, if taken, will not be used for commercial purpose. If they are so used, I understand that I am liable to a charge for the use of the premises for commercial purpose, the current rate of which is HK\$ 6,870 for the first four-hour block and HK\$1,935 for each subsequent four-hour block.

Name of applicant _____ Signature of applicant _____

Position of applicant: _____

Tel. _____ Mobile Tel. _____ Fax. _____

Name of company _____ Company Chop _____

Address _____

Date of Application _____

(For office use only)

To _____

The above application is approved subject to the following conditions:

“You shall be liable for and shall fully indemnify The Prince Philip Dental Hospital against any expense, liability, loss, claim or proceedings in respect of any damage whatsoever to any property real or personal insofar as such damage arises out of or in the course of or by reason of carrying out the filming scouting or activities in or about the Hospital premises and is due to any negligence, omission or default of your company or any persons for whom your company is responsible.”

Please present this form to the General Services Officer (☎ 2859 0414) when you come for location scouting.

Signature _____

Name _____

for The Prince Philip Dental Hospital

Date _____