

## Technology Voucher Programme (TVP)

### Application Form

<b>Reference No.</b>		<b>Date/Time of Receipt</b>
<b>Project Title</b>	Electronic Clinical Management System 電子診所管理系統	
<b>Applicant Name</b>	Good Health Medical Group 健康醫療集團	<b>(For Official Use)</b>

#### GENERAL

1. Please read the “Technology Voucher Programme (TVP) – Guidance Notes for Applications” (the “Guide”) (available at the TVP Funding Administrative System: <https://tvp.itf.gov.hk>) carefully before completing this application form.
2. Please attach the supporting documents which are listed in the Guide.
3. The HKSAR Government (“the Government”) shall have the right to disclose, without further reference to the applicant, whenever it considers appropriate, information provided by the applicant in, and in connection with, its application for TVP as stipulated in paragraphs 48 to 50 of the Guide. In submitting the application form, each applicant irrevocably and unconditionally authorises the Government to make and consents to the Government making any of the aforesaid disclosure. By submitting an application, an applicant is regarded to have agreed to, and to have obtained from the project coordinator and the consultant/service provider(s)/supplier(s) and each individual whose information (including personal data) is provided in the application, his/her consent for the disclosure, use and further disclosure by the Government of the information (including personal data) for the purposes set out above.
4. When registering as an applicant for the TVP for submission of applications or other documents related to the TVP, you will be required to provide personal information.
5. An individual to whom personal data belongs and a person authorised by him/her in writing has the right of access and correction with respect to the individual’s personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 to the Personal Data (Privacy) Ordinance (Chapter 486 of the Laws of Hong Kong). The right of access includes the right to obtain a copy of the individual’s personal data provided in, and in connection with, the application.
6. Enquiries concerning the personal data collected by means of the application form, or in connection with the application, including the making of access and corrections, should be made in accordance with the “Personal Information Collection Statement” as shown on the TVP Funding Administrative System.
7. This form is divided into the following sections:-

Part A	Particulars of the Applicant
Part B	Project Information
Part C	Information of Technology Consultant
Part D	Information of Service Provider(s) for Customised Items
Part E	Submission of Quotations
Part F	Declaration

**PART A: PARTICULARS OF THE APPLICANT**

Please complete this Part according to the Business Registration (“BR”) Certificate issued by the Inland Revenue Department of the Government. <sup>(Note 1)</sup>

Business Registration No.: **12345678** Date of Expiry **12/10/2019**  
(first 8 digits only) (dd/mm/yyyy)

*Note 1: The applicant must provide its Business Registration No. here if it is registered under the Business Registration Ordinance and has been issued a Business Registration Certificate. The Company Registration No. should be provided only if the applicant does not have a Business Registration Certificate. For statutory body, please refer to the Companies Registry’s Cyber Search Centre (<https://www.icris.cr.gov.hk>) for its Company Registration No.*

Applicant Name: (English) **Good Health Medical Group**  
(Chinese) **健康醫療集團**

Address: (English) **Unit G23, G/F, 222 Trademart Drive, Kowloon Bay, Kowloon, Hong Kong**  
(Chinese) **香港九龍九龍灣展貿徑 222 號地下 G23 室**

**Form of Business: Limited Company**

Owner / All Partners / Individuals each holding more than or equal to 30% shares <sup>(Note 2)</sup>

Name (as shown on the HKID Card / Passport)	Hong Kong Identity Card / Passport No. (all alphanumeric characters, e.g. A1234567 or AB234567A) <sup>(Note 3)</sup>
<b>Chris WONG</b>	<b>B2345678</b>
<b>CHAN Yat-Sum</b>	<b>C3456789</b>

*Note 2: If the applicant is held by corporate shareholder, please provide the names and relevant information of all directors of the applicant and copy of the Annual Return (Form NAR1) of the corporate shareholder.*

*Note 3: Please provide copy of the relevant HKID Cards/passports.*

**Type of Business:**

Manufacturing

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Chemical and Biotechnology    | <input type="checkbox"/> Electrical Appliances | <input type="checkbox"/> Electronics          | <input type="checkbox"/> Environmental Industries |
| <input type="checkbox"/> Food and Beverages            | <input type="checkbox"/> Footwear              | <input type="checkbox"/> Industrial Machinery | <input type="checkbox"/> Jewellery                |
| <input type="checkbox"/> Medical and Optical Devices   | <input type="checkbox"/> Metal Products        | <input type="checkbox"/> Plastics             | <input type="checkbox"/> Printing and Publishing  |
| <input type="checkbox"/> Textiles and Clothing         | <input type="checkbox"/> Toys                  | <input type="checkbox"/> Watches and Clocks   |   |
| <input type="checkbox"/> Others, please specify: _____ |  |   |   |

Non-Manufacturing

- |  |  |
|--|--|
| <input type="checkbox"/> Advertisement, Sales and Marketing                              | <input type="checkbox"/> Banking, Insurance and Other Financial Services |
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Creative Industries                             |
| <input type="checkbox"/> Film and Entertainment  | <input type="checkbox"/> Education Services                              |
| <input type="checkbox"/> Information Technology  | <input type="checkbox"/> Engineering                                     |
| <input type="checkbox"/> Professional Services (including Legal and Accounting Services) | <input type="checkbox"/> Import and Export Trade                         |
| <input type="checkbox"/> Testing and Certification Services                              | <input type="checkbox"/> please specify products: _____                  |
| <input type="checkbox"/> Wholesale and Retail, please specify products: _____            | <input checked="" type="checkbox"/> Medical Services                     |
| <input type="checkbox"/> Others, please specify: _____                                   | <input type="checkbox"/> Personal Care Services                          |
|  | <input type="checkbox"/> Real Estate                                     |
|  | <input type="checkbox"/> Restaurants and Hotels                          |
|  | <input type="checkbox"/> Telecommunications                              |
|  | <input type="checkbox"/> Tourism   |
|  | <input type="checkbox"/> Transportation and Logistics                    |

Number of person(s) employed in Hong Kong (proprietors, partners and shareholders included) : **60**

Period with substantive business operations in Hong Kong <sup>(Note 4)</sup>: \_\_\_\_\_ Year(s) **5** Month(s)

*Note 4 The applicant must have substantive business operation in Hong Kong which is related to the project under application at the time of application. In this regard, the Innovation and Technology Commission (ITC) makes reference to factors including but not limited to:*

- Nature of the business operation in Hong Kong
- Size/extent/percentage of the business operation in Hong Kong
- Investment amount in Hong Kong
- Number of employees in Hong Kong
- Information of customers/clients
- Year of establishment
- Whether profits are assessable in Hong Kong
- Information/assessment issued by relevant financial and professional organisations

*The applicant may be required by ITC to submit supporting documents to ascertain its substantive business operation.*

**Project Coordinator**

Name: Sophie LEUNG Yan-Yan  
Post Title: Senior Manager Email: sophieyyleung@goodhealth.hk  
Telephone: 852-62345678 Fax: 852-31234567

**Previously Approved Application(s) of TVP**

Yes  No

Project Reference No	Date of Project Completion (dd/mm/yyyy)	Approved Amount of Fund (HK\$)

**Related Entity <sup>(Note 5)</sup> Applied/Applying for Funding under TVP**

Yes  No

Project Reference No	Name of Related Entity	Date of Project Completion (dd/mm/yyyy)	Approved Amount of Fund (HK\$)

*Note 5: Related entities of the applicant refer to those entities set up as different legal entities but having the same individual(s) holding 30% or more ownership in each of the entities (up to the ultimate level of natural person(s) if the entity(ies) is/are held by corporate shareholder(s)). Generally speaking, the applicant and its related entities would be treated as one single entity for the purpose of calculating the cumulative ceiling under the TVP (i.e. subject to the same funding ceiling of \$400,000).*

**PART B: PROJECT INFORMATION**

(A) Purpose(s) of Project (may check more than one box):

- Improve Productivity  
 Upgrade / Transform Business Processes

(B) Project Title

(English) Electronic Clinical Management System

(Chinese) 電子診所管理系統

(C) Project Period (must be 12 months or below)

01/06/2019

-

30/11/2019

(dd/mm/yyyy)

(dd/mm/yyyy)

(D) Total Project Cost:

HK\$ 95,000

(E) Amount of Funding Sought:

HK\$ 63,000

(F) Contribution by Applicant:

HK\$ 32,000

(G) Proposed Technological Solutions

*(may check more than one box, but the solutions should correspond to the chosen objective(s) to be elaborated in Section (H)):*

Productivity / Business Process

- Appointment Scheduling and Queue Management System  
 Augmented Reality (AR) Technologies System  
 Big Data and Cloud-Based Analytics Solution  
 Building Information Modeling (BIM) System  
 Clinic Management System  
 Cyber Security Solution  
 Document Management and Mobile Access System  
 Electronic Inventory Management System  
 Electronic Procurement Management System  
 Enterprise Resource Planning (ERP) Solution  
 Fleet Management System  
 Location Based Services (LBS)  
 Logistics Management System  
 Point-of-Sales (POS) System  
 Quick Response Management (QRM) System  
 Real-Time Manufacturing Tracking System  
 Solutions to Facilitate Compliance with Manufacturing Standards  
 Others, please specify:

Testing and Certification

- Energy Management System (ISO 50001)  
 Environmental Management System (ISO 14001)  
 Information Security Management System (ISO/IEC 27001)

- Obtaining Other ISO/IEC Qualifications, please specify:  
\_\_\_\_\_
- Testing and Certification Services in Compliance with Other International Standards, please specify:  
\_\_\_\_\_

Environmental Protection

- Energy Management Systems
- Waste Management Technologies
- Others, please specify:  
\_\_\_\_\_

(H) Outline of technological solutions and anticipated benefits with concrete outcomes corresponding to the project purpose (i.e. how the project will help to achieve the purpose, e.g. manpower, time or costs can be saved) *(no more than 500 words)*

The Clinical Management System will be used for:

- (a) Appointment management: Can change or cancel booking at any time
- (b) Reminding patient via SMS: Not necessary for patients to stay in our clinic, which could minimize waiting time and reduce patient anxiety
- (c) Storage and viewing of patient’s medical history and prescription records during consultation
- (d) Alerts of drug allergy and other vital medical conditions
- (e) Generating reports on various specified diagnosis more quickly, and enabling clinical information sharing among healthcare providers in both the public and private sectors via the format of the eHR Sharing System

(I) Project Expenditure / Deliverables <sup>(Note 6)</sup>  
*(Note: Reimbursement will be processed based on the delivery of items below)*

(i) Technology Consultancy  
*(Please also complete Part C)*

Item	Quantity	Cost (HK\$)	Please provide the details of the items to be procured, and briefly elaborate the relationship with the technological solutions selected in Section (G)
Sub-total (i):			

(ii) Customised items

(including purchase, rental or subscription of customised equipment, hardware, software, and technological services or solutions that form an essential part of the project)

(Please also complete Part D)

Item	Quantity	Cost (HK\$)	Please provide the details of the items to be procured, and briefly elaborate the relationship with the technological solutions selected in Section (G)
<b>Software Purchase</b> - Customised Electronic Clinical Management System	1 pcs	76,000	[Applicant enterprise to provide details, including the customisation details, and justifications on the necessity of the item as appropriate]
<b>Other</b> - Installation and configuration of the new system and the server	1 pcs	4,000	[Applicant enterprise to provide details on the necessity of the item as appropriate]
<b>Other</b> - Specification determination by software engineers	1 pcs	2,000	[Applicant enterprise to provide details on the necessity of the item as appropriate]
<b>Other</b> - User training session	1 pcs	1,000	The service provider will provide training to our staff in the clinics after installation of the new system. User training is essential so that our staff can use the system.
Sub-total (ii):			83,000

(iii) Off-the-Shelf/Readily Available items

(including purchase, rental or subscription of readily available equipment, hardware, software, **which form an essential part of the project**. In general, the costs of such equipment/ hardware/ software should constitute no more than 50% of the project cost)

Item	Quantity	Cost (HK\$)	Please provide the details of the items to be procured, and briefly elaborate the relationship with the technological solutions selected in Section (G)
<b>Equipment / hardware</b> - Computer server	1 pcs	10,000	[Applicant enterprise to provide details and justifications on the necessity of the item as appropriate]
Sub-total (iii):			10,000

(iv) External Audit Fee

(Allowable for projects with approved funding amount exceeding \$50,000 for which an audited statement of expenditure for the project from an independent auditor is required. The maximum audit fee to be counted towards the total project cost is \$3,000. Procurement of auditing service must conform to the procurement procedures including the requirement for quotations as stipulated in the Guide. External audit fee not listed in this part will not be reimbursed.)

Sub-total (iv):	2,000
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	(HK\$)
Total Project Cost:	95,000
Applicant's Contribution in Cash:	32,000
Funding Requested under TVP:	63,000

*Note 6: Please note that TVP will **not** cover expenditure on normal business operating costs of the applicant, including but not limited to rental for premises, staff salary and other related expenses, maintenance/warranty/insurance, non-technology related professional service fees, marketing and branding expenses, general office equipment and software (e.g. PCs, laptops, printers, scanners, photocopiers, fax machines, tablets, mobile phones, USB flash drives, anti-virus software, office suites), transportation and accommodation, and administrative overhead etc.*

**PART C: INFORMATION OF TECHNOLOGY CONSULTANT** (Note 7)

Company/Organisation Name: (English) \_\_\_\_\_  
(Chinese) \_\_\_\_\_

Business Registration No. (if applicable): \_\_\_\_\_

Company/Organisation Address: (English) \_\_\_\_\_  
(Chinese) \_\_\_\_\_

Contact Person

Name: \_\_\_\_\_

Post Title: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Note 7: To encourage proper consideration of the local setting in the formulation of technological solutions, the technology consultant must be a local university or research institution, or a company registered in Hong Kong under the Business Registration Ordinance at the time of application. The technology consultant must not be related to the applicant in terms of management or ownership.*



**PART D: INFORMATION OF SERVICE PROVIDER(S) FOR CUSTOMISED ITEMS** *(Note 8)*

Item to be Procured and Company Information Company Name / BR No./ Company Address	Contact Person Name / Post Title Phone / Fax / Email
Item to be Procured: <u>[Same name/description of item as stated in Part B(I)(ii) above]</u> Company name: <u>ABCD Medical Technology Limited</u> Company address: <u>999 Nathan Road, Tsim Sha Tsui, Kowloon, Hong Kong</u> Business registration no. (if applicable): <u>31234567</u>	Name: <u>CHAN Tai-Man, Ricky</u> Post title: <u>System Manager</u> Email: <u>Ricky.Chan@abcd.com</u> Telephone: <u>852-87654321</u> Fax: <u>852-12345678</u>

*Note 8: The service provider(s) must not be related to the applicant in terms of management or ownership.*

**PART E: SUBMISSION OF QUOTATIONS / TENDER BIDS**

The minimum number of quotations/tender bids as stipulated in the Guide must be obtained for procurement of goods/services in Part B Section (I). Each bidder/tenderer must sign a probity and non-collusive quotation/tendering certificate. For samples, please refer to ICAC's website ([http://www.icac.org.hk/filemanager/en/Content\\_1031/GranteeBPC.pdf](http://www.icac.org.hk/filemanager/en/Content_1031/GranteeBPC.pdf)), the Competition Commission's website

[https://www.compcomm.hk/en/media/press/files/Model\\_Non\\_Collusion\\_Clauses\\_and\\_Non\\_Collusive\\_Tendering\\_Certificate\\_Eng.pdf](https://www.compcomm.hk/en/media/press/files/Model_Non_Collusion_Clauses_and_Non_Collusive_Tendering_Certificate_Eng.pdf)) and the TVP website (<https://tvp.itf.gov.hk>).

The applicant should submit the requisite number of quotations/tender bids (as set out below) to ITC as evidence of proper quotations/tenders. The applicant must specify clearly the goods/services involved on each of the quotations/tender bids obtained.

Aggregate value of each equipment/ good/ service to be procured	Minimum number of quotations/tender bids
≤ HK\$50,000	2
> HK\$50,000 & ≤ HK\$300,000	3
> HK\$300,000 & ≤ HK\$1,400,000	5
> HK\$1,400,000	open tender

If the **selected quotation bid** for any goods/services is **not the lowest quotation bid**, please specify clearly the item(s) involved and provide **reason** below:

[Applicant to list out the item(s) one by one and provide reasons, if applicable]

If the **minimum number of quotations/tender bids** for any goods/services **could not be obtained**, please specify clearly the item(s) involved and provide **reason** below:

[Applicant to list out the item(s) one by one and provide reasons, if applicable]

## PART F: DECLARATION

I as the ~~sole proprietor / partner / shareholder~~ / authorised person<sup>^</sup> of the applicant hereby confirm and declare that:

- the applicant has read and fully understands the Guidance Notes for Applications (the Guide) and all explanatory notes as set out in this form, and that the proposed project is in compliance with the requirements set out in the Guide;
- all information provided in this form as well as the accompanying information is true, valid and accurate and reflect the status of affairs as at the date of submission. The applicant undertakes to inform ITC immediately in writing if there are any changes to the above information. In the event that any information is found untrue, incomplete or inaccurate, ITC reserves the right to revoke the approval of any application, request for refund of any reimbursement to the Government, and subject the case to legal proceedings;
- the applicant has obtained consent from all relevant persons/entities for the disclosure, use and further disclosure by the Government of their information/personal data;
- the applicant has substantive business operation in Hong Kong and is not listed in Hong Kong as stipulated in the Guide. The applicant has provided the Business Registration No. under Part A of this form if it is registered under the Business Registration Ordinance (“BRO”) and has been issued a Business Registration Certificate by the Inland Revenue Department of the Government. The applicant also understands that any omission or misrepresentation of information with a view to obtaining pecuniary advantage by deception is an offence and liable to legal proceedings;
- the technology consultant in Part C, the service provider(s) in Part D and any other supplier(s) have no relationship with the applicant in terms of management and ownership. The applicant and any person/staff authorised by the applicant to handle or in any way to be involved in the quotation or tender exercise for the procurement of goods and services have no actual or potential conflict of interest; or otherwise will not participate in the procurement process. If the project is approved, the applicant shall carry out and complete the project strictly in accordance with the approved application and funding agreement. The applicant shall be solely responsible for monitoring the implementation of the project by the technology consultant, service provider(s) and supplier(s);
- the project coordinator in Part A is able to fully represent the applicant and conversant with the operation and business processes of the applicant and is a responsible personnel of the applicant. The applicant also understands that it shall bear the sole responsibility in ensuring all procurement for goods and services are in compliance with the required procedures as stipulated in the Guide. In the event that any procurement procedures of the applicant is found not in compliance with the required procedures, ITC shall have the power to revoke the approval of any application, adjust the amount of payment, withhold and/or defer and/or cease making payment, request for refund of any reimbursement to the Government, and subject the case to legal proceedings;
- the applicant understands that ITC has the right to determine whether the applicant, the technology consultant, service provider(s) and supplier(s) are eligible, and whether the proposed project falls within the ambit of TVP; and
- subject to the approval of the application, the applicant shall not apply or accept direct subsidy from other local public funding for the same activities.

I hereby authorise the Hong Kong SAR Government to handle the personal data/information provided in this application, including the disclosure of the information in relation to this application to other parties, in

accordance with paragraphs 48 to 50 of the Guide.

<b>Authorised signature with company/organisation chop</b>	:	<u>[signature with company chop]</u>
<b>Name</b> (as shown on HKID Card / Passport)	:	<u>Sophie LEUNG Yan-Yan</u>
<b>Post title</b>	:	<u>Senior Manager</u>
<b>HK Identity Card / Passport No.</b> (all alphanumeric characters, e.g. A1234567 or AB234567A)	:	<u>Z9876543</u>
<b>Tel. no.</b>	:	<u>852-62345678</u>
<b>Date (dd/mm/yyyy)</b>	:	<u>1/3/2019</u>

*^Please delete as appropriate*

SAMPLE