



KWOON CHUNG BUS HOLDINGS LIMITED

冠忠巴士集團有限公司*

(於百慕達註冊成立之有限公司)

(Incorporated in Bermuda with limited liability)

(股份代號 Stock Code : 306)

股東周年大會 (「股東周年大會」) ANNUAL GENERAL MEETING (“AGM”) 健康申報表 HEALTH DECLARATION FORM

經考慮近期 2019 冠狀病毒病 (「2019 冠狀病毒病」) 的疫情，冠忠巴士集團有限公司 (「本公司」) 於股東周年大會實施防疫措施及特別安排旨在針對出席人士受感染的風險。敬請閣下如實填寫以下表格，並交回於股東周年大會股東登記櫃檯的工作人員。

Considering the current situation of the outbreak of the coronavirus disease 2019 (“COVID-19”), Kwoon Chung Bus Holdings Limited (the “Company”) implements precautionary measures and special arrangements at the AGM with a view to addressing the risk to attendees of infection. Please complete this form to the best of your knowledge and return it to the personnel at the registration counters at the AGM venue.

如閣下(i)出現甲部所列出的任何一項症狀或(ii)於乙部的任何問題的回答為「是」，閣下可能不會獲准進入股東周年大會會場。

If (i) you have any of the symptoms as set out in Part A, or (ii) your answer to any of the questions under Part B is “YES”, you may not be admitted to the AGM venue.

甲部 Part A (請於適當方格內填上「✓」號及/或圈選適用的症狀 Please tick and/or circle as appropriate)

閣下是否有以下任何症狀? Do you have any of the following symptoms?		<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
發燒 Fever	咽喉痛 Sore Throat		
咳嗽 Cough	呼吸困難 Breathing Difficulty		
	氣促 Shortness of Breath		

乙部 Part B (請圈選適用的答案 Please circle as appropriate)

在過去 14 日內, In the past 14 days,		
(i) 閣下曾否到訪香港以外地方? Did you travel outside Hong Kong?	是 Yes	否 No
(ii) 閣下是否曾經或現正接受香港衛生署的強制檢疫或醫學監察安排? Have you ever been under compulsory quarantine or medical surveillance order by the Department of Health of Hong Kong?	是 Yes	否 No
(iii) 閣下是否與 2019 冠狀病毒病的確診者及/或疑似確診者曾有或現有密切接觸#? Have you ever been in close contact# with confirmed case(s) and/or probable case(s) of COVID-19 patient(s)?	是 Yes	否 No
(iv) 閣下是否曾經或現在與正在接受家居檢疫的人士同住? Have you ever lived with any person under home quarantine?	是 Yes	否 No

指從(a)疑似病例或确诊病例症狀出現前 2 天開始;或(b)無症狀感染者標本採樣前 2 天開始,未採取有效防護與其有近距離接觸的人士。

Refers to any person who has not taken effective protection and has been in close contact with (a) probable case(s) or confirmed case(s) 2 days before the symptoms onset; or (b) asymptomatic infected person(s) 2 days before the sampling.

本人聲明以上申報內容全部屬實。I declare that all the above information is true.

全名: _____
Full Name: _____
簽名: _____
Signature: _____

手提電話號碼: _____
Mobile no.: _____
日期: _____
Date: _____

收集個人資料聲明: 閣下須提供在此表格中收集的所有資料,以用於本公司預防傳染病發生或傳播相關之工作。若閣下未能提供所有資料,本公司將無法評估閣下是否適合出席股東周年大會,而閣下將可能不會獲准進入股東周年大會會場。所有資料只會在閣下同意或在《個人資料(私隱)條例》允許的情況下,向其他人士或機構作出披露。所有收集的資料將在股東周年大會結束後 21 天內銷毀。閣下有權按照《個人資料(私隱)條例》要求查閱及/或更正閣下的個人資料,而有關要求須以書面形式向本公司(地址:香港柴灣創富道 8 號 3 樓)提出。

Personal Information Collection Statement: Your supply of all information collected in this form is required for the purpose of the Company's prevention of the occurrence or spread of infectious diseases. If you fail to provide the information, the Company will not be able to assess your suitability to attend the AGM and you may not be granted access to the AGM venue. The information will only be disclosed to other parties or authorities with your consent or where it is permitted under the Personal Data (Privacy) Ordinance. All information collected will be destroyed in 21 days after the AGM. You have the right to request access to and/or correction of your personal data in accordance with the provisions of the Personal Data (Privacy) Ordinance, and any such request should be made in writing and addressed to the Company at 3rd Floor, 8 Chong Fu Road, Chai Wan, Hong Kong.

* for identification purpose only

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