

FOR ORGANIZER'S USE: NO.

6th IT EXCELLENCE AWARDS

IT Excellence Awards & IT EXCELLENCE AWARDS for SMEs

ENTRY DEADLINE: 16 April 2004

SECTION 1

Company name:

Address:

Tel:

Fax:

Name of Chief Executive Officer:

Date of Incorporation:

Business Registration No.

Nature of Business:

Name of Holding Company (if applicable):

Please tick the award category to be considered:

IT Application Award

IT Product Award

IT Application (SME) Award

IT Product (SME) Award

SECTION 2

(Applicable only for entrants to IT Application Award and IT Application (SME) Award)

Application:

Operating Platform:

Development Tools:

Special Equipment Used:

No. of Users:

Please state special features of the Application with respect to the following judging criteria where appropriate. (Please use additional sheets if necessary):

Functionality

Improvement in Productivity

Competitiveness

Cost Performance

Societal Impact

Please list the members of the project team involved in the development of the Application:

Name(s)

Role/Responsibility

HKSAR Permanent Resident(s)

Yes/No

Yes/No

Yes/No

SECTION 3

(Applicable only to entrants to IT Product Award and IT Product (SME) Award)

Product:

Operating Platform:

Development Tools:

Special Equipment Used:

Target Customer:

No. of Installations:

Pricing:

Please state special features of the Product with respect to the following judging criteria where appropriate. (Please use additional sheets if necessary):

Functionality

Innovation

Market performance

Cost performance

Societal impact

Please list the members of the project team involved in the development of the Product:

Name(s)

Role/Responsibility

HKSAR Permanent Resident(s)

Yes/No

Yes/No

Yes/No

SECTION 4

It is in the entrant's interest to provide as much detailed information as possible to support the application. Please note that documents supplied are not returnable and will be destroyed by the Organizer after the assessment.

Please provide the following details of the contact person in your company with whom we can liaise for further information if necessary.

Name of contact person:

Title:

Tel:

Fax:

E-mail:

I hereby declare that the information given above is correct to the best of my knowledge.

I agree to the above entry being publicized at the discretion of the Organizer and to assist the Organizer in associated publicity activities.

I agree that the Organizer and/or the Panel of Judges have full authority to make final & binding decisions in all matters relating to the 6th IT Excellence Award, without their obligation to disclose or account the reasons therefore. I hereby absolutely waive my rights, if any, to apply to appeal or review against any such aforesaid decisions through judicial or administrative proceedings.

Authorized Signature:

Name:

Title:

Date:

Company Chop: