Date: 12th July 2018

Dear Members,

#### The 2018 Annual General Meeting

Pursuant to the Article of Association Clause 3 and 7 registered under Company Ordinance (Chapter 32), notice is hereby given that the 2018 Annual General Meeting of the Institution will be held on 29<sup>th</sup> August 2018, Wednesday, 6:30pm at Ling Nan Club, 12/F., On Lok Yuen Building, 25 Des Voeux Road Central, Hong Kong (嶺南會所, 12/F, 安樂園大廈, 香港德輔 道中 25 號) for the purpose of considering and, if agreed, to passed the following resolutions.

## **Agenda**

# 會議議程

- 1. To receive the General Report from the Chairman. 會長報告。
- 2. To receive the General Report from the Vice-Chairman. 副會長報告。
- 3. To summarize the Annual Activities Report from Secretary. 秘書報告。
- 4. To receive and approve the audited accounting Report and Financial Statements for the fiscal year of 2017-2018.

通 過 2017-2018年年度已審核會計報告。

5. Any other business

其他事項

Mr. O S Law

Chairman

R.S.V.P.

We Work For A Better Community

通訊地址: P.O. Box No. 62779, Kwun Tong Post Office.

Tel: 51108379 Fax: 35853800 Website: http://www.hkipd.com.hk Email: hkipdl@gmail.com

#### The 2018 Annual General Meeting and Dinner Gathering

### 2018 會 員 大 會 暨 聯 歡 晚 宴

Date : 29<sup>th</sup> August 2018, Wednesday

Time : Reception commence at 6:30 pm, dinner at 8:00pm

Venue : Ling Nan Club, 12/F., On Lok Yuen Building, 25 Des Voeux Road Central,

Hong Kong 嶺南會所, 12/F, 安樂園大廈, 香港德輔道中 25 號

Dinner Fee :

HK\$350.00 for Members Paid 2018 Subscription Fee

HK\$350 X 2 heads for Industrial Members Paid 2018 Subscription Fee

HK\$450.00 / Head for others

#### **Reply Slip**

(Reply before 24th August 2018)

To: The Hong Kong Institution of Plumbing and Drainage Ltd 香港給排水學會有限公司

☐ I wish to atter	nd the Annual Consul Meeting and disc	
	nd the Annual General Meeting and dinn	er gathering
☐ I wish to atter	nd the Annual General Meeting only	
☐ I wish to atter	nd the dinner gathering only	
Enclosed please	find the cheque payable to The Hor	ng Kong Institution of Plumbing and Drainage Ltd
		cheque No
Member's Name		Contact Tel No
	* <del></del>	Contact Tel. No
Membership No	:	Contact Email
Name		Contact Tel. No
Name	to the second second second second	Contact Tel. No
Please use addition	aal sheet for more participants.	
Member's Signa	ture	Dotos
Wiemoer's Signa	ture :	Date:
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