



(Incorporated in Bermuda with limited liability) (於百慕達註冊成立之有限公司)

計劃會議及股東特別大會(「股東大會」)

SCHEME MEETING AND SPECIAL GENERAL MEETING (“Shareholders Meetings”)

健康申報表 HEALTH DECLARATION FORM

經考慮近期 COVID-19 疫情的情況，I.T Limited (「本公司」) 於股東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，並交回於股東大會股東登記櫃檯的工作人員。

Considering the recent situation of COVID-19 pandemic, I.T Limited (the “Company”) will implement precautionary measures and special arrangements at the Shareholders Meetings 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 staff at the registration counters at the Shareholders Meetings 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」，閣下將不會獲准進入大會會場。

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 will not be admitted to the Shareholders Meetings venue.

甲部 Part A (請圈選適用的症狀 Please circle as appropriate)

閣下是否有以下任何症狀？Do you have any of the following symptoms?		
發燒 Fever	咽喉痛 Sore Throat	氣促 Shortness of Breath
咳嗽 Cough	呼吸困難 Breathing Difficulty	乏力 Malaise

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

在過去的 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)	閣下曾否與任何懷疑、疑似或確診感染新型冠狀病毒的人士有緊密接觸*？ Have you been in close contact* with any person with a suspected, probable or confirmed case of COVID-19?	是 YES	否 NO
(iv)	閣下是否曾經或現在與正在接受家居檢疫或自我隔離的人士同住？ Have you ever lived with any person under home quarantine or self-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。緊密接觸可指（其中包括）：有直接身體接觸、一同居住或有近距離社交接觸。

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. Close contact could mean (among other things): having direct physical contact, living in the same household or having social contact in close proximity.

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

簽名:
Signature: _____

日期:
Date: _____

姓名 Name: _____

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大會，而閣下將不會獲准進入股東大會會場。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。所有收集的資料將存檔 31 天及其後將被銷毀。閣下有權按照《個人資料(私隱)條例》要求查閱 / 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公司秘書(地址：香港黃竹坑業興街 11 號南匯廣場 A 座 31 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 Shareholders Meetings and you will not be granted access to the Shareholders Meetings 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 kept for 31 days and thereafter be destroyed. 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's company secretary at 31/F, Tower A, Southmark, 11 Yip Hing Street, Wong Chuk Hang, Hong Kong