**THE CHINESE UNIVERSITY OF HONG KONG**

**Committee on Space Allocation**

Notification / Application Form for Renting of Off-campus Space

Notes:

1. Please insert a tick ‘✓’ below as the case may be:
* This Notification Form is for a user unit to notify the Committee on Space Allocation on the renting of off-campus space with a **monthly rental** of **up to HK$25,000** (excluding other fees; see **Part B** below) for a duration of **up to one year**.
* This Application Form is for a user unit to seek the **prior approval** of the Committee on Space Allocation on the renting of off-campus space with an **annual rental** of **over HK$300,000** (excluding other fees; see **Part B** below) , or for a duration of **over one year**.
1. Please send the completed form with supplementary information (if any) by email (cosa@cuhk.edu.hk; subject: ‘Renting of Off-campus Space’) **at least one month** before the commencement of the lease to the Committee on Space Allocation.
2. For the regulations governing the renting of off-campus space, please check out: <https://www.srsdo.cuhk.edu.hk/en-gb/sc/renting-off-campus-space>.

*\* Please delete as appropriate*

|  |
| --- |
| **Part A. Applicant (User Unit)** |
| Name of unit: |  |
| Name and title of contact person: |  |
| Telephone no.: |  |
| Email: |  |

|  |
| --- |
| **Part B. Off-campus Space** |
| Usage: |

|  |  |
| --- | --- |
| 🞎 | Office |
| 🞎 | Teaching laboratory |
| 🞎 | Research laboratory |
| 🞎 | Classroom |
| 🞎 | Store |
| 🞎 | Others; please specify below: |

 |
| Address: |  |
|  |  |
| Size (Gross / Usable)\*: |  sq m / sq ft \* |
| Duration: |  (DD/MM/YYYY) to (DD/MM/YYYY) |
| Type of lease: | New / Renewal \* |
| Rental and other fees: |

|  |  |
| --- | --- |
| Monthly rental: | HK$ |
| Monthly management fee: | HK$ |
| Government rent: | HK$ |
| Government rates: | HK$ |
| Deposit: | HK$ |
| Others; please specify: | HK$( ) |

 |
| Funding source: |

|  |  |
| --- | --- |
| 🞎 | Government fund: Secured / To be secured \* |
| 🞎 | Non-government fund: Secured / To be secured \* |

 |

|  |
| --- |
| **Part C. Justifications** |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| **Part D. Endorsement**

|  |  |
| --- | --- |
| * Faculty Dean (for submissions from academic departments and Faculty-based units)
 | * Unit Head (for submissions from other units); please specify position or title below:
 |

 |
| Signature: |  |
| Name: |  |
| Date: |  |

-------------------------------------------------------------------------------------------------------------------------------------------------------

 *(Official use only)*

Notification Form

|  |  |
| --- | --- |
| Reviewed and space inventory updatedBy:Date: | Notes: |

Application Form

|  |  |
| --- | --- |
| 1. Reviewed and space inventory updated

By:Date:1. Applicant informed of COSA approval

By:Date: | Notes: |