

**Deposition of Land Boundary Plan and Survey Record Plan  
under Section 30(4) of the Land Survey Ordinance**

**PART A- PARTICULARS OF SUBMISSION**

Name of Authorized Land Surveyor : \_\_\_\_\_ ALS Registration Number : \_\_\_\_\_

Lot Number(s) (before subdivision) : \_\_\_\_\_ in D.D. \_\_\_\_\_

Pursuant to Section 30(4) of the Land Survey Ordinance, I hereby deposit with the Land Survey Authority –

- (i) a duplicate set of the land boundary plan –  
 Number(s) \_\_\_\_\_ ( \_\_\_\_ sheet ) attached to the deed poll of  
 Memorial Number \_\_\_\_\_ dated \_\_\_\_\_ registered in the Land Registry, and
- (ii) the corresponding survey record plan in standard transparent format –  
 Number \_\_\_\_\_ ( \_\_\_\_ sheet ) in respect of the subdivision of the above lot(s).

In compliance with the requirements set out in the code of practice, I submit a survey report in respect of the land boundary survey of the above lot(s) ( \_\_\_\_ sheet ) together with the following supporting documents :-

	Number of sheet		Number of sheet		Number of sheet
<input type="checkbox"/> Lot Index Plan	___	<input type="checkbox"/> Assignment Plan	___	<input type="checkbox"/> Sketch	___
<input type="checkbox"/> Land Boundary Plan (DP, SO, Lease etc.)	___	<input type="checkbox"/> DD Sheet	___	<input type="checkbox"/> Aerial Photograph	___
<input type="checkbox"/> Survey Record Plan	___	<input type="checkbox"/> DD Control Sheet	___	<input type="checkbox"/> Photograph	___
<input type="checkbox"/> Control Traverse Data	___	<input type="checkbox"/> DD Sheet Enlargement	___	<input type="checkbox"/> Field Book	___
<input type="checkbox"/> Extract of DSO Computation Folder	___	<input type="checkbox"/> House Lot Plan	___	<input type="checkbox"/> Other Survey Data	___
<input type="checkbox"/> Land Search Data	___	<input type="checkbox"/> "A" Sheet	___	<input type="checkbox"/> Other Plans	___
<input type="checkbox"/> Division Plan	___	<input type="checkbox"/> Cadastral Survey Plan	___	<input type="checkbox"/> Other Documents	___

I enclose cheque number \_\_\_\_\_ to cover the amount of **HK\$ 2,520.00** for the above deposit.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

**PART B- CONFIRMATION OF RECEIPT OF PAYMENT (for office use only)**

Receipt number \_\_\_\_\_ has been issued for the payment of the amount stated in Part A above.

Receipt chop:

\_\_\_\_\_  
Name of collecting Officer