

**Transport Department
The Government of the Hong Kong
Special Administrative Region**

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**Base District Traffic Model (BDTM) Data Order Form
(for Non-Government Organisations or Private Companies' T&T Consultants only)**

1. Non-Government Organisations or Private Companies' T&T Consultants

a. Name of Company

b. Address

c. Name of Contact Person

d. Telephone No. _____

Fax No. _____

E-mail address _____

2. Intended Uses of the Licensed Materials (as defined in the Licence Agreement), in relation to traffic impact assessment for the proposed development project set out in clause 3 of the BDTM Order Form.

(If the following space is not enough, please complete the description on separate sheets)

3. Description of the agreement for the proposed development project for which the traffic impact assessment is required, including locations, the proposed development project and the completion date of the traffic impact assessment for the proposed development project.

4. Description of the Software for using the Licensed Materials

5. BDTM Data at 2019 and at 2026 and 2031 forecast years

<u>Description</u>	<u>Model No.</u>	<u>Unit Price</u>	<u>Put a '✓' in this column for the required BDTMs</u>
Island North	HK1	HK\$ 8,360	
Island East	HK2	HK\$ 8,360	
Island South	HK3	HK\$ 8,360	
Kowloon West	K1	HK\$ 8,360	
Kowloon East	K2	HK\$ 8,360	
Tuen Mun and Yuen Long	NTW1	HK\$ 8,360	
Kwai Tsing and Tsuen Wan	NTW2	HK\$ 8,360	
Lantau Island	NTW3	HK\$ 8,360	
Shatin & North District	NTE1	HK\$ 8,360	
Sai Kung and Tseung Kwan O	NTE2	HK\$ 8,360	
	Total:		

6. Dispatch and Payment Method

T&T Consultants are to (1) complete & return the BDTM Data Order Form and the Licence Agreement, (2) collect a General Demand Note at the office of Transport Planning Division (TPD) at 12/F, South Tower, West Kowloon Government Offices, 11 Hoi Ting Road, Yau Ma Tei, Kowloon (3) pay the required fees and (4) present the payment receipt to TPD for collection of purchased BDTM data.

Signed for and on behalf of the T&T Consultants

Signature _____

Name _____

Job Title _____

Company chop _____

Tel No. _____

Fax No. _____

Date _____

Address _____
