

**FORM 2A**

**DEADLINE: 5 April 2024**

Please Return this Form to:

**Pico IES Group, A Division of Pico International (HK) Ltd.**

Pico House, 4 Dai Fu Street,

Tai Po Industrial Estate, New Territories, Hong Kong Fax: (852) 2667 7178

Contact person: Bel Tam Tel: (852)2660-4500 Email: [bel.tam@pico.com](mailto:bel.tam@pico.com)

Contact person: Annie Chau Tel: (852)2660-4557 Email: [annie.chau@pico.com](mailto:annie.chau@pico.com)

**FURNITURE SERVICE PART 1**

1. Orders are valid only when accompanied by full remittance. Payment could be made by Hong Kong local cheque, bank draft, telegraphic transfer (See Payment Details)
2. Please note that withholding & government taxes, if any, shall be borne by the client. Invoices will be subjected to the relevant bank charges.
3. Late order: 30% surcharge will be charged for any late orders received after **5 April 2024**.
4. Amount paid are non-refundable for cancellation received after **5 April 2024.**

**This form must be completed and returned by Exhibitors if service is required. (Please type / write in block letters.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NO.** | **ITEM** | **STANDARD RATE (HKD)**  Submit on/before  **5 April 2024** | **QTY** | **TOTAL (HKD)** | |
| 1 | Information Counter (PF01) | 370.00 |  |  | |
| 2 | Low Glass Showcase (PF02) | 980.00 |  |  | |
| 3 | Lockable Cupboard (PF03) | 420.00 |  |  | |
| 4 | Tall Glass Showcase with 2 nos. 50W halogen downlight (PF04) | 2,080.00 |  |  | |
| 5 | Low Display Cube (PF07) | 330.00 |  |  | |
| 6 | Tall Display Cube (PF08) | 380.00 |  |  | |
| 7 | Pegboard (with 10hooks, 950W x 2180mmH) (PF20) | 580.00 |  |  | |
| 8 | System Meeting Table (PF10) | 550.00 |  |  | |
| 9 | Round Table (White /Black) | 420.00 |  |  | |
| 10 | White Square Table | 420.00 |  |  | |
| 11 | Bar Table (White/Black) | 550.00 |  |  | |
| 12 | Coffee Table (White/Black) | 310.00 |  |  | |
| 13 | White Plastic Chair (WC-01) – Same as standard package | 170.00 |  |  | |
| 14 | Black Leather Chair | 170.00 |  |  | |
| 15 | Bar Stool (Non-Adjustable) (White/Black) | 310.00 |  |  | |
| 16 | Bombo Stool (Adjustable) (White/Black) | 420.00 |  |  | |
| 17 | Flat/Sloped Shelf (FS01/SS01) | 180.00/m |  |  | |
| 18 | Folding Door (ED02) | 550.00 |  |  | |
| 19 | System Ceiling Beam (SC01) | 85.00/m |  |  | |
|  | | **30% surcharge for order after 5 April 2024** | | |  |
|  | | **Total Amount** | | |  |
| **Please indicate the locations of the above requirement on the Service Location Plan. (Form 3)** | | | | | |
| **PAYMENT (Please select preferred method of Payment)** | | | | | |
|  **Crossed cheque** made payable to **Paper Communication Exhibition Services**  Mailing Address: Rm. 15, 5/F., Wah Shing Centre, 11 Shing Yip ST., Kwun Tong, Hong Kong | | | | | |
|  **Telegraphic Transfer** – Please make payment in HKD to the following account: **Paper Communication Exhibition Services**  Bank Name: **Standard Chartered Bank Hong Kong** Account No.: 447-0-054399-9 (HK$) or 368-0-788878-4 (US$) Swift Code: SCBLHKHHXXX | | | | | |

**Indemnity Clause:**

All risks associated with goods & services supplied by the Company in the Contract shall, unless expressly agreed by the Company in writing, pass to the Exhibitor on delivery or installation. The Company is under no liability for personal injury to the Exhibitor or its servants, agents, invitees or licensees no matter how they are caused save that this exclusion of liability shall not apply if caused by the negligence of the Company. The Company is under no liability for the loss of or damage to exhibits or to property owned by the Exhibitor, its servants, agents, invitees, or licensees no matter how it is caused. The indemnity provided under this clause shall survive the termination of this contract and is in addition to any other remedy which the Company is entitled to under the law.

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stand No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**FORM 2B**

**DEADLINE: 5 April 2024**

**FORM 6**

Please Return this Form to:

**Pico IES Group, A Division of Pico International (HK) Ltd.**

Pico House, 4 Dai Fu Street,

Tai Po Industrial Estate, New Territories, Hong Kong Fax: (852) 2667 7178

Contact person: Bel Tam Tel: (852)2660-4500 Email: [bel.tam@pico.com](mailto:bel.tam@pico.com)

Contact person: Annie Chau Tel: (852)2660-4557 Email: [annie.chau@pico.com](mailto:annie.chau@pico.com)

**FURNITURE SERVICE PART 2**

1. Orders are valid only when accompanied by full remittance. Payment could be made by Hong Kong local cheque, bank draft, telegraphic transfer (See Payment Details)
2. Please note that withholding & government taxes, if any, shall be borne by the client. Invoices will be subjected to the relevant bank charges.
3. Late order: 30% surcharge will be charged for any late orders received after **5 April 2024**.
4. Amount paid are non-refundable for cancellation received after **5 April 2024.**

**This form must be completed and returned by Exhibitors if service is required. (Please type / write in block letters.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NO.** | **ITEM** | **STANDARD RATE (HKD)**  Submit on/before  **5 April 2024** | **QTY** | **TOTAL (HKD)** | |
| 20 | Single Wall Panel | 260.00/m |  |  | |
| 21 | Black Catalogue Display Stand | 685.00 |  |  | |
| 22 | Documents Display | 520.00 |  |  | |
| 23 | Catalogue Holder (Metal) (CH02) | 310.00 |  |  | |
| 24 | A4 Catalogue Holder (Acrylic) (CH01) | 440.00 |  |  | |
|  | | **30% surcharge for order after 5 April 2024** | | |  |
| **Total Amount** | | |  |
| **Please indicate the locations of the above requirement on the Service Location Plan. (Form 3)** | | | | | |
| **PAYMENT (Please select preferred method of Payment)** | | | | | |
|  **Crossed cheque** made payable to **Paper Communication Exhibition Services**  Mailing Address: Rm. 15, 5/F., Wah Shing Centre, 11 Shing Yip ST., Kwun Tong, Hong Kong | | | | | |
|  **Telegraphic Transfer** – Please make payment in HKD to the following account: **Paper Communication Exhibition Services**  Bank Name: **Standard Chartered Bank Hong Kong** Account No.: 447-0-054399-9 (HK$) or 368-0-788878-4 (US$) Swift Code: SCBLHKHHXXX | | | | | |

**Indemnity Clause:**

All risks associated with goods & services supplied by the Company in the Contract shall, unless expressly agreed by the Company in writing, pass to the Exhibitor on delivery or installation. The Company is under no liability for personal injury to the Exhibitor or its servants, agents, invitees or licensees no matter how they are caused save that this exclusion of liability shall not apply if caused by the negligence of the Company. The Company is under no liability for the loss of or damage to exhibits or to property owned by the Exhibitor, its servants, agents, invitees, or licensees no matter how it is caused. The indemnity provided under this clause shall survive the termination of this contract and is in addition to any other remedy which the Company is entitled to under the law.

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stand No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**







