

24.JUL.2001 14:08

TR HAMZAH & YEANG 603 4561005

NO.910 P.1

Fax back to ↓

LWK & Partners (HK) Ltd

TRANSMITTAL

TO : T. R. Hamzah & Yeang Sdn. Bhd. DATE : 18th July, 2001
 ATTN. : Mr. Andy Chong REF. : #0560
 SUBJ. : Concept Plan Competition for the Development of an Integrated Arts, Cultural and Entertainment District at the West Kowloon Reclamation, Hong Kong JOB# : 0042
 RE. : CD and drawings

WE TRANSMIT:
 herewith in accordance with your request

THE FOLLOWING :
 Drawings Shop Drawing Samples
 Specification Product Literature Others

FOR YOUR :
 approval distribution to parties Information
 review & comment record use

Drawing No.	Drawing Size	DESCRIPTION	Copies
S/K20/10		Kowloon Planning Area No.20 South West Kowloon - outline zoning plan with notes	1
11-SW-B		Survey Plan of West Kowloon	1
11-NW-D		Survey Plan of West Kowloon	1
		Windrose Diagram	1
		Data CD - Site photo images & key plan (file name: see attachment)	1 set
		Hong Kong Postcards	3
		Building Height diagram	1 set
		Copy of Hong Kong Island North & Kowloon West District Traffic Study - Executive Summary	1
		Copy of Competition Brochure	1

REMARKS : If enclosures are not as noted, please inform us immediately.

CC :

FROM :

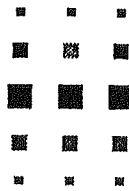
Koman
 Koman Cheong Yat Man

RL/TL/KC/AY/et

Please sign and return the duplicate copy for our record.

RECEIVED BY : *Andy Chong*
 ANDY CHONG, TRIFY.

Date: 24 / 7 / 01



TRANSMITTAL

TO : T. R. Hamzah & Yeang Sdn. Bhd. DATE : 18th July, 2001
ATTN. : Mr. Andy Chong REF. : #0560
SUBJ. : Concept Plan Competition for the Development of an Integrated Arts, Cultural and Entertainment District at the West Kowloon Reclamation, Hong Kong JOB# : 0042
RE. : CD and drawings

WE TRANSMIT :

(x) herewith () in accordance with your request

THE FOLLOWING :

() Drawings () Shop Drawing () Samples
() Specification () Product Literature (x) Others

FOR YOUR :

() approval () distribution to parties () information
() review & comment () record (x) use

Table with 4 columns: Drawing No., Drawing Size, DESCRIPTION, Copies. Rows include items like 'Kowloon Planning Area No.20 South West Kowloon - outline zoning plan with notes' and 'Survey Plan of West Kowloon'.

REMARKS :

If enclosures are not as noted, please inform us immediately.

CC :

FROM :

Handwritten signature of Komau

Koman Cheong Yat Man

RL/TL/KC/AY/et

Please sign and return the duplicate copy for our record.

RECEIVED BY :

Date :



Shipment Airwaybill

(Non negotiable)

194 7194 594

Quote this shipment number in an enquiry

ORIGIN	DESTINATION
--------	-------------

1 From (Sender)

Account no. 630043071 Sender's name Emma Tse

Sender's reference first twelve characters will be shown on invoice

Company name LWK & Partners (HK) Ltd

Address 9/F, Pacific Plaza,
410 Des Voeux Road West, HK

Postcode _____ Phone / Fax / Telex specify one 2574 1633

2 To (Receiver)

Company name T.R. Hamzah & Yeang Sdn. Bhd.

Delivery address 8, Jalan 1, Taman Sri Ukay,
off Jln Ulu Kelang,
68000 Ampang, Selangor, Malaysia

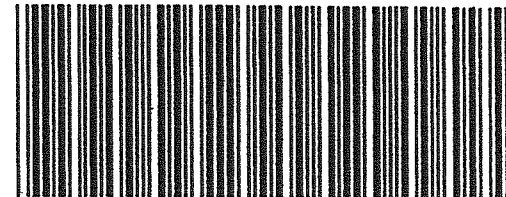
Postcode _____ Country Malaysia

Contact person Mr Andy Chong Phone / Fax / Telex specify one 60342571966

5 Sender's authorisation and signature

I / we agree that DHL's standard terms apply to this shipment and limit DHL's liability The Warsaw Convention may also apply (see reverse).
I / we understand that DHL does not transport cash or dangerous goods (see reverse)

Signature [Signature] Date 19.7.2001



3 Shipment details

Not all payment and service options are available in all countries.

Services

DOCUMENT

WORLDWIDE PARCEL EXPRESS all declarables

EXPRESS DOCUMENT

DOMESTIC

WORLDMAIL Airmail/Printed Matter specify one

OTHER SERVICE _____ specify

Transport Charges

If left blank sender pays transport charges

Sender

Cash/Cheque/Credit Card

For approved customers only

External Billing Agreement

Transport Collect

Shipment insurance see reverse

YES _____ Insured value give currency

Full description of contents

Documents

International Worldwide Parcel Express shipments only

Attach the Original and two copies of a Proforma or Commercial invoice

Declared value give currency _____ Sender's VAT/GST no. _____

Harmonised commodity code if applies _____ Receiver's VAT/GST no. or EIN/SSN _____

Type of export PERMANENT REPAIR / RETURN TEMPORARY

Destination duties / taxes If left blank receiver pays duties / taxes

Receiver Sender Other _____ Specify destination approved account number

4 Size and weight

No. of pieces _____ Weight _____ kg

Dimensions cm L x W x H _____ x _____ x _____

VOLUMETRIC/CHARGED WEIGHT _____ kg

CODES	CHARGES Services
	Special
	Insurance
	Other/VAT

CURRENCY CODE	TOTAL

TRANSPORT COLLECT STICKER No. _____

PAYMENT DETAILS

Cheque / Card no. _____

Type _____ Expiry _____

PICKED UP BY

Route No. _____

Time _____

Date _____

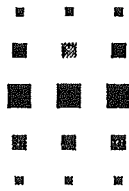
Origin copy

FA (WW) 2931B

Forms Australia Pty. Ltd. +61 8 9451 4044

Complete parts 1-5. You are making 4 copies, please type

0003



TRANSMITTAL

TO : T. R. Hamzah & Yeang Sdn. Bhd. DATE : 23rd July, 2001
ATTN. : Mr. Andy Chong REF. : #0572
SUBJ. : Concept Plan Competition for the Development of an Integrated Arts, Cultural and Entertainment District at the West Kowloon Reclamation, Hong Kong JOB# : 0042
RE. : CD

WE TRANSMIT :

(x) herewith () in accordance with your request

THE FOLLOWING :

() Drawings () Shop Drawing () Samples
() Specification () Product Literature (x) Others

FOR YOUR :

() approval () distribution to parties () information
() review & comment () record (x) use

Table with 4 columns: Drawing No., Drawing Size, DESCRIPTION, Copies. Row 1: Enclosed please find a CD recorded CAD files of West Kowloon Survey Maps for your record and use: (File Name: 11nwd.dxf, 11swb.dxf, ACAD-Readme.doc, B5000.lin, B5000.shp, B5000.shx, BHHei0106.ttf) 1 CD

If enclosures are not as noted, please inform us immediately.

REMARKS :

CC :

FROM :

Koman Cheong Yat Man

RL/TL/KC/AY/ml

Please sign and return the duplicate copy for our record. RECEIVED BY :

Date :

0004



Shipment Airwaybill

(Non negotiable)

194 7194 572

Quote this shipment number in an enquiry

ORIGIN	DESTINATION
--------	-------------

1 From (Sender)

Account no. 630043071 Sender's name Emma Iso

Sender's reference first twelve characters will be shown on invoice

Company name LWK & Partners (HK) Ltd

Address 91F Pacific Plaza,
410 Pjs View Road West, HK

Postcode _____ Phone / Fax / Telex specify one 2574 1633

2 To (Receiver)

Company name T.R. Hamzah & Yeang Sdn. Bhd.

Delivery address 8 Jalan 1, Taman Sri Ukay
68000 Ampang, Selangor

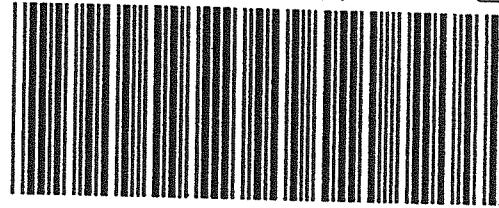
Postcode _____ Country Malaysia

Contact person Mr. Andy Chong / Ken Yeang Phone / Fax / Telex specify one 60342571966

5 Sender's authorisation and signature

I / we agree that DHL's standard terms apply to this shipment and limit DHL's liability. The Warsaw Convention may also apply (see reverse).
I / we understand that DHL does not transport cash or dangerous goods (see reverse)

Signature [Signature] Date 24.1.2001



3 Shipment details

Not all payment and service options are available in all countries.

- | | |
|---|---|
| Services
<input checked="" type="checkbox"/> DOCUMENT
<input type="checkbox"/> WORLDWIDE PARCEL EXPRESS all declarables
<input checked="" type="checkbox"/> EXPRESS DOCUMENT
<input type="checkbox"/> DOMESTIC
<input type="checkbox"/> WORLDMAIL
<input type="checkbox"/> OTHER SERVICE _____ specify _____ | Transport Charges
If left blank sender pays transport charges
<input type="checkbox"/> Sender
<input type="checkbox"/> Cash/Cheque/Credit Card
For approved customers only
<input type="checkbox"/> External Billing Agreement
<input type="checkbox"/> Transport Collect
Shipment insurance see reverse
<input type="checkbox"/> YES _____ Insured value give currency |
|---|---|

Full description of contents
Document

International Worldwide Parcel Express shipments only

Attach the Original and two copies of a Proforma or Commercial invoice

Declared value give currency _____	Sender's VAT/GST no. _____
Harmonised commodity code if applies _____	Receiver's VAT/GST no. or EIN/SSN _____
Type of export <input type="checkbox"/> PERMANENT <input type="checkbox"/> REPAIR / RETURN <input type="checkbox"/> TEMPORARY	
Destination duties / taxes if left blank receiver pays duties / taxes <input type="checkbox"/> Receiver <input type="checkbox"/> Sender <input type="checkbox"/> Other _____ <small>Specify destination approved account number</small>	

4 Size and weight

No. of pieces _____ Weight _____ kg

Dimensions cm L x W x H
_____ x _____ x _____

VOLUMETRIC/CHARGED WEIGHT

CODES	CHARGES Services
	Special
	Insurance
	Other/VAT

CURRENCY CODE _____ TOTAL _____

TRANSPORT COLLECT STICKER No. _____

PAYMENT DETAILS

Cheque / Card no. _____

Type _____ Expiry _____

PICKED UP BY _____

Route No. _____

Time _____

Date _____

Origin copy

FA (WW) 29318

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Complete parts 1-5. You are making 4 copies, please type