



**Integrated Court Case Management System (“iCMS”)  
User Registration  
Organization Account for Primary Administrator –  
Application Form**

Important Notes:

- (1) Registration for an Organization Account under the iCMS is to enable transactions with the e-Court in respect of the relevant court proceedings via iCMS. Personal data collected in this application form will be used for processing of the application for registration of an Organization Account under iCMS, and in transactions relating to court proceedings and in the course of performing judicial functions. For transparency, the name of the organizations registered for Organization Account under the iCMS may be disclosed in the Judiciary website. For information, personal data held by a court, a magistrate or a judicial officer in the course of performing judicial functions are exempt from the provisions in relation to the data protection principles of the Personal Data (Privacy) Ordinance (Cap. 486).
- (2) All fields marked with an asterisk (\*) in this application form are mandatory. An application may be rejected if any mandatory information is not provided.
- (3) An application without supporting documents will be deemed incomplete and rejected.
- (4) You are advised to read the [Administrative Instructions on Matters relating to Registration as a User of the iCMS](#), the [Terms and Conditions for using the iCMS of the Judiciary](#), and the **Guidance Notes** before completing this form. The Administrative Instructions and the Terms and Conditions can be accessed at the Judiciary Website [[https://www.judiciary.hk/en/e\\_courts/index.html](https://www.judiciary.hk/en/e_courts/index.html)] while the Guidance Notes are attached.
- (5) For applicant who chooses to submit the application form by fax, by post or by hand to the Help Centre, please ensure that all the supporting documents are attached to the completed application form. For applicant who chooses to submit the application online via iCMS, please prepare the necessary supporting documents for uploading purpose.
- (6) Notification(s) will be sent to the applicant by email. The email address given will be used for communication with the applicant for iCMS registration matters and be served as an additional means to notify the account holder that a message or document has been sent to his/her Message Box on the iCMS. Account holder should log into his/her iCMS account to view the details.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Account Type:                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Organization Account: Primary Administrator</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Please complete either 1, 2 or 3 as appropriate*</b>                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p>1. Organization covered in paragraph 10(b) of the <b>Administrative Instructions on Matters relating to Registration as a User of the iCMS:</b></p> <p>2. Party to an e-proceeding:</p> <p>Case Party Type:</p> <p>3. Acting in other capacity and with approval obtained for registration under paragraph 10(c) of the <b>Administrative Instructions on Matters relating to Registration as a User of the iCMS:</b></p> | <p> <input type="checkbox"/> Hong Kong Bar Association<br/> <input type="checkbox"/> The Law Society of Hong Kong<br/> <input type="checkbox"/> Law Firm<br/> <input type="checkbox"/> Government Department<br/> <input type="checkbox"/> Law Enforcement Agency<br/> <input type="checkbox"/> Statutory Body </p> <p>Case No. _____ /20_____</p> <p>Plaintiff/Defendant / _____ /</p> <p>the Solicitors for the Plaintiff/Defendant /</p> <p>Other _____ ]#</p> <p><input type="checkbox"/> A copy of the relevant court document showing applicant's involvement in an on-going or a new e-proceeding is attached.</p> <p>[Remarks: If there is/are other e-proceedings that the applicant intends to transact with the e-Court by means of iCMS, please provide particulars on a separate sheet.]</p> <p>_____</p> <p>[Please provide the capacity to the on-going e-proceeding]</p> <p>Approval obtained on [dd/mm/yyyy] _____</p> <p><input type="checkbox"/> A copy of the related directions is attached.</p> |
| <b><u>Organization Information</u></b>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Organization Name* (English)                                                                                                                                                                                                                                                                                                                                                                                                 | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| (Chinese)                                                                                                                                                                                                                                                                                                                                                                                                                    | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Account Type:                                          | <b>Organization Account: Primary Administrator</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Organization Registration Document Type and No.*:      | <input type="checkbox"/> Business registered with the Business Registration Office only<br>Business Registration Certificate No.: _____<br><br><input type="checkbox"/> Company registered with the Companies Registry<br>Company No.: _____<br>Business Registration Certificate No. (if applicable): _____<br><br><input type="checkbox"/> Other Registration Document (please specify): _____<br><br><input type="checkbox"/> The applicant is a statutory body in Hong Kong / Bureau or Department of the Government of HKSAR<br><br><br><br> |
| Organization Address (Headquarters)*                   | <br><br><br>District: _____<br><br><input type="checkbox"/> Hong Kong <input type="checkbox"/> Kowloon <input type="checkbox"/> New Territories<br><input type="checkbox"/> Others                                                                                                                                                                                                                                                                                                                                                                |
| <b><u>Particulars of Primary Administrator (1)</u></b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Title*:                                                | Dr/ Miss/ Mr/ Mrs/ Ms/ Sir/ None#<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Name*:<br><br>(English in capital letter)              | (Surname) _____<br>(Given Name) _____<br><br>[Remarks: This information is required for account activation. The name should be the same as that shown in the identification document below.]                                                                                                                                                                                                                                                                                                                                                      |
| (Chinese)                                              | (Surname) _____ (Given Name) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Account Type:                                                                 | <b>Organization Account: Primary Administrator</b>                                                                                                                                                                                                                                                                                                                                |
| Identification Document Type and No.*:                                        | <input type="checkbox"/> HK Identity Card No.: _____<br><input type="checkbox"/> Macau Resident Identity Card No.: _____<br><input type="checkbox"/> People's Republic of China Resident Identity Card No.: _____<br><input type="checkbox"/> Passport No.: _____<br><input type="checkbox"/> Other Identification Document Type and Document No. (Please specify): _____<br><br> |
| Job / Post Title*: (English)<br>(Chinese)                                     | <br><br><br><br>                                                                                                                                                                                                                                                                                                                                                                  |
| Contact Address (if different from the organization address):                 | <br><br><br><br>                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                               | District: _____                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                               | <input type="checkbox"/> Hong Kong <input type="checkbox"/> Kowloon <input type="checkbox"/> New Territories<br><input type="checkbox"/> Others                                                                                                                                                                                                                                   |
| Telephone No.*:                                                               | <br>                                                                                                                                                                                                                                                                                                                                                                              |
| Mobile Phone No.:                                                             | <b>[Remarks: This information is required for account activation.]</b><br><br>                                                                                                                                                                                                                                                                                                    |
| Fax No.:                                                                      | <br>                                                                                                                                                                                                                                                                                                                                                                              |
| Email Address*:                                                               | <br>                                                                                                                                                                                                                                                                                                                                                                              |
| <b><u>Particulars of Primary Administrator (2) #</u></b>                      |                                                                                                                                                                                                                                                                                                                                                                                   |
| (Applicable for organization applying for two Primary Administrator accounts) |                                                                                                                                                                                                                                                                                                                                                                                   |
| Title*:                                                                       | Dr/ Miss/ Mr/ Mrs/ Ms/ Sir/ None#<br><br>                                                                                                                                                                                                                                                                                                                                         |

| Account Type:                                                 | Organization Account: Primary Administrator                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name*:<br>(English in capital letter)                         | (Surname) _____<br>(Given Name) _____<br>[Remarks: This information is required for account activation. The name should be the same as that shown in the identification document below.]                                                                                                                                                                                           |
| (Chinese)                                                     | (Surname) _____ (Given Name) _____                                                                                                                                                                                                                                                                                                                                                 |
| Identification Document Type and No.*:                        | <input type="checkbox"/> HK Identity Card No.: _____<br><input type="checkbox"/> Macau Resident Identity Card No.: _____<br><input type="checkbox"/> People's Republic of China Resident Identity Card No.: _____<br><input type="checkbox"/> Passport No.: _____<br><input type="checkbox"/> Other Identification Document Type and Document No. (Please specify): _____<br>_____ |
| Job / Post Title*:<br>(English)<br>(Chinese)                  | _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                            |
| Contact Address (if different from the organization address): | _____<br>_____<br>_____<br>District: _____<br><input type="checkbox"/> Hong Kong <input type="checkbox"/> Kowloon <input type="checkbox"/> New Territories<br><input type="checkbox"/> Others<br>_____                                                                                                                                                                             |
| Telephone No.*:                                               | [Remarks: This information is required for account activation.]                                                                                                                                                                                                                                                                                                                    |
| Mobile Phone No.:                                             | _____                                                                                                                                                                                                                                                                                                                                                                              |
| Fax No.:                                                      | _____                                                                                                                                                                                                                                                                                                                                                                              |
| Email Address*:                                               | _____                                                                                                                                                                                                                                                                                                                                                                              |

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**Declaration**

1. I/We# confirm that the above information given is true and complete, and match with the supporting document(s) provided.
2. I/We# have read, understood and agreed with the Terms and Conditions for using the iCMS of the Judiciary.

Signature of the

Authorized Signatory

of the Primary

Administrator

Account (1) Applicant

with the Official chop

affixed\* (if applicable):

\_\_\_\_\_  
(for and on behalf of the Organization) Date\*: \_\_\_\_\_

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Signature of the

Applicant for Primary

Administrator

Account (2)

\_\_\_\_\_  
(for and on behalf of the Organization) Date\*: \_\_\_\_\_

# Please delete as appropriate.

☐ Please tick as appropriate

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**FOR OFFICE USE ONLY**

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*(Following part to be filled in by the Judiciary Administration)*

Name and Signature of the  
processing staff: \_\_\_\_\_

Date: \_\_\_\_\_

(Name: \_\_\_\_\_

Post: \_\_\_\_\_ )

**The following documents are checked and/or provided for identity verification purpose at the Help Centre:**

- ☐ The application form duly completed by the Applicant;
  - ☐ A proof of the Applicant's involvement in an on-going or a new e-proceeding is attached;
  - ☐ A copy of the related approval obtained for registration under paragraph 10(c) of the **Administrative Instructions on Matters relating to Registration as a User of the iCMS** is provided;
  - ☐ A copy of valid Business Registration Certificate or Certificate of Incorporation is attached;
  - ☐ Letter of Authorization/Resolution with the official chop authorizing the appointed Primary Administrator(s) for the Organization is attached;
  - ☐ The HK Identity Card or other identification document of the appointed Primary Administrator(s) for the Organization is produced for verification at the time of attending the Help Centre;
- or
- ☐ Authorization of the Applicant, and a copy of the HK Identity Card or other identification document of the appointed Primary Administrator(s) for the Organization are shown PLUS the identity document of the appointed personal representative of the applying Primary Administrator(s) is produced for verification at the time of attending the Help Centre; and
  - ☐ Others, please specify:  
\_\_\_\_\_

## **Application for registration of a User Account of the iCMS**

### **Guidance Notes**

1. This application form is for registration for a Primary Administrator Account of the Organization Account of iCMS of the Judiciary.
2. The organization should not be subject to any disqualification from registration for an Organization Account of iCMS as directed by the Judiciary Administration. Please refer to paragraphs 11 and 12 of the Administrative Instructions on Matters relating to Registration as a User of the iCMS.
3. You can submit the application online through this URL [<https://www.judwebportal.judiciary.hk>]; or return the completed application form in hardcopy through the following means:
  - (a) by fax (fax no.: 2340 7819);
  - (b) by post to the Help Centre [Address: 5<sup>th</sup> Floor, Wanchai Tower, 12 Harbour Road, Wanchai, Hong Kong]; or
  - (c) by hand to the Help Centre [Address: 5<sup>th</sup> Floor, Wanchai Tower, 12 Harbour Road, Wanchai, Hong Kong] during office hours [Mondays to Fridays (except public holidays) from 8:45 am to 1:00 pm and from 2:00 pm to 5:30 pm].
4. The Primary Administrator(s) of the organization, or the appointed personal representative(s), are required to present the original identification document in person to the staff of the Help Centre for identity authentication within a period specified by the Help Centre to complete the application procedure. If the Primary Administrator or his/her personal representative fails to complete the identity verification procedure within the specified time, the application will be regarded as rejected. A template of letter of authorization to appoint personal representative in completing the identity authentication process is provided at **Appendix**.
5. Relevant notification email(s) will be sent to your email address provided in the application form. If you have not received any notification email after submission of this application form by seven working days, you may call 2477 1002 or email to “e-registration@judiciary.hk” to inquire the progress of your application.
6. These Notes are for general guidance only. You are advised to read the [Administrative Instructions on Matters relating to Registration as a User of the iCMS](#) and the [Terms and Conditions for using the iCMS of the Judiciary](#) before completing this application form.
7. For enquiries on iCMS registration, please call 2477 1002 or email to “e-registration@judiciary.hk”.

**Appendix**

To: Help Centre of the Judiciary

**Application for registration of a User Account  
of the integrated Court Case Management System ("iCMS")  
Letter of Authorization**

I, \_\_\_\_\_, being an applicant  
(full name)  
for a Primary Administrator Account of an Organization Account, holder of  
\*HKID / Passport / Other (please specify) \_\_\_\_\_

No. \_\_\_\_\_, hereby authorize

\*Mr / Ms / Miss \_\_\_\_\_, holder of HKID  
(full name)

No. \_\_\_\_\_ to act for and on my behalf in completing the  
identity authentication process in respect of the iCMS registration  
application at the Help Centre.

A copy of my \*HKID Card / Passport / Identification document is  
enclosed for checking purpose.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_

*\*Please delete as appropriate.*

Case No. \_\_\_\_\_ / \_\_\_\_\_

Notice of Consent  
to transact with the e-Court by means of the integrated Court Case  
Management System ("iCMS")

I / We\* \_\_\_\_\_,  
being a registered user of iCMS, hereby consent to transact with the e-Court  
in this e-proceeding by means of iCMS<sup>1</sup>.

This notice is taken out and lodged by:

The Plaintiff(s) / Defendant(s) / Other (please specify) \_\_\_\_\_  
/ the Solicitors for the \_\_\_\_\_ Plaintiff(s) / Defendant(s) / Other  
\_\_\_\_\_ / the other relevant person \* (please specify) \_\_\_\_\_<sup>2</sup>  
\_\_\_\_\_.

|                           |                                            |  |
|---------------------------|--------------------------------------------|--|
| Organization Code:        | _____ (applicable to Organization Account) |  |
| Login Name <sup>3</sup> : | _____                                      |  |

Contact Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*\*Please delete whichever is inapplicable.*

<sup>1</sup> If an iCMS registered user wishes to transact with the e-Court by means of iCMS for a particular case, the registered user should ensure the accuracy of information provided by himself/herself from time to time to the Court so that the iCMS can link up the party/parties concerned with the case record(s) for those court proceeding(s) which has/have been authorized to use iCMS. Please refer to the e-Practice Direction and the "Administrative Instructions on Matters relating to Registration as a User of the iCMS" ("the Administrative Instructions") for details.

<sup>2</sup> For person(s) who is/are not the case party/parties nor the legal representatives of the case party/parties, but is/are allowed either by legislation or order of the Court (including but not limited to as being called upon to appear as amicus curiae) to send and receive documents relating to an e-proceeding,  
(a) please quote the relevant legislation and/or the Order of the Court as appropriate; and  
(b) if the proposed case link-up is to be made with a particular Organization User of a registered Organization (such as an amicus curiae), both (i) the related Organization Code and (ii) the login name of the concerned Organization User are required to be given.

<sup>3</sup> The Primary Administrator Account holder(s), who may be assisted by the Secondary Administrator Account holder(s) as appropriate, are responsible for court case assignment. Instead of listing out all Organization Users in this form, the Primary Administrator or Secondary Administrator can assign the case to their Organization Users once the case is linked up with the Organization Account. Please refer to the Administrative Instructions for further details.