

**嚴重急性呼吸系統綜合症「綜合症」信託基金**  
**病故者家屬特別恩恤金**  
**Trust Fund for SARS**  
**Special Ex-gratia Relief Payment**  
**for Families with Deceased SARS Patients<sup>1</sup>**

**申請表 Application Form (A2)**

(只適用於病故者遺下的受供養父母項目)

(Applicable to the category for surviving dependent parents only)

**病故者遺下的受供養父母定義：**

與「綜合症」病故者同住，並且純粹依賴病故者給予財政上支持的父母。其他在這定義外而又值得協助的個案，會由信託基金委員會酌情考慮。

**Definition of surviving dependent parents :**

Parents who were living with the deceased and had been relying solely on the deceased SARS patient for financial support. Other justified cases will be considered by the Committee on Trust Fund for SARS on a discretionary basis.

**A 部 病故者個人資料**

**Section A: Personal Particulars of Deceased Patient**

1. 姓名 Name : \_\_\_\_\_  
(In English 英文) (In Chinese 中文)
- 性別／出生日期
2. Sex / Date of birth: \_\_\_\_\_ 3. 婚姻狀況 Marital Status: \_\_\_\_\_  
香港身份證／旅行證件編號\*
4. HKIC/Travel document no.\*: \_\_\_\_\_ 5. 死亡日期 Date of Death : \_\_\_\_\_
6. 死亡證明書編號 Death Certificate No. : \_\_\_\_\_

**B 部 申請人（受益人或受益人授權的任何人士）的個人資料**

**Section B: Personal Particulars of Applicant (beneficiary or any person authorized by the beneficiary)**

*(受供養父母須各自填寫申請表，如夫婦二人同時提出申請，則其中一方無須重新填寫丙部的子女資料。 Dependent parent is required to complete a separate application form. If the couple submit applications at the same time, one of them is not required to provide the particulars of their children afresh in Section C.)*

1. 姓名 Name: \_\_\_\_\_  
(In English 英文) (In Chinese 中文)
- 性別／出生日期
2. Sex / Date of birth: \_\_\_\_\_ 3. 香港身份證／旅行證件編號\*  
HKIC/Travel document no.\*: \_\_\_\_\_
- 住址
4. Home address: \_\_\_\_\_
- 電話
5. Tel. No.: \_\_\_\_\_ 6. 與病故者關係  
Relationship with deceased patient : \_\_\_\_\_

\*請刪去不適用者 Please delete wherever is inapplicable

<sup>1</sup> 只會涵蓋在 2003 年 3 月至 6 月「綜合症」爆發期間在香港受感染的「綜合症」病故者

Deceased SARS patients are confined to those who contracted SARS during the outbreak in Hong Kong from March to June 2003

**C 部 受益人、受益人尚存配偶及其所有子女的個人資料****Section C: Particulars of Beneficiary, Beneficiary's Surviving Spouse and all of his/her Children**

姓名 Name	與受益人 關係 Relationship with Beneficiary	性別 Sex	年齡/ 出生日期 Age/DOB	香港身份證/ 出生證*編號 HKIC/ BC *No.	職業 Occupation	每月收入 Monthly Income
	受益人 Beneficiary					

(請在與申請人同住的家人姓名旁邊加上 ✓ 號)

Please put a "✓" next to the name of family member who is living with the applicant)

**D 部 付款安排****Section D: Arrangement of Payment**

付款模式 (請在適當的空格內加上 ✓ 號) Payment Method (Please put a "✓" in the appropriate box)

(a) 以支票付款 By cheque

- 收款人姓名#Name of payee# \_\_\_\_\_

(b) 透過銀行轉帳 Through bank transfer

銀行帳戶持有人名稱#

1. Name of bank account holder#: \_\_\_\_\_

2. 收款銀行名稱 Name of receiving bank : \_\_\_\_\_

3. 帳戶號碼 Bank account No: \_\_\_\_\_

# 如收款人並受益人，須另填寫附頁授權書

If the recipient is not the beneficiary, please complete the authorization letter attached at the Annex 1.

\*請刪去不適用者 Please delete wherever is inapplicable

**E 部：聲明及保證書（由申請人填寫）**

**Section E: Declaration & Undertaking (to be completed by Applicant)**

1. 本人為下述簽署人，就本人所知所信，謹此聲明所提供的資料乃真確無誤。

I, the undersigned, declare that to the best of my knowledge and belief, the information provided by me is true and correct.

受益人與病故者同住，並純粹依賴病故者給予財政上支持。

2. The beneficiary has been living with the deceased and has been relying solely on the deceased for financial support.

本人完全明白及同意社會福利署／醫院管理局／衛生署向本人或受益人收集資料，作為處理本人申請上述特別恩恤金的用途。本人明白如本人或受益人欲查閱及更改個人資料，可向社會福利署／醫院管理局／衛生署提出。

3. I fully understand and consent to the collection of data by the Social Welfare Department / Hospital Authority / Department of Health from me / the beneficiary for the purpose of applying for the above Special Ex-gratia Relief Payment. I understand that I / the beneficiary may approach the Social Welfare Department / Hospital Authority / Department of Health on matters of personal data access and correction.

本人同意社會福利署／醫院管理局／衛生署就本人的申請進行狀況調查，並同意有關當局／人士就本人的申請向社會福利署／醫院管理局／衛生署提供所需資料及紀錄。

4. I consent to any investigations conducted by the Social Welfare Department / Hospital Authority / Department of Health in relation to my application. I also consent to the provision of information and records in relation to my application from the relevant authority / person to the Social Welfare Department / Hospital Authority / Department of Health.

本人明白如本人故意或蓄意作虛假聲明或隱瞞資料，或誤導社會福利署／醫院管理局／衛生署以求獲得上述特別恩恤金，本人可能會遭受起訴。

5. **I understand that if I knowingly or willfully make any false statement or withhold any information, or otherwise mislead the Social Welfare Department / Hospital Authority / Department of Health for the purpose of obtaining the above Special Ex-gratia Relief Payment, I may be liable to prosecution.**

申請人簽署 Applicant's signature : \_\_\_\_\_

申請人姓名 Applicant's name : \_\_\_\_\_

日期 Date : \_\_\_\_\_

**F 部 夾附的證明文件副本（有關正本須經社署人員核實）（請加上 ✓ 號）**

**Section F: Copies of Supporting Documents Attached (original copies shall be verified by staff of SWD)  
(Please put a ✓ in the boxes below)**

- 香港身份證 Hong Kong Identity Card
- 病故者的香港出生證明書 Hong Kong birth certificate of the deceased patient
- 病故者的死亡證 Death certificate of the deceased patient
- 可證明申請人與病故者同住的有效證明文件（請註明）  
Valid supporting documents which may prove that the applicant has lived with the deceased patient (please specify)

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- 可證明申請人純粹依賴病故者給予財政上支持的有效證明文件（請註明）  
Valid supporting documents which may prove that the applicant has been relying solely on the deceased patient for financial support (please specify)

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- 收款銀行存摺影印本 Photocopy of receiving bank's passbook

- 其他證明文件（請註明） Other supporting documents (please specify)

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**G 部： 審核（由社會福利署的綜合家庭服務中心／家庭服務中心人員填寫）**

**Section G: Verification (to be completed by staff of integrated family services centre/family services centre of SWD)**

1. 病故者的身分已獲確認  
Status of the deceased patient has been verified
2. 未能確認病故者的身分  
Status of the deceased patient cannot be verified
3. C 部中受益人的申領資格已獲確認  
Eligibility status of the beneficiary in Section C has been verified
4. 未能確認 C 部內的受益人的身分  
Eligibility status of the beneficiary in Section C cannot be verified

簽署 Signature : \_\_\_\_\_

社工姓名 Name of social worker : \_\_\_\_\_

(in Block Letters 請以正楷填寫)

職位 Post : \_\_\_\_\_

電話 Tel. no.: \_\_\_\_\_

日期 Date: \_\_\_\_\_

簽署 Signature : \_\_\_\_\_

副署人員姓名 Name of countersigning officer : \_\_\_\_\_

(in Block Letters 請以正楷填寫)

職銜 Designation:  Oi/c 主任 \_\_\_\_\_

電話 Tel. no.: \_\_\_\_\_

日期 Date: \_\_\_\_\_

( Dept. chop affixed here)

(在此蓋上部門印鑑)

**H 部 推薦（由獲授權的社署核心小組人員填寫）**

**Section H: Recommendation (to be completed by authorized officer of the SWD Core Team)**

推薦申請特別恩恤金數額 Recommended amount of Special Ex-gratia Relief Payment

\_\_\_\_\_

推薦人員

Recommending officer: \_\_\_\_\_ (Signature 簽署)

姓名 Name: \_\_\_\_\_ (in Block Letters 請以正楷填寫)

職銜 Designation: \_\_\_\_\_

電話 Tel. no.: \_\_\_\_\_

日期 Date: \_\_\_\_\_

(Dept. chop affixed here)  
(在此蓋上部門印鑑)

Trust Fund for SARS

Authorization of An Agent to Collect Payment

Reason for Authorization : \* Hospitalisation/Physically Unfit/

Others (Please specify) \_\_\_\_\_

To : Director of Social Welfare

I (the beneficiary) am living \_\_\_\_\_ in \_\_\_\_\_

\_\_\_\_\_. You are hereby

requested and authorized to pay the approved grant of \$ \_\_\_\_\_ from the above

Fund to \*Mr./Mrs./Ms. \_\_\_\_\_ whose home address is

\_\_\_\_\_. His/Her\*

specimen signature is shown below. Acknowledgement of the agent is sufficient to prove that SWD has settled the payment.

\_\_\_\_\_

\_\_\_\_\_

(Signature of Agent)(Signature/Right thumbprint of the beneficiary)

HKIC No. : \_\_\_\_\_

HKIC No. : \_\_\_\_\_

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

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

Signature of Witness : \_\_\_\_\_

HKIC.No. : \_\_\_\_\_

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

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

Office : \_\_\_\_\_

\*Delete wherever is inapplicable

嚴重急性呼吸系統綜合症「綜合症」信託基金

代收款項授權書

授權因由：\*現正住院留醫/行動不便/

其他 (請註明) \_\_\_\_\_

致：社會福利署署長

我 (受益人) \_\_\_\_\_ 住址是 \_\_\_\_\_

\_\_\_\_\_ 應從上述基

金獲得一筆為數 \_\_\_\_\_ 元的款項。現謹授權你將該筆款項付予

\_\_\_\_\_ \*先生/女士/小姐，\*他/她的住址是 \_\_\_\_\_

\_\_\_\_\_，  
\*他/她的簽名式樣如下，而\*他/她的簽收足以證明社會福利署已將該筆款項付清給我。

\_\_\_\_\_  
(代收人簽署)

\_\_\_\_\_  
(受益人簽署/右手拇指印)

香港身份證號碼：\_\_\_\_\_

香港身份證號碼：\_\_\_\_\_

日期：\_\_\_\_\_

日期：\_\_\_\_\_

見証人簽署：\_\_\_\_\_

香港身份證號碼：\_\_\_\_\_

姓名：\_\_\_\_\_

職位：\_\_\_\_\_

\* 請將不適用者刪去

**Trust Fund for SARS  
Special Ex-gratia Relief Payment for  
Families with Deceased SARS Patients**

**Case Summary**

(To be completed by social worker only for justified cases subject to the discretion of the Committee)

1. Name of Applicant: \_\_\_\_\_  
(In English) (In Chinese)

2. HKIC/Travel document no.\*: \_\_\_\_\_

Brief Case Summary :

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Reasons/Justifications for Recommendations :

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**Countersigned by :**

**Prepared by :**

Signature : \_\_\_\_\_

Signature : \_\_\_\_\_

Name of social worker : \_\_\_\_\_  
(in Block Letters)

Name of Oi/c : \_\_\_\_\_  
(in Block Letters)

Post : \_\_\_\_\_  
Tel. no. : \_\_\_\_\_  
Date : \_\_\_\_\_

Post : \_\_\_\_\_  
Tel. no. : \_\_\_\_\_  
Date : \_\_\_\_\_