

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 Patients¹

申請表 Application Form (B)

(只適用於未能符合有尚存配偶、尚存的受供養子女或
尚存的受供養父母任何項目資格的病故者家庭)

(Only applicable to families of the deceased patients who are unable to meet the application criteria of any categories
for surviving spouse, surviving dependent children or surviving dependent parents)

A 部 病故者個人資料

Section A: Personal Particulars of Deceased Patient

- 姓名
1. 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 申請人的個人資料

Section B: Personal Particulars of Applicant

(每一名病故者只可由其中一位家庭成員提出申請特別恩恤金)

Only one family member of the deceased patient may apply for the Special Ex-gratia Relief Payment

- 姓名
1. 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

¹ 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 申請人及其同住家人的個人資料**Section C: Particulars of Applicant and Family Member(s) Living Together**

姓名 Name	與申請人 關係 Relationship with Applicant	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
	申請人 Applicant					

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

付款模式（請在適當的方格加上 ✓ 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: _____

如收款人並非申請者，須另填寫附頁授權書

If the recipient is not the applicant, please complete the authorization letter attached at the Annex I

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.

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。

2. I fully understand and consent to the collection of data by the Social Welfare Department / Hospital Authority / Department of Health from me / beneficiary for the purpose of applying for the above Special Ex-gratia Relief Payment. I understand that I 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／衛生署供所需資料及紀錄。

3. I consent to any investigations carried out 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 the relevant authority / person to the Social Welfare Department / Hospital Authority / Department of Health.

4. **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。**

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.

5. 本人要求信託基金委員會特別考慮的原因如下：

I am now asking for Committee's special consideration due to the following reasons:

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（正本須經社會福利署的職員核對）（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)**

- 申請人香港身份證 Hong Kong Identity Card of the applicant
- 病故者的死亡證 Death certificate of the deceased
- 可證明申請人爲病故者家庭成員的有效證明文件（請註明）
Valid supporting documents which may prove that the applicant is the family member of the deceased patient (please specify)

- 可證明申請人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 on the deceased patient for financial support (please specify)

- 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)

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. B 部中申請人的申領資格已獲確認
The eligibility status of the applicant in Section B has been verified

4. 未能確認 B 部中的申請人的身分
Eligibility status of the applicant in Section B 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 建議（由獲授權的社署核心小組人員填寫）

Section H: Proposal (to be completed by authorized officers of SWD Core Team)

建議特別恩恤金數額 Proposed amount of Special Ex-gratia Relief Payment _____

建議人員

Proposing 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)
thumbprint of the beneficiary)

(Signature/Right

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：_____

見證人簽署：_____

香港身份證號碼：_____

姓名：_____

職位：_____

* 請將不適用者刪去

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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 :

Reasons/Justifications for Recommendations :

Prepared by :

Signature : _____

Name of social worker : _____
(in Block Letters)

Post : _____
Tel. no. : _____
Date : _____

Countersigned by :

Signature : _____

Name of Oi/c : _____
(in Block Letters)

Post : _____
Tel. no. : _____
Date : _____