

Date : _____

Trust Fund for Severe Acute Respiratory Syndrome (SARS)

Application for Review

To : Review Committee on Trust Fund for SARS

(via : Labour and Welfare Bureau)

[by mail to 20/F, Murray Building, Garden Road, Central or fax to 2524 7635]

I, _____, (HKID/Passport¹ No. _____), of _____ (address) at _____ (tel. no.) wish to apply to the Review Committee on Trust Fund for SARS for a review against the decision of Trustee of Trust Fund for SARS on my case (Ref. _____). A copy of the letter from the Trustee dated _____ is attached.

The grounds of my application for review are :

(a)

(b)

(c)

(Documentary support for my application for review is attached)

Witness : _____ Applicant : _____
(Name in Block Letters) (Name in Block Letters)

¹ Issuing Authority : _____
Date of Issue : _____

聲明及保證書（由申請人填寫）

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.

2. 本人完全明白及同意勞工及福利局向本人收集資料，作為處理本人上述覆檢申請的用途。本人明白如本人欲查閱及更改個人資料，可向勞工及福利局提出。

I fully understand and consent to the collection of data by the Labour and Welfare Bureau from me for the purpose of processing this review application. I understand that I may approach the Labour and Welfare Bureau on matters of personal data access and correction.

3. 本人同意勞工及福利局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勞工及福利局提供所需資料及紀錄。

I consent to any investigations carried out by the Labour and Welfare Bureau in relation to my application. I also consent to the provision of information and records in relation to my application by the relevant authorities/persons to the Labour and Welfare Bureau.

4. 本人同意勞工及福利局為處理上述的覆檢申請而向有關當局／人士披露有關上述申請的資料及紀錄的內容。

I consent to the divulgence of the contents of any information and records related to the above application by the Labour and Welfare Bureau to the relevant authorities/persons for the purpose of processing the above application for review.

5. 本人明白如本人故意或蓄意作虛假聲明或隱瞞資料，或誤導有關當局／人士以求獲得上述基金發出的款項，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 relevant authority/person for the purpose of obtaining payment from the above Fund, 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 : _____