Trust Fund for Severe Acute Respiratory Syndrome (SARS)

Application for Review

To: Review Committee on Tr		S	
(via : Labour and Welfare	·		√ - •
[By mail to 11/F, West Wing,			
Avenue, Tamar, Hong Kor	ig /fax to 2524	7635, or e-mail	to
enquiry@lwb.gov.hk]			
I,(HKID/Passport ¹ No			_ ,
(HKID/Passport ¹ No), of _		_
	(address) a	at (tel. n	o.)
wish to apply to the Review Com			
against the decision of Trustee	e of Trust Fund	for SARS on my ca	ise
(Ref). A	copy of the lett	er from the Trustee dat	ed
is attache			
The grounds of my a	application for revi	iew are ² : -	
, and a second	TI		
(a)			
(4)			
(b)			
(c)			
(Documentary support for my app	lication for review	v is attached)	
Information of the Witness:			
	(Name)	(Signature)	
	(1 (41110)	(Signature)	
1 Issuing Authority :			
Data of Issue:			

Please use separate sheet if space is insufficient.

聲明及保證書(由申請人填寫)

Declaration & Undertaking (to be completed by the 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 content 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 wilfully 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.

申請人姓名	Applicant's name	:	
申請人簽署	Applicant's signature	:	
日期 Date		:	