

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 **11/F, West Wing, Central Government Offices, 2 Tim Mei Avenue, Tamar, Hong Kong** or fax to **2524 7635**]

I, \_\_\_\_\_ ,  
(HKID/Passport<sup>1</sup> 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)

\_\_\_\_\_  
<sup>1</sup> 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 : \_\_\_\_\_