

查閱東華三院檔案申請表

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Application Form for Access to Archives of Tung Wah Group of Hospitals

(# 請在適當方格填上 /)/(刪去不適用者)(第一部分-申請人資料 Part 1-Particulars of A		e appropriate box(es)	/ (Delete where appropriate)
申請人姓名: <u>(英文) Mr. / Ms.</u>		(中文)	先生/女士
Name (In English)		(In Chinese)	
香港身分證號碼 / 護照號碼:		電話:	
HK Identity card / Passport No.	Contact No.		E-mail
機構名稱: <u>(英文)</u>		(中文)	
Name of Organization (In English)		(In Cl	hinese)
機構類別:	□ 教育機	構	□ 註冊慈善機構
Nature of Government Department	Educat	cional Institute	Registry Charity Organization
Organization	□ 私人機 Privat	e Organization	其他(請列明): Others (Please Specify)
地址:			
Part 2- Information required and usage (Please 第三部分-聲明 Part 3-Declaration	e provide addit	tional information i	n separate sheets if necessary)
♣ All personal data will only be used for the p	青的相關用途。 E院所有,本 <i>J</i> uments are prov ourpose related	申請索取的資料只 ided of my own will to this application.	會用於獲批准的用途上。 , and I confirmed that all these are true and correct. 「WGHs, the acquired information will only be used
申請人姓名:			
Name of the Applicant		Signature of the App	olicant
團體印鑑(如適用):Official Seal (if applicable)		日期: Date	
根據個人資料(私隱)條例第十八、二十二及 人如欲查閱及/或更正個人資料,可致電 2496:			

Personal data given by the applicants shall be used for processing the application in accordance with Section 18, 22 and Principle 6 of Schedule 1 to the Personal Data (Privacy) Ordinance. Request for access to and/or correction of personal data should be made to our staff at 2465 1498

接收申請日期: 接受 Accepted Application received on 指絕 Rejected 備註:	此欄由東華三院何超蕸檔案及文物中心填寫	For TWGHs MHARC Use Only
Remarks 維核人:		
Processed by: Approved by: 日期: 日期:		