

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) (#Please tick the appropriate box(es) / (Delete where appropriate))

第一部分-申請人資料 Part 1-Particulars of Applicant

申請人姓名：(英文) Mr. / Ms. _____ (中文) _____ 先生/女士

Name (In English) _____ (In Chinese) _____

香港身分證號碼 / 護照號碼：_____ 聯絡電話：_____ 電郵：_____

HK Identity card / Passport No. _____ Contact No. _____ E-mail _____

機構名稱：(英文) _____ (中文) _____

Name of Organization (In English) _____ (In Chinese) _____

機構類別： 政府部門 教育機構 註冊慈善機構
Nature of Government Department Educational Institute Registry Charity Organization
Organization 註冊非牟利機構 私人機構 其他(請列明)：_____
Registry Non-Government- Private Organization Others (Please Specify)
Organization

地址：_____

Address

第二部分-申請查閱的資料及用途。(如填寫空間不足，請另附頁填寫)

Part 2- Information required and usage (Please provide additional information in separate sheets if necessary)

第三部分-聲明 Part 3-Declaration

- 此表格所填寫及呈交的資料由本人自願提供，已確定資料真確無誤。
- 本人明白所有個人資料只會用於此項申請的相關用途。
- 本人明白東華三院檔案的版權乃屬東華三院所有，本人申請索取的資料只會用於獲批准的用途上。
- All the above particulars as well as the documents are provided of my own will, and I confirmed that all these are true and correct.
- All personal data will only be used for the purpose related to this application.
- I understand that the copyright of all archives of Tung Wah Museum belong to TWGHs, the acquired information will only be used in the approved objective(s).

申請人姓名：_____

申請人簽署：_____

Name of the Applicant

Signature of the Applicant

團體印鑑(如適用)：_____

日期：_____

Official Seal (if applicable)

Date

根據個人資料(私隱)條例第十八、二十二及附表一載列的第六原則，申請人所提供的個人資料，將用以處理其申請。申請人如欲查閱及/或更正個人資料，可致電 2465 1498 與檔案及文物中心職員聯絡。

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.

此欄由東華三院何超濶檔案及文物中心填寫 For TWGHs MHARC Use Only

接收申請日期：_____

Application received on

接受 Accepted

拒絕 Rejected

備註：_____

Remarks

經手人：_____

Processed by:

批核人：_____

Approved by:

日期：_____

Date

日期：_____

Date