

The Personal Details of Recipient (as indicated on identity document)

Name: <u>DYM</u> , <u>Hanako</u> (English) (surname) (given name)	<u>DYM</u> <u>花子</u> (Chinese) (surname) (given name)
Date of Birth: <u>09</u> / <u>10</u> / <u>1985</u> (dd/mm/yyyy)	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female

Identity Document (Please put a "✓" in the box and fill in the document number as appropriate)

Note: Only Hong Kong Identity Card or Certificate of Exemption would be accepted for person aged 12 or above.

<input type="checkbox"/> Hong Kong Birth Certificate Registration No.:	<input type="text"/> ()
<input checked="" type="checkbox"/> Hong Kong Identity Card No.: Date of Issue: <u>09</u> / <u>12</u> / <u>2018</u> (dd/mm/yyyy)	<u>A</u> <u>B</u> <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> (<u>7</u>) HKIC Symbol: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> U
<input type="checkbox"/> Hong Kong Re-entry Permit No. (Beginning with "RM" / "RS"): Date of Issue: ___ / ___ / ___ (dd/mm/yyyy)	<u>R</u> <input type="text"/> ()
<input type="checkbox"/> HKSAR Document of Identity No. (Beginning with "D"): Date of Issue: ___ / ___ / ___ (dd/mm/yyyy)	<u>D</u> <input type="text"/> ()
<input type="checkbox"/> Permit to Remain in HKSAR (ID 235B) - Birth Entry No.: Permitted to remain until: ___ / ___ / ___ (dd/mm/yyyy)	<input type="text"/> ()
<input type="checkbox"/> Non-Hong Kong Travel Documents No. (e.g. Foreign passports): HKSAR Visa / Reference No.:	<input type="text"/> - <input type="text"/> - <input type="text"/> ()
<input type="checkbox"/> Certificate issued by the Births Registry for adopted children - No. of Entry:	<input type="text"/> / <input type="text"/> ()
<input type="checkbox"/> Serial No. of the Certificate of Exemption: Reference No.:	<input type="text"/> ()
HKID No. shown on the Certificate: Date of Issue: ___ / ___ / ___ (dd/mm/yyyy)	<input type="text"/> ()

I have read / been informed and fully understood my obligation and liability under this consent form and the Statement of Purpose of Collection of Personal Data.

Signature of recipient (or finger print if illiterate#): DYM 花子

Contact Telephone No.: 1234-5678

Date: 10/10/2020

Parent / Guardian should complete the following only if recipient is aged below 18 / mentally incapacitated

Signature of Parent / Guardian: _____

Name of Parent / Guardian (in English): _____

Relationship: Father Mother Guardian

Contact Telephone No.: _____

Date: _____

Witness should complete the following if the recipient has mental capacity but is illiterate

This document has been read and explained to the recipient in my presence.

Signature of Witness: _____

Name of Witness (in English): _____

Hong Kong Identity Card No.: (X)

(only the alphabet and the first three digits are required)

Contact Telephone No.: _____ Date: _____