



**申请理由 Reason for Application:**

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之前是否有申请豁免登记费？如有，请注明。

Whether applied for fee waiver previously? If yes, please indicate.

否 No
有 Yes
批准期限 Period approved: 从 From _____ 至 to _____

**申请者须知 Applicant to Note:**

1. 申请者须呈交证件副本。

Applicant must submit photocopy of supporting documents.

2. 请呈交估税单，公积金结单或个人及家庭工作成员的最近六个月的薪金单。

Applicant must submit Income Tax Assessment Notice, CPF Statement or Latest 6 Months' Payslips of all working family members to certify household income.

3. 若得到其他慈善机构援助、医院医药费优惠、或属残障人士，申请时须呈交有关单位信件副本，以供酌情考虑。

Applicant must submit photocopy of relevant documents if subsidy or assistance are obtained from other charitable organization / hospital or due to handicap.

4. 若缺乏证明文件，可向社工要求提供家庭状况资料以供参考。

If supporting documents are not available, proof of family background from the social worker is acceptable as reference.

5. 申请过程需要 12 个工作日。

12 working days are needed to process the application.

6. 若以上任何资料不属实，本院保留取消申请的权力。

If any of the given information is found to be false or misleading, the organization reserves the right to disqualify the application.

**声明 Declaration**

本人谨此声明所提供的信息及提呈的资料完全属实。

I declare that the information furnished on this form and documents attached are true and completed to the best of my knowledge.

申请者签名 Applicant's Signature \_\_\_\_\_

日期 Date \_\_\_\_\_

秘书处填写 For Office Use

福利卡/援助卡类别 (在适当的地方画圈)

**Types of Medical Benefit Card / Health Assist Card (Please circle the appropriate choice).**

- a. 社区保健计划蓝色援助卡 (CHAS Blue Health Assist Card);
- b. 公共援助卡 (Public Assistance Card);
- c. 社区医疗福利卡 (Community Medical Benefit Card, CMB Elderly & CMB Disabled);
- d. 关怀过渡计划卡 (ComCare Transitions (CCT));
- e. 医疗费豁免卡 (Medical Fee Exemption Card);
- f. 橙色医疗援助卡者 (Orange Health Assist Card);
- g. 其他, 请注明 Others, Please state: \_\_\_\_\_  
福利卡/援助卡号码 Card No. \_\_\_\_\_
- h. 无福利卡/援助卡 (No Medical Benefit/Health Assist Card)

病历记录参考 Medical Record

日期 Date	病情 / 诊断 Condition / Diagnosis	主诊医师 Physician-in-charge

批准 Approved

完全豁免     半费

批准期限 Period approved: \_\_\_\_\_ 月 Month / 年 Year

从 From \_\_\_\_\_ 至 to \_\_\_\_\_ ,

不批准 Not Approved

审核者:  
Verified By

批准者:  
Approved By

签名 / 日期:  
Signature/Date

签名 / 日期:  
Signature /Date