

Families of S.M.A. Charitable Trust

Tel.: 28111767 Fax.: 25107199

Fund Application Form

脊髓肌肉萎縮症慈善基金撥款申請表格

A. Particulars of Applicant 申請人資料	
Mr <input type="checkbox"/>	Miss <input type="checkbox"/>
先生 <input type="checkbox"/>	小姐 <input type="checkbox"/>
Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>
太太 <input type="checkbox"/>	女士 <input type="checkbox"/>
Name in English 英文姓名	Name in Chinese 中文姓名
Date of birth (dd/mm/yy) 出生日期 (日/月/年)	H.K.I.D. card no. 香港身份證號碼
Tel/Pager/Mobile/Fax 電話/傳呼機/手機/傳真	
Correspondence Address 通訊地址	
S.M.A. Patient Name 患者姓名	Relationship to S.M.A. patient (if applicable) 與S.M.A.患者關係 (如適用者)

B. Items applied for and purpose for the application (please provide reasons) 申請用途 (請列明申請原因)	
	Amount 金額
Total 總數:	

C. Records of previous applications 過去申請記錄		
Nature 性質	Date (mm/yy) 日期 (月/年)	Amount 金額

I hereby declare that the information stated above is true and correct.

本人在此聲明上述資料正確無誤

Please return this form to the following address after completion:

Room 1402, 14 Floor, SLP Tower, 香港北角英皇道83號
83 King's Road, North Point, 聯合出版大廈14樓1402室
Hong Kong

Signature of applicant 申請人簽名

Date 日期

Note: - The personal data provided in this application will be used by the Families of S.M.A. Charitable Trust for considering your application and for no other purpose.

- All information received is private & confidential.
- Families of S.M.A. Charitable Trust reserves the right to require for further documents, proof and any others verification of the information provided in this application.

備註: - 以上資料祇作為脊髓肌肉萎縮症 慈善基金審批用途.

- 所得資料將絕對保密.
- 脊髓肌肉萎縮症慈善基金保留有關對申請者要求證明文件及審核有關資料準確性之權利 .