

APPLICATION FOR ACCESS TO INFORMATION

申请索取资料表格

(This form can be completed either in English or Chinese. Please read the notes below before writing.)
这份表格可用英文或中文填写，填写前请细阅表格下面的备注。

Applicant's Particulars 申请人个人资料

Name 姓名	* Mr 先生 Mrs 夫人 Miss 小姐	# HK I/D No. 香港身份证号码	()
Correspondence Address 通讯地址			
		Tel. No. 电话号码	Fax. No. 传真号码

* Please delete as appropriate
请删去不适用者

Fill in only if personal information is required
如索取个人资料方需填写

Information Requested 要求索取的资料

To 致	: Access to Information Officer 公开资料主任
	<u>Health, Welfare and Food Bureau</u> (Name of department) 部门名称
Details of information requested (Please be as specific as possible: it will help us identify clearly what you are looking for. Use a separate sheet if necessary.) 所需资料详情 (请尽量具体说明, 以便我们清楚知道你需要是甚么资料。如有需要请另页书写。)	

Signature _____

签署

Date _____

日期

Notes 备注

1. A charge reflecting the cost of reproduction the records concerned may be levied. The department will advise you in advance of any such charge.
有关部门会按照翻印纪录所需的成本收取费用，并预先告知你所需缴付的费用。
2. You may be asked to provide additional information to help us meet your request. The department may not be able to process your application if you do not provide sufficient information.
你或需提供更多资料，以协助我们响应你的申请。如你未能提供足够资料，有关部门可能无法处理你的申请。
3. The information provided will be used for processing your application for access to information. It may be divulged to other departments/agencies for the same purpose.
你所提供的资料，将用于处理有关你申请索取资料的事宜上。有关资料可能会送交其它部门 / 机构，作同样用途。
4. For correction of or access to personal data contained in this application, please contact the Access to Information Officer of the department concerned.
如欲更改或索取载列在本表的个人资料，请与有关部门的公开资料主任联络。