

**Notification of Convictions**

I, \_\_\_\_\_ (name), holder of Hong Kong Identity  
Card number \_\_\_\_\_ and the post of \_\_\_\_\_ (post) in  
\_\_\_\_\_ (name of  
treatment centre), hereby notify the Director of Social Welfare that –

(a) I have been convicted of criminal offence(s) <sup>Note 1</sup> in Hong Kong or elsewhere on  
\_\_\_\_\_ (date).

Details of the convicted offence(s) and sentence(s) \* are as follows –

Date(s) of  
conviction(s)

\_\_\_\_\_

Offence(s)

\_\_\_\_\_

Place(s) of  
conviction(s)

\_\_\_\_\_

Sentence(s)

\_\_\_\_\_

(b) A signed authorization form to Hong Kong Police is attached.

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Date: \_\_\_\_\_

Responsible Person of the body corporate / partnership \*

*(if the specified operator/applicant is a body corporate or partnership)*

Name \_\_\_\_\_ Signature \_\_\_\_\_

Company / Organization \* Chop

*(if applicable)*

\_\_\_\_\_

\* : Delete as appropriate

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<sup>Note 1</sup> Criminal convictions to be reported are convictions in Hong Kong of any offence specified in Schedule 1 of the Organized and Serious Crimes Ordinance (Cap.455), and convictions elsewhere of any offence constituted by an act or omission that, if it had occurred in Hong Kong, would have constituted an offence specified in the said Schedule.

**CONFIDENTIAL 機密**

Licensing Office of  
Drug Dependents Treatment Centres

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**AUTHORIZATION**

I \_\_\_\_\_ hereby authorize the Commissioner of Police, or his representative, to release full particulars of any and all criminal convictions recorded against me to Social Welfare Department. I also agree to my fingerprint impressions being taken by the Police in connection with this application, if required for the purpose of verifying my criminal record. My personal particulars are as follows -

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

HK Identity Card No. \_\_\_\_\_

Passport No. \_\_\_\_\_

Chinese Commercial Code Nos.  
(as recorded on the applicant's HK  
Identity Card - where applicable) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place of Birth \_\_\_\_\_

\_\_\_\_\_  
(Signature of applicant)

Date \_\_\_\_\_

Witnessed by <sup>Note 1</sup> \_\_\_\_\_ Designation \_\_\_\_\_

HKID Card No. \_\_\_\_\_

<sup>Note 1</sup> The witness must be an official of the Social Welfare Department.