

To: Senior Citizen Card Office  
Social Welfare Department  
Room 2361, Wu Chung House  
213 Queen's Road East  
Wan Chai, Hong Kong  
(Telephone No.: 2961 7584 / Fax. No.: 2573 0079)

### **Senior Citizen Card Scheme**

**My company/organization is interested in participating in the Senior Citizen Card Scheme and would like to offer the following concession/discount to the Senior Citizen Card holders:**

**A. Information of Company/Organization:**

Information of Head Office (Please complete if different from Outlet):

Name of Head Office: \_\_\_\_\_ Telephone No. of Head Office: \_\_\_\_\_

Address of Head Office: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Telephone No. of Contact Person: \_\_\_\_\_

Position of Contact Person: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**B. Information of Outlets Participating in the Scheme: (to be published on the concession booklet):**

Name of Outlet: \_\_\_\_\_ (English) No. of Participating Outlets: \_\_\_\_\_  
\_\_\_\_\_ (Chinese)

Address of Each Outlet Participating in the Scheme:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Telephone No. of Each Outlet Participating in the Scheme: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Type of Company/Organization: (Please tick one item only)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Government Department | <input type="checkbox"/> Transport                     | <input type="checkbox"/> Community facilities     | <input type="checkbox"/> Public Utilities |
| <input type="checkbox"/> Banking               | <input type="checkbox"/> Tourism                       | <input type="checkbox"/> Restaurant               | <input type="checkbox"/> Shopping         |
| <input type="checkbox"/> Entertainment         | <input type="checkbox"/> Continuing Education          | <input type="checkbox"/> Rehabilitative Equipment | <input type="checkbox"/> Hotel            |
| <input type="checkbox"/> Medical Units         | <input type="checkbox"/> Others (please specify) _____ |   |   |

Nature of concessions: (Social Welfare Department reserves the final right of disclosing the below information)  
(Please tick one or more items)

- |  |  |
|--|--|
| <input type="checkbox"/> Discount (please specify) _____                       |  |
| <input type="checkbox"/> Upon consuming over \$ _____ to enjoy the concessions |  |
| <input type="checkbox"/> Not applicable during on sale                         | <input type="checkbox"/> Fixed/discounted price items not included |
| <input type="checkbox"/> Please call for details                               | <input type="checkbox"/> Others (please specify) _____             |

\_\_\_\_\_  
(Due to space limitation in the booklet, please be concise)

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

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Company: \_\_\_\_\_

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