

(本表格如有任何塗改，概不受理)  
(This form will not be accepted if it contains any erasure or amendment)

# Sample

參閱背頁  
只供收款  
人填寫的  
附註  
See Notes  
Overleaf -  
For  
Payee's  
Use

致：  
To：Director of Social Welfare

參閱背頁  
註一  
See  
Note 1  
overleaf

銀行  
BankHSBC

參閱背頁  
註二  
See  
Note 2  
overleaf

本授權書只適用於下述事務的付款：—  
This authority applies to payments to me/us in respect of the following transaction(s) only:-  
Scheme on Living Allowance for Carers of Elderly Persons from Low-income Families  
付款給我／我們所須的資料詳情載於第II欄  
The particulars necessary to effect payment to me/us are given in Section II below

參閱背頁  
註三  
See  
Note 3  
overleaf

收款人名稱：個人—先寫姓氏（最多可填寫80個英文字母或40個中文字）  
Payee's Name : For individual - Surname first (Maximum 80 characters for English or 40 words for Chinese)  
C H A N T A I M A N

參閱背頁  
註四  
See  
Note 4  
overleaf

地址（最多可填寫120個英文字母或60個中文字）  
Address (Maximum 120 characters for English or 60 words for Chinese)  
F L A T A 3 / F S U N N Y B U I L D I N G  
1 Q U E E N ' S R O A D E A S T  
W A N C H A I H O N G K O N G

參閱背頁  
註五  
See  
Note 5  
overleaf

銀行帳戶 Bank Account  
銀行編號  
Bank Code  
0 0 4  
分行編號  
Branch Code  
1 2 3  
帳戶號碼  
Account No.  
1 4 5 6 7 8 9

參閱背頁  
註六  
See  
Note 6  
overleaf

英文銀行帳戶名稱  
Name of Bank Account in English  
C H A N T A I M A N

參閱背頁  
註六  
See  
Note 6  
overleaf

我／我們選擇以傳真方式或電子郵件接收收銀款通知書（請選擇其中一種方式），我／我們的傳真號碼或電子郵件地址是：—  
I/We elect to receive the Remittance Advice by fax or by e-mail (please choose one method only). My/Our fax number or e-mail address is:  
傳真號碼 Fax No.  
電子郵件地址 e-mail address

參閱背頁  
註六  
See  
Note 6  
overleaf

我／我們同意  
I/We hereby agree that  
一、銀行向政府表示收到款項的證明，足以代替我／我們的收款證明。  
The Bank's acknowledgment to the Government will be sufficient discharge in lieu of acknowledgment by me/us.  
二、我／我們填報在本表格內的付款辦法指示，在付款方式方面，對政府並無約束力。  
My/Our payment instructions on this form do not bind the Government in regard to the manner in which payment may be made.  
三、無論屬於何等理由，倘銀行未獲足夠資料確定收款的帳戶，以致款項在未收到進一步資料之前暫停支付，政府並不負責我／我們因銀行帳戶未能如期收到款項所遭受的任何損失或不便。  
Where, for any reason, insufficient details are furnished to the Bank to determine the account to be credited and the sum is held in suspense pending receipt of further information, the Government will not be responsible for any loss or inconvenience suffered by me/us as a result of the bank account not being credited at the normal time.

參閱背頁  
註六  
See  
Note 6  
overleaf

個人 For individual  
公司／團體 For company/organization

參閱背頁  
註六  
See  
Note 6  
overleaf

簽名  
SignatureChan Tai Man  
姓名(正楷)  
Name in block lettersCHAN TAI MAN  
香港身分證／護照號碼  
H.K.I.C./Passport No.A123456(7)  
電話號碼  
Telephone No.9123 4567  
日期  
Date01.01.2026

參閱背頁  
註六  
See  
Note 6  
overleaf

公司印章 Official Stamp  
獲公司／團體授權之認可簽署  
Authorized signature  
For and on behalf of the company/organization

參閱背頁  
註六  
See  
Note 6  
overleaf

姓名(正楷)  
Name in block letters  
職位  
Position  
電話號碼  
Telephone No.  
日期  
Date

參閱背頁  
註六  
See  
Note 6  
overleaf

只供部門填寫 FOR DEPARTMENT USE ONLY  
IV  
供應商編號 Supplier Number

參閱背頁  
註六  
See  
Note 6  
overleaf

分行  
BranchSheung Shui

## 附註

### 個人資料收集聲明

1. 你所提供的資料，將作政府付款給你的用途。
2. 政府可能將部分或全部資料轉交其他已獲法律授權接收的人士。
3. 在《個人資料（私隱）條例》列明的豁免範圍內，你有權取得及更正個人資料。
4. 如欲取得或更改個人資料，請聯絡與你有收支往還的政府部門。

### 只供收款人填寫（第 I、II 及 III 欄）

1. 收款人如為公司或團體，在遞交本表格時，須附交一封使用該公司或團體的正式信紙的說明函件，並須由獲該公司或團體授權的人士簽署。
2. 如欲將本授權書的適用範圍限定於若干項事務，請列明該等事務。
3. 切勿在一空格內填寫超過一個字或一個數字。倘因篇幅所限而未能在行末填寫一個完整的詞彙，須在下一行填上整個詞彙。
4. 帳戶持有人的名稱應與收款人的名稱完全相符。如未能確定銀行編號，請向有關銀行查詢。如銀行編號格式與本表格上的不符，請致電3847 8967跟進。
5. 款項如須存入聯名帳戶，應列明該帳戶的英文全名而收款人名稱應是聯名帳戶的一部分。
6. 如希望以傳真方式或電子郵件接收領款通知書(只可選擇其中一種方式)，請填妥傳真號碼或電子郵件地址，否則領款通知書將經郵遞寄上。未能經傳真或電子郵件送達的領款通知書將改以郵遞送交。
7. 請把填妥表格寄回你通常致送發票的部門，或香港九龍長沙灣東京街西3號庫務大樓19樓庫務署財務管理組。如有查詢，請致電3847 8967。

### 只供部門填寫

#### 第 I 欄

在供收款人填寫表格前，在“致”字旁的空框內填上接收填妥表格的部門或辦事處的名稱及地址。如收款人銀行帳戶欄資料有任何更改，須另填一份新表格。

#### 第 IV 欄

在政府財務管理資料系統更新後填寫。

## NOTES

### Personal Information Collection Statement

1. The information provided by you will be used for purposes of effecting payments to you by the Government.
2. The Government may give some or all of the information to other parties authorized by law to receive it.
3. Subject to exemptions under the Personal Data (Privacy) Ordinance, you have a right of access and correction with respect to personal data.
4. Request for personal data access and correction should be addressed to the relevant Government departments with which you have dealings.

### For Payee's Use (Sections I, II and III)

1. For companies/organizations, this form must be accompanied by a covering letter on the official letterhead of the company/organization and signed by an authorized signatory of the company/organization.
2. If it is desired to restrict this Authority to payments in respect of certain transactions only, please specify those transactions.
3. Do not use one space for more than one letter or one digit. Where a complete word cannot be entered at the end of a row because of insufficient space, the whole word should be entered in the next row.
4. The bank account should have the same name as the payee's name. If you do not know the bank code of your bank account, please contact your banker. If your bank account has different format from that stated in this form, please contact 3847 8967 for further assistance.
5. Where payment is to be made into a joint account, the full name of the joint account in English must be stated and the payee's name should form part of the name of the joint account.
6. Please enter your fax number or e-mail address if you wish to receive the Remittance Advice by fax or by e-mail (choose one method only). Otherwise, the Remittance Advice will be sent by post. Remittance Advice which cannot be successfully sent by fax or by email will be sent by post.
7. Please send the completed form to the bureau or department to which you normally issue your invoices; or Director of Accounting Services (Attn.: Financial Control Section) at 19/F, Treasury Building, 3 Tonkin Street West, Cheung Sha Wan, Kowloon, Hong Kong.  
For enquiries, please call 3847 8967.

### For Department Use

#### Section I

Before passing the form to the payee for completion, enter in the box beside the word 'To' the name AND address of the department, or office to which the payee should return the completed form. If there is a change in the bank account details of the payee, a new form must be completed.

#### Section IV

To be completed after the supplier record has been updated in the Government Financial Management Information System.