

CONFIDENTIAL 機密

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 ^{Note 1} _____ Designation _____

HKID Card No. _____

^{Note 1} The witness must be an official of the Social Welfare Department.

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