

治療中心名稱：\_\_\_\_\_

(Name of treatment centre)

**財物託管/領回記錄表(Record of resident's properties and money)**

本人 \_\_\_\_\_ (入住者姓名)，身份証號碼 \_\_\_\_\_ 現同意將下列財物交託貴中心代為保存。

I, \_\_\_\_\_ (resident's name), HKID No.: \_\_\_\_\_ agree to let the centre keep my following properties:

| 託管日期<br>(Date of Deposit) | 託管財物項目<br>(Property Items) | 入住者簽署<br>(Resident's Signature) | 家長姓名及<br>簽署*<br>(Parent Name & Signature*) | 見証職員姓名<br>及簽署<br>(Witness's Name & Signature) | 取回日期<br>(Date of Retrieval) | 入住者簽署<br>(Resident's Signature) | 家長姓名及<br>簽署*<br>(Parent Name & Signature*) | 見証職員姓名<br>及簽署<br>(Witness's Name & Signature) |
|---------------------------|----------------------------|---------------------------------|--------------------------------------------|-----------------------------------------------|-----------------------------|---------------------------------|--------------------------------------------|-----------------------------------------------|
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\* 適用於 18 歲以下的入住者 (\* Applicable to resident under 18)