APPLICATION FOR WAIVING OF MEDICAL CHARGES
AUTHORIZATION LETTER

I, _____ (Name), holder of Hong Kong Identity Card No._____,

am living at _____ (Address)

and I hereby authorize *Mr. ／ Ms. _____ (Name of Agent)

(Relationship:_____), holder of Hong Kong Identity Card No._____ who

is living at _____ (Address)

to apply for waiving of medical charges in the Hospital Authority as my duly authorized agent.

Signature of Patient**:** _____ Date: _____

Signature of Agent**:** _____ Date: _____
(i.e. Applicant)

Name of Witness: _____ Signature of Witness**:** _____ Date: _____

* Delete whichever is inappropriate