



《 AUTHORIZATION LETTER 授權書 》

TO: MOBILE MEDICAL & HEALTH CHECK CENTRE LIMITED 美邦醫學體檢中心有限公司

I 本人 _____ (HKID _____)

HEREBY AUTHORIZE 授權 _____ (HKID _____)

TO COLLECT THE CHECK-UP REPORT ON MY BEHALF. SHOULD YOU HAVE ANY INQUIRY, PLEASE FEEL FREE TO CONTACT ME

代為領取及全權處理其身體檢查報告，如有任何查詢可致電給本人 (TEL: _____)。

SIGNATURE 簽署: _____ DATE 日期: _____

Should you authorize a nominee to collect the check-up report on your behalf, he/she shall be required to present the following documents:

如閣下未能親自前來，需委託他人領取身體檢查報告，授託人必須出示以下文件:

- 1 Authorization letter 此授權書
- 2 Your ID card copy 閣下之身份証副本
- 3 Nominee's ID card 授託人之身份証正本

Please note: Should the nominee fail to present all of the above documents, according to 《The Personal Data (Privacy) Ordinance》 (Chapter 486), we shall reserve the right to reject the nominee to collect report.

敬請留意:倘若委託人未能出示上述文件，按《個人資料(私隱)條例》(第 486 章)，本中心職員有權拒絕授託人領取報告。

自取時間 Self-pick up time:

佐敦店: 週一至週六，下午三時至五時半。(公眾假期除外)

荃灣店: 週一至週六，下午二時至五時正。(公眾假期除外)

銅鑼灣店: 週一至週六，下午二時至五時正。(公眾假期除外)

Jordon: Mon to Sat 3pm to 6pm (except public holiday)

Tsuen Wan: Mon to Sat 2pm to 5pm (except public holiday)

Causeway Bay: Mon to Sat 2pm to 5pm (except public holiday)