

醫療輔助隊

申請索取個人資料表格

申請人個人資料

姓名	* 先生 夫人 小姐	醫療輔助隊號碼	
通訊地址			
	電話號碼	傳真號碼	

* 請刪去不適用者

要求索取的資料

致：醫療輔助隊總參事
所需資料詳情（請盡量具體說明，以便我們清楚知道你需要的是甚麼資料，如有需要請另頁書寫。）

簽署 _____

日期 _____

備註

1. 醫療輔助隊按照翻印紀錄所需的成本收取費用，並預先告知你所需繳付的費用。
2. 你或需提供更多資料，以協助我們回應你的申請，如你未能提供足夠資料，醫療輔助隊可能無法處理你的申請。
3. 你所提供的資料，將用於處理有關你申請索取資料的事宜上，有關資料可能會送交其他部門 / 機構，作同樣用途。
4. 請將你填妥的個人資料表格，用郵遞或傳真(號碼:2715 0245)或電子郵件(地址: info@ams.gov.hk)寄回九龍何文田公主道八十一號醫療輔助隊總部辦理。

Auxiliary Medical Service

Application For Access to Personal Information

Applicant's Particulars

Name	* Mr. Mrs. Miss	AMS No.	
Correspondence Address			
	Tel. No.	Fax No.	

* Please delete as appropriate

Information Requested

To : Chief Staff Officer, Auxiliary Medical Service
Details of information requested (Please be as specific as possible: it will help us identify clearly what you are looking for. Use a separate sheet if necessary.)

Signature _____

Date _____

Notes

1. A charge reflecting the cost of reproducing the record concerned may be levied. AMS will advise you in advance of any such charge.
2. You may be asked to provide additional information to help us meet your request. AMS may not be able to process your application if you do not provide sufficient information.
3. The information provided will be used for processing your application for access to information. It may be divulged to other departments / agencies for the same purpose.
4. Please direct your request by mail, fax (2715 0245) or E-mail (info@ams.gov.hk) to Chief Staff Officer, Auxiliary Medical Service at 81, Princess Margaret Road, Homantin, Kowloon.