

## Request for Visit to AMS HQ

### Applicant's Particulars

Organization / Department : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Name of Contact Person : \_\_\_\_\_ Mr. / Miss / Mrs./ Ms.

Position : \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile Phone No.: \_\_\_\_\_

E-mail Address : \_\_\_\_\_ Fax No.: \_\_\_\_\_

### Visit Detail :

Date : \_\_\_\_\_ Time : \_\_\_\_\_

Aim of visit : \_\_\_\_\_

No. of Participant : \_\_\_\_\_ Age group : \_\_\_\_\_

Remark : \_\_\_\_\_  
\_\_\_\_\_

**Please complete and return this form to the following address :**

AUXILIARY MEDICAL SERVICE  
81 Princess Margaret Road,  
Ho Man Tin, Kowloon

Tel. No.: 2762 2011 Fax No.: 2715 0245  
E-mail Address : info@ams.gov.hk

**Remark :** A reply to the above application is within 10 clear working days.