

因病申請豁免聯載服務車資表格
Application Form for Waiving of
Pooled Dial-a-Ride Service Fare
due to Illness



香港復康會
The Hong Kong Society
for Rehabilitation
復康巴士
Rehabus

注意 Attention :

豁免聯載服務車資申請 必須於暫停乘搭的當月底前 連同相關證明文件提交,逾期申請,恕不受理。
Fare waiver application for Pooled Dial-a-Ride Service (PDAR) must be submitted with relevant supporting document by the end of month in which you are temporary not using the Service. Late applications will not be considered.

客戶姓名(帳戶編號) Customer Name (ID no.) : _____ ()

聯絡電話 Contact Telephone No. : _____

本人於以下日子因病暫停使用聯載路線服務:

I have not used the Pooled Dial-a-Ride Service during the following period due to illness: -

由 From (day-month-year) : _____ 至 To (day-month-year) : _____

由於涉及一整月份 (月/年) ____ / ____ 沒有使用服務,本人現申請豁免一個月車資。

* 現附上 或 於病假完結後 7 天內補交 醫生證明書。 (* 刪去不適用者)

Since I have not used the PDAR for whole full month of (month/year) ____ / ____ , I hereby apply for waiving on month's service fare. * Attached herewith or Will submit the medical certificate within 7 days after the end of sick leave period (* Delete whichever is inapplicable.)

乘客/監護人簽名 : _____
Signature of Passenger / Guardian: _____

日期 : _____
Date: _____

簽署人姓名 : _____
Name of Signature: _____

- 填妥後可 郵寄 或 電郵 遞交至本會 Please return this completed form to us by post or by email
電郵地址 Email address: rbroutes@rehabociety.org.hk (註明:聯載(客戶姓名)申請月費豁免
Attn: PDAR (customer name) apply for Fare waiver)

- 本會職員會以電話或電郵確認收到文件。 Our staff will acknowledge receipt the documents by phone or email.

【內部專用】

(如需聯絡)

客戶情況: _____

需轉交財務部處理,轉交日期: _____

車務部負責檢查用車紀錄之職員簽名: _____

日期: _____

財務部負責檢查繳費紀錄之職員簽名: _____

日期: _____

經理簽名: _____

日期: _____