



# 香港聖約翰救護機構

## Hong Kong St. John Ambulance

香港麥當勞道二號 聖約翰大廈

St. John Tower, 2 Macdonnell Road, Hong Kong

24 小時緊急救護車熱線: 香港 (HK) 2576 6555

電話/傳真號碼: 2530 8006-8/2515 0205

理事會 (Council)

24-hour Emergency 九龍 (KLN) 2713 5555

Tel / Fax No.: 2530 8020-4/2976 0457

救傷會 (Association)

Ambulance Services: 新界 (NT) 2639 2555

2530 8032-4/2530 2727

救傷隊 (Brigade)

2530 8057-9/2530 4867

見習隊 (Cadet)

### Reissue of Certificate Application Form

05/05

#### Applicant please note the followings:

1. Application for lost or duplicate certificates will not be accepted if the certificate has been expired.
2. HK\$50 will be charged for each copy (**non-refundable**).
3. Please fill the form below and attach with a \$50 cheque, sent to St. John Ambulance Association, 4/F., 2 MacDonnell Road, Hong Kong. (The cheque should be crossed cheque and made payable to "Hong Kong St. John Ambulance")
4. Please provide us with a self-address stamped (\$1.40) envelope.
5. The personal data provided by means of this form may be disclosed to the Senior Training Officer for processing application for reissue of certificate purposes. The provision of personal data by means of this form is voluntary. If you do not provide sufficient information, we may not be able to process your application.
6. Enquiries concerning the personal data collected, including the making of access and corrections, could be sent in writing to : "Hong Kong St. John Ambulance, c/o Association Section, 4/F., St. John Tower, 2 MacDonnell Road, Hong Kong." . A handing charge for HK\$50 will be charged.

#### Reply Slip

**To: Hong Kong St. John Ambulance Association**

Name: \_\_\_\_\_

H.K.I/D. No.: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Day-time Contact No.: \_\_\_\_\_

Course Reference: \_\_\_\_\_

(Must be Filled)

Examination Date \_\_\_\_\_

(Must be Filled)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

.....  
(Enter your name and address in all spaces provided below for your future correspondence)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

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