



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:

24-hour Emergency Ambulance Services:

電話/Tel: 1878000

理事會 (Council)

救傷會 (Association)

救傷隊 (Brigade)

少青團 (Youth)

電話/Tel: 2530 8006 – 8008

電話/Tel :2530 8020 – 8024

電話/Tel: 2530 8032 – 8034

電話/Tel: 2530 8057 – 8059

傳真/Fax :2515 0205

傳真/Fax :2976 0457

傳真/Fax :2530 2727

傳真/Fax :2530 4867

Reissue of Certificate Application Form

02/14

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 in the form below and attach with a \$50 cheque, sent to St. John Ambulance Association, 4/F., 2 MacDonnell Road, Hong Kong. (A crossed cheque should be made payable to “Hong Kong St. John Ambulance”)
4. Please provide us with a self-address stamped (\$1.70) envelope.
5. The personal data provided by means of this form may be disclosed to our association staff 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, can 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 handling 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: _____

Examination Date _____

Date: _____ Signature: _____

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

Name: _____

Name: _____

Address: _____

Address: _____
