

ELECTION OF LAY MEMBERS OF THE MEDICAL COUNCIL OF HONG KONG
APPOINTMENT OF NEW AUTHORIZED REPRESENTATIVE
under section 7(5) of the Medical Council (Election and Appointment of Lay Members) Regulation, Cap. 161F

香港醫務委員會業外委員選舉
新委任獲授權代表
根據《醫務委員會(選舉和委任業外委員)規例》(第 161F 章)第 7(5) 條的規定

Note: Please read the attached Guidance Notes before completing this form in BLOCK LETTERS.
註：請用正楷填寫本表格，並於填寫前參閱隨附的新委任獲授權代表須知。

Part I: Particulars of Elector
第一部分：選舉人資料

Name of Elector 選舉人名稱	(English) (英文)
	(Chinese) (中文)
Address of Elector 選舉人地址	

Part II: Appointment of New Authorized Representative
第二部分：新委任獲授權代表

1. Particulars of Current Authorized Representative
現有獲授權代表資料

Name of Current Authorized Representative to be Replaced 將予替換的現有獲授權代表姓名	
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2. Particulars of New Authorized Representative
新委任獲授權代表資料

Name of New Authorized Representative as shown on the Hong Kong Identity Card or Valid Identity Document 新委任獲授權代表 香港身份證或有效身份證明文件上的姓名	(English) (English) * Mr / Ms / Miss
	(Chinese) (Chinese) * 先生/女士/小姐
Date of Birth (D/M/Y) 出生日期 (日/月/年)	
Hong Kong Identity Card or Valid Identity Document No. 香港身份證或有效身份證明文件號碼	

Please provide original or copy of Hong Kong Identity Card or Valid Identity Document of the new authorized representative for verification.

請提供新委任獲授權代表的香港身份證或有效身份證明文件正本或副本，以供核實。

* Delete where inappropriate 請刪去不適用者

3. Declaration by New Authorized Representative

新委任獲授權代表聲明

I hereby declare that:

謹此聲明：

- (1) I have attained the age of 18 years, and have not been appointed as the authorized representative of another elector.
本人年滿 18 歲，並沒有獲另一選舉人委任為獲授權代表。
- (2) All the information given in this Part is true and accurate.
本人在本部分所填報的所有資料均屬真確無訛。

In assessing my eligibility for appointment as authorized representative, I give my consent to the Secretariat of the Medical Council of Hong Kong to compare and/or cross check my personal data provided in Part II of this form with my personal data collected by other government departments and/or organizations so as to verify if such data are true and accurate; and I expressly agree that the relevant government departments and/or organizations can release my personal data to the Secretariat for verification purpose.

為供當局審核本人獲委任為獲授權代表的資格，本人同意香港醫務委員會秘書處把本人在本表格第二部分提供的個人資料，與其他政府部門及／或機構向本人蒐集的個人資料作比較及／或複核，以核實有關資料是否真確無訛。此外，本人明確地同意有關政府部門及／或機構可向秘書處提供本人的個人資料，以作核實之用。

Signature :

簽署：_____

Name :

姓名：_____

Designation in the organization (if applicable) :

在組織內的職銜 (如適用者)：_____

Contact telephone no. :

聯絡電話號碼：_____

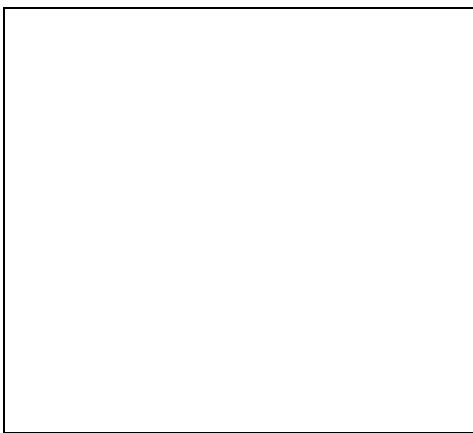
Date :

日期：_____

Part III: Declaration by Elector
第三部分：選舉人聲明

I hereby declare that:
本人謹此聲明：

- (1) The new authorized representative above is appointed in accordance with the rules of our organization.
本組織根據本組織的章程而新委任上述獲授權代表。
- (2) All the information given in this appointment form is true and accurate.
本委任表格上所填報的所有資料均屬真確無訛。



(Organization chop 組織印鑑)

Signature of organization's

* Chairperson / President :

組織 *主席/會長 簽署：_____

Name of organization's * Mr / Ms / Miss

* Chairperson / President : * 先生/女士/小姐

組織 *主席/會長 姓名：_____

Date :

日期：_____

* Delete where inappropriate
請刪去不適用者

Guidance Notes on Appointment of New Authorized Representative

1. According to section 7(5) of the Medical Council (Election and Appointment of Lay Members) Regulation (Cap. 161F), an elector may from time to time appoint an individual as its authorized representative to replace its current authorized representative to act on its behalf for purposes relating to the election. An elector should make the appointment of the new authorized representative on this form.
2. The completed appointment form with original or copy of the Hong Kong Identity Card of the new authorized representative must be submitted in person or by post to the Secretariat of the Medical Council of Hong Kong (Address: 4/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong).
3. An individual who is appointed as the authorized representative must have attained the age of 18 years and have not been appointed as the authorized representative of another elector.
4. A written notice will be issued to the elector to confirm the replacement of the authorized representative. The appointment of the new authorized representative takes effect on the date on which the written notice is given.
5. For enquiries on appointment of authorized representative, please call 2961 8705.

新委任獲授權代表須知

1. 根據《醫務委員會(選舉和委任業外委員)規例》(第 161F 章)第 7(5) 條的規定，選舉人可不時委任某名個人擔任其獲授權代表，以替換其現有獲授權代表，代表該選舉人為關乎選舉的目的而行事。選舉人須採用本表格委任新獲授權代表。
2. 選舉人須將填妥的委任表格連同新委任獲授權代表的香港身份證正本或副本，親身遞交或郵寄至香港醫務委員會秘書處(地址：香港香港仔黃竹坑道 99 號香港醫學專科學院賽馬會大樓 4 樓)。
3. 獲委任為獲授權代表的人士必須年滿 18 歲，並且沒有獲另一選舉人委任為獲授權代表。
4. 選舉人會獲發確認替換獲授權代表的書面通知；新獲授權代表的委任於該通知發出當日生效。
5. 如欲查詢有關委任獲授權代表的事宜，請致電 2961 8705。

Personal Data Collection Statement

Purpose of Collection

1. The personal data provided by you will be used for election-related purposes in accordance with the Medical Council (Election and Appointment of Lay Members) Regulation. It is voluntary for you to provide your personal data. However, if you do not provide sufficient information, we may not be able to process your application.

Classes of Transferees

2. The personal data you provide will be used mainly by the Secretariat of the Medical Council of Hong Kong. They may also be disclosed to other government departments, agencies and authorities for the purposes set out in paragraph 1 above or in circumstances permitted under the Personal Data (Privacy) Ordinance.

Access to Personal Data and Enquiry

3. You have the right to request access to and correction of your personal data held by us. A fee may be charged for such access or correction. Enquiries concerning the personal data provided, including the making of access or correction, should be made in writing to: —

Secretariat, The Medical Council of Hong Kong
4/F, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong

蒐集個人資料聲明

蒐集資料的目的

1. 你所提供的個人資料，會用作與根據《醫務委員會(選舉和委任業外委員)規例》進行的選舉有關的用途。提供個人資料純屬自願。然而，如你未能提供足夠的資料，我們可能無法處理你的申請。

資料承轉人的類別

2. 你所提供的個人資料主要供香港醫務委員會秘書處使用。為作上文第 1 段所述的用途或在《個人資料(私隱)條例》許可的情況下，該些資料亦可能會向其他政府部門、機構及有關當局披露。

查閱個人資料及查詢

3. 你有權要求查閱及改正我們所持有關於你的個人資料。我們或會為依從查閱或改正資料的要求而徵收費用。有關所提供個人資料的查詢(包括查閱及改正資料)，應以書面形式向香港醫務委員會秘書處提出，地址如下：

香港香港仔
黃竹坑道 99 號
香港醫學專科學院賽馬會大樓 4 樓
香港醫務委員會秘書處