



Application Number: _____ (For Internal Use Only)

To: United Care Without Borders Limited

**Application for Subsidy for People
affected by the fire at Wang Fuk Court in Tai Po**

Notes for Applicants

- (1) The personal data provided by the applicant in this form will be used for processing the application for subsidy for people affected by the fire at Wang Fuk Court in Tai Po and related follow-up matters. For the purposes stated above, the personal data may be disclosed to relevant organisations / government departments / bureaus / agencies / employers.
- (2) The provision of personal data to United Care Without Borders Limited is voluntary. However, if you fail to provide sufficient information, our company may be unable to provide necessary assistance for your application.
- (3) The applicant also agrees and authorises United Care Without Borders Limited to seek and obtain from relevant organisations / government departments / bureaus / agencies / employers any information about the applicant for processing this application.

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1. I, _____ (Name in English) _____ (Name in Chinese, if applicable), holder of Hong Kong Identity Card / Passport Number _____, hereby apply to United Care Without Borders Limited for the subsidy for people affected by the fire at Wang Fuk Court in Tai Po. (The above information to United Care Without Borders Limited should match the details on your Personal Identification Document.)

I provide my relevant information as follows:

English Name:	Surname :	Middle Name:
Chinese Name:	Surname :	Middle Name:

Nationality		
HKID / Passport No. (Applicable to non-Hong Kong Resident):		
Correspondence Address:		
Contact Telephone Number:	Mobile Phone Number:	Other Phone Number (if any):
Email Address (if any):		
Name of the Bank in Hong Kong:		
Bank Account Number in Hong Kong:		
Identity of Applicant	Resident / Visitor during Wang Fuk Court Fire / Local Worker / Foreign Domestic Helper / Relative of Above Person / Other: _____	
Employer Information (Applicable to Local Worker / Foreign Domestic Helper)		
Employer Name:		
Employer Contact Telephone Number:	Mobile Phone Number:	Other Phone Number (if any):
Employer Address (if any):		
Employer Email (if any):		

2. I hereby declare and confirm that all the information provided above is true and correct, and I have read the notes for applicants above. I understand and agree that United Care Without Borders Limited may transfer my information to relevant organisations / government departments / bureaux / agencies / employers for the purpose of processing and following up on my application.

Name: _____

Signature: _____

Date: _____



Submission of the application form:

Please submit by email to info@uncwb.org, together with a copy of your Personal Identification Document, Address and Employment Proof (Applicable to Local Worker / Foreign Domestic Helper).

Enquiry: Email to info@uncwb.org; Telephone Number: +852 3689 7355