

Booking Form for Dial-a-Ride Service Applicable to 5 or more Passengers (Large Group)

Applicant should read “Notes for Dial-a-Ride Service Users (applicable to 5 or more passengers (Large Group))”
(FED/LG/01e) carefully before completing this form

To: Rehabus

Fax: 2855 7106 or Email: rbroutes@rehabociety.org.hk

<i>Official Use Only</i>	
<i>Booking Ref. No.</i>	<i>Processing Date / Time</i>

Part A: Particulars of Registered User

1. Name of User (Surname first): _____

2. a) ^HKID No.: Prefix and the first 4 digits _____ b) ^Account No.: _____
 (Individual user)

				X	X	(X)
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 (Organization user) _____

3. Contact: a) ^ Representative of individual user (if applicable)
 Name: _____ Relationship with user: _____
 b) ^ Representative of organization user
 Name: _____ Position: _____

4. Contact No.: Tel. No (1) : _____ Tel. No (2) : _____ Fax No.: _____

Part B: Details of Service Requested

5. Service Required Date (you can only make Large Group (LG) bookings for trips required within 12 calendar months from the application (submission) date stated below (i.e. the date of receipt of this form by Rehabus)) and
 No. of Vehicle Required: _____
 a) Service required on a regular basis (please tick as appropriate) Weekly Every ____ week(s)
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Duration: From _____ dd _____ mm _____ yyyy to _____ dd _____ mm _____ yyyy
 b) Please state the exact service required date (dd/mm/yyyy)s

6. Trip Time (please state in 24-hour format) and Location (for one-way trip booking, you only need to fill in the details of such trip and leave the irrelevant boxes blank):

Trip	Starting Time	Ending Time	Location (from Origin to Destination) # If there are multiple stops, you must submit the passenger’s boarding & alighting schedule at least 7 working days before the service required date [you may use the “Dial-a-Ride Service Passenger Boarding & Alighting Schedule” (FED/01e) and state the service required date]. Otherwise, the booking will be cancelled.	Schedule (please tick as appropriate)		
				No en route stop	Attached #	Provide later#
Outward Trip			From To			
Return Trip			From To			

7. No. of Passengers and Types of Seats to be Occupied (for one-way trip booking, you only need to fill in the details of such trip and leave the irrelevant boxes blank):	Outward Trip	Return Trip
No. of wheelchair user (including passengers using electrical-wheelchair and wheelchair (incapable of transferring seat))		
No. of non-wheelchair user (including passengers using walking aids, wheelchair (capable of transferring seat) and passengers with other mobility difficulties (e.g. spasm or visually impaired) and escorts)		

8. Trip Purpose (please tick as appropriate)

- Medical Treatment/Return Trip Work/Return Trip
 School (Training)/Return Trip Social Activities/Others/Return Trip

Note

(e.g. if you need to bring compressed oxygen aboard, please provide both quantity and volume of compressed oxygen cylinder):

or certificate issued by a professional is attached _____

9. If only one-way trip* can be arranged,

(*i.e. you have applied for round trip service on a single day but only one-way trip service is provided)

(please tick as appropriate)

- I will accept the arrangement.
 I will not accept the arrangement and the booking will be cancelled accordingly.

※ I have read and accepted the provisions contained in the notes related to Dial-a-Ride service and other relevant documents (such as Rules for Passengers and Notes about Personal Data (Privacy) Ordinance).

I declare that the information given above is true and accurate.

Signature of User or Representative: (with company chop if applicable)	
Application (Submission) Date:	