

Application Form for Waiving of Dial-a-Ride Service Surcharge



香港復康會
The Hong Kong Society
for Rehabilitation
復康巴士
Rehabus

Notes to Applicants

1. For details of the Dial-a-Ride service surcharges and its waiving mechanism, please refer to “Dial-a-Ride Service Surcharges and Waiving Mechanism” (FED/10) on our website at <http://www.rehabsociety.org.hk> (select [Our Services] [Transport & Travel][Rehabus Service][Form Download]).
2. **This form must be submitted by the end of the month of the issue date on the payment notice. Late applications will not be considered.**
3. This form may be submitted by fax (2855 7106) or via email (rehabus@rehabsociety.org.hk with subject line “DAR surcharge waiver application from ‘the name of applicant’”).

Application Information ^ Please fill-in as appropriate

^ Name of organization / individual user: _____

^ Account No. : _____
(Organization user)

^ Identity Card No. : _____
(Individual user) (Alphabet and the first 4 digits)

Date scheduled for service	Time scheduled for service	No. of vehicle involved	Booking Reference No.

(Use a separate sheet if necessary)

Type of Surcharge involved:

- Cancellation charge : Date & time of cancellation request: _____
- Charge for cancellation of forward booking : Date & time of cancellation request: _____
- Charge for not providing/changing schedule : Date & time of providing/changing schedule: _____

Justifications:

- Sickness/hospitalization of passenger (please provide valid supporting documents, such as medical certificates/hospitalization documents)
- Typhoon Signal No. 3 / Red Rainstorm Signal: _____
(The surcharges concerned will be waived automatically and no application for waiver is required when Typhoon Signal No. 8 or above or Black Rainstorm Signal is in force. Customers who won't use our service when Typhoon Signal No. 3 or Red Rainstorm Signal is in force should indicate their intention at the time of booking or in the schedule so as to avoid incurring surcharges)
- COVID-19 (please specify): _____
- Other reason(s) (please specify and provide valid supporting documents): _____

Signature of Applicant:
(with organization chop if applicable)

Date:

Fax No. for receiving reply:
Email address:

Reply by Rehabus

To: The applicant

- Your application for waiving of surcharge is accepted and the charge is waived.
- Your application for waiving of surcharge is unjustified and the charge is payable.

Approved by: _____
Signature Date

