

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

- 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] [Accessible Transport & Travel][Rehabus Service][Form Download]).
- 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.**
- 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'").
- After receiving the completed application form with all required supporting documents, we will notify the applicant of the result within one month.

Application Information ^{^ Please fill-in as appropriate}

^Name of customer: _____

^Organisation Account No. : _____ ^Individual Identity Card No. :

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(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 organisation 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