



現時已註冊客戶之基本資料 (必填)

PART 1 - Basic Information of Registered Customer (mandatory)

中文全名 Full Name in Chinese	
英文全名 Full Name in English	
客戶編號 / 身份證明文件號碼 (英文字母及頭 4 位數字) Account No. / Identity Document No. (Alphabet and first 4 digits)	

第1部 - 更改客戶名稱 (只需填上需更新的資料)

PART 1 - Customer's Name to be Updated (Please fill in the information to be updated only)

中文全名 Full Name in Chinese	請提供提交支持有關更改姓名的證明文件副本，如改名契，並入境處簽發之新身份證明文件。Please provide copy of proof such as deed poll and the new Identity Document.	
英文名稱(姓) Surname in English		
英文名稱(名) Given Name in English		
生效日期 Effective Date		

第2部 - 更改聯絡資料 (只需填上需更新的資料)

PART 2 - Contact Information to be Updated (Please fill in the information to be updated only)

通訊地址 Correspondence Address (請提供一張最近三個月內發出之通訊地址證明文件副本，見[註 a]) (Please provide a copy of proof of correspondence address issued within the last 3 months. See [Note a])	
注意：現正使用固定路線 / 聯載服務的客戶，如需更改上下車地點，須提交固定路線 / 聯載服務申請表格以作進一步處理。 Attention: If the existing user of Scheduled Route Service / Pooled Dial-a-Ride Service require to change the pick-up or drop-off locations, please complete and return the SR / PDAR Service Application Form for the further handling.	
電郵地址 Email Address	
聯絡電話 Contact Phone No.	
其他 Other	
生效日期 Effective Date	

第 3 部 - 更改身體狀況 / 其他資料**PART 3 - Health Condition / Other Information to be Updated**

如身體狀況（如步行輔助工具及輪椅資料等）、監護人資料或其他資料有改變，請於右欄填寫最新資料。如有需要，可另頁書寫。

If there is any changes in the health condition (e.g. types of walking aid and wheelchair details, etc.), information of guardian or other information, please fill in the latest information in the right column. Use a separate sheet if necessary.

生效日期 Effective Date

第 4 部 - 領取「綜合社會保障援助（綜援）」人士資料**PART 4 – Information of recipients of the Comprehensive Social Security Assistance (CSSA)****為申請電召服務半費減免優惠 For apply the Dial-a-Ride Service Half Fare Concessionary Scheme**

持有由社會福利署發出之有效「有關綜接受助人豁免醫療費用安排」或「申請綜援批准通知」文件？*

Holding valid Certificate of CSSA Recipients (for Medical Waivers)/Notification of Successful Application of CSSA issued by the Social Welfare Department? *

是 Yes (請提供證明文件副本及填寫以下兩欄
^ Please provide the copy of CSSA cert.
and fill in the following 2 items^)

否 No

^ 綜援檔案編號

^ CSSA Case No.

^ 綜援有效期至

^ CSSA valid to

生效日期

Effective Date

復康巴士若對所申報的資料有所懷疑，本會保留絕對權利向社會福利署查核。若經發現資料不實及虛報，電召服務半費減免優惠將被終止，本會將不會再接受其申請。

Rehabus reserves the right to check with the Social Welfare Department when there is any doubt about the information provided. If the information is found inaccurate and false, the concession will be terminated and no further application from that user will be accepted.

第 5 部 - 簽署及聲明 (必填)**PART 5 - Signature and Declaration (mandatory)**

本人 _____ * (請以正楷填寫全名) 已年滿 18 歲，為 上述客戶 / 上述客戶的家長 / 監護人，現謹此聲明在此表格中所提供的資料全屬真確。本人同意香港復康會將上述個人資料用於「個人資料收集聲明」所述的用途。

I _____ * (please fill in full name in Capital letters) am aged 18 or above, being the above customer / the parent / guardian of the above customer. I declare that the information provided in this form is correct. I agree to give consent to The Hong Kong Society for Rehabilitation to use the above personal data for the purposes set out in the "Personal Data Collection Statement".

客戶 / 家長 / 監護人 簽署 Signature of Customer / Parent / Guardian		日期 Date	
聯絡人 Contact Person		聯絡電話 Contact Phone No.	

[註 Note (a)]: 一張最近三個月內發出之通訊地址證明文件副本必須是上述客戶或其上述家長 / 監護人之地址證明(中、英文均可)，發出日期須距此表格提交日之三個月內(包括水電煤或電訊公司帳單、政府部門、公共機構、銀行或本地大學 / 專上教育機構發出的信件等)。 A copy of proof of correspondence address issued within the last 3 months means that this must be a proof of address of the above customer or the above parent / guardian in this form. The proof of address in Chinese or English (including utility or telecommunication bills, correspondence from government departments, public organisations, banks or local universities / post-secondary education institutions, etc.) must be issued within three months from the submission date.

遞交方法 Submission Methods

閣下如欲隨時處理復康巴士服務事宜及更新帳戶資料，只要在復康巴士登記了電郵地址，自 2023 年 7 月 10 日起便可透過網頁或手機應用程式登入系統內之「客戶資料」版面按「編輯」作更新。

If you want to handle and manage Rehabus service matters and personal information updates at any time, provided that you have registered an email address in Rehabus, you can login to the "Customer Profile" page of the system through the webpage or mobile application and press "Edit" to update with effect from 10 July 2023.

網頁 Web https://icoms.hksr.org.hk	手機應用程式 App
	- Android 版 可在 Play 商店下載 - iOS 版 可在 App Store 商店下載

如 閣下沒有電郵地址或不打算使用 ICOMS 網頁或手機應用程式，可以郵寄方式遞交此表格（第 1-3 頁）及相關證明文件：

If you do not have email address or do not intend to use ICOMS via Web/ App, you may submit this form (pages 1-3) and relevant supporting documents by post:

郵寄地址 Postal Address: 九龍藍田復康徑 7 號 香港復康會藍田綜合中心地下 2 號室
Room 2, G/F, HKSr Lam Tin Complex, 7 Rehab Path, Lam Tin, Kowloon

請切記投寄郵件前貼上足夠郵資。

Please ensure your mail items bear sufficient postage before posting.

通知結果 Notification of Result

本會會於收齊申請表及所需證明文件後之三個工作天內處理。如有疑問，客戶服務員先嘗試電聯絡客戶（請留意來電顯示號碼 3143 8154 / 2824 6500 之來電）。完成後，系統會自動發送電郵或經客戶服務員致電聯絡客戶告知結果。

關於各類復康巴士服務及 ICOMS 之詳情，請瀏覽復康巴士網頁 www.rehabsociety.org.hk/transport/rehabus/zh-hant/ 或於辦公時間內致電服務熱線查詢。

We will proceed the completed form with all required supporting documents within three working days. If necessary, we will firstly contact the customer by phone (Caller ID display: 3143 8154 / 2824 6500). Once completed, system will automatically send out email or inform the customer of the result by phone.

You can visit our website at www.rehabsociety.org.hk/transport/rehabus/ for details of different kinds of Rehabus Services and ICOMS, or calling our service hotline for enquiry.