

因病申請豁免聯載路線服務車資
表格 Application Form for
Waiving of Pooled Dial-a-Ride
Service Fare due to Illness



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

注意：豁免車資申請必須於不用車的當月底前連同相關證明文件提交，逾期申請，恕不受理。
Attention: Fare waiver application must be submitted with relevant supporting document by the end of month in which you are not using Pooled Dial-a-Ride Service. Late applications will not be considered.

客戶姓名 (帳戶編號)

Customer Name (ID no.) _____ ()

聯絡電話 Contact phone No.: _____

本人於以下日子因病暫停使用聯載路線服務：

I have not used the Pooled Dial-a-Ride Service (PDAR) during the following period due to illness: -

由 From (day-month-year): _____ 至 To (day-month-year): _____

由於涉及一整月份 (月/年) _____ 沒有使用服務，本人現申請豁免一個月車資。

* 現附上 或 於病假完結後 7 天內補交 醫生證明書。 (* 刪去不適用者)

Since I have not used the PDAR for whole full month of (mth/year) _____, I apply for waiving on month's service fare. * Attached herewith or Will submit the medical certificate within 7 days after the end of sick leave period (* Delete whichever is inapplicable.)

用戶／監護人簽名：

日期：

Signature of Customer / Guardian: _____

Date: _____

簽署人姓名：

Name of Signature: _____

填妥後可經車長、郵寄或電郵至本會電郵地址，職員會以電話或電郵確認收到文件。

Please return this completed form to us via our captain, by email or by post Email address: rbroutes@rehabociety.org.hk

Our staff will acknowledge receipt the documents by phone or email.

【內部專用】

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|------------|--|-------|-----|
| 車務部：檢查用車紀錄 | | 職員簽署： | 日期： |
| 財務部：檢查繳費紀錄 | | 職員簽署： | 日期： |
| 經理：批示 | | 職員簽署： | 日期： |
| 客戶服務部：回覆結果 | | 職員簽署： | 日期： |