



個人客戶註冊表格 Individual Customer Registration Form

- 須知 Notes**
- (1) 香港復康會為持有香港身份證、不便使用一般公共交通工具的合資格行動不便人士提供復康巴士特別接載服務。The Hong Kong Society for Rehabilitation (HKSR) provides special accessible Rehabus Service for eligible persons with mobility impairment (PwMIs) who hold the Hong Kong Identity Cards and have difficulties in using public transport.
 - (2) 申請人必須為「持有香港身份證」的行動不便人士，即：
 - 持有根據《人事登記條例》(第 177 章) 所簽發香港身份證的行動不便人士；若該人士是憑藉其已獲入境或逗留准許而獲簽發香港身份證，而該准許已經逾期或不再有效則除外；
 - 身為香港居民的 11 歲以下的行動不便兒童；
 - 持有身份證豁免證明書的行動不便人士。

The applicant must be a PwMI "holding Hong Kong Identity Card", which refers to:

 - any PwMI who holds a Hong Kong Identity Card issued under the Registration of Persons Ordinance (Chapter 177), except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and for whom such permission has expired or ceased to be valid;
 - any child with mobility impairment who is a Hong Kong resident and under 11 years of age;
 - any PwMI who holds Certificate of Exemption.
 - ★ (3) 申請人如欲隨時處理復康巴士服務事宜及更新帳戶資料，可登記電郵地址便直接在網頁或手機應用程式申請註冊。請細閱第 7 及 8 頁的須知。Applicant who would like to handle and manage Rehabus Service matters and personal information updates at any time can register one's email address and register directly through the online platform or mobile application. Please read the notes on pages 7 and 8 carefully.
 - (4) 申請人必須填妥此表格內所有「*」必填欄位，並提供正確資料及所需證明文件，以便本會有效處理申請。如未能提交所需文件，申請可能不獲接納。Applicants must complete all "*" mandatory fields of this form by providing correct information and required supporting documents for effective processing. Application may not be processed if the required documents have not been provided.
 - (5) 請在適當位置加上「✓」號 Please insert a "✓" as appropriate
 - (6) 查詢 Enquiry: 2824 6500

行動不便申請人的個人資料 Personal Information of PwMI

第 1 部 - 基本資料 PART 1 - Basic Information

「*」必填 mandatory

香港身份證編號 / 香港出世證明書編號 * (請提供副本) HK Identity Card No. / HK Birth Certificate No.* (Please provide a copy)		英文字母及首 4 位數字 Alphabet and first 4 digits	
中文全名* Full Name in Chinese*		稱呼 Salutation	
英文名稱 (名) * Given Name in English*		英文名稱 (姓) * Surname in English*	
性別* Sex*	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期* Date of Birth*	/ / 日 Day 月 Month 年 Year
聯絡電話 (請提供最少一個手提電話號碼) * Contact Phone No. (Please provide at least one mobile phone no.)*		(1)	(2)
電郵地址 Email Address 如客戶日後欲透過網頁或手機應用程式辦理復康巴士服務事宜，請提供電郵地址。If you would like to handle Rehabus service-related matters through our online platform or mobile app in the future, please provide an email address to us.			

語言 * Language * (只可選擇一項 select one option only)	<input type="checkbox"/> 繁體中文 Traditional Chinese <input type="checkbox"/> 英文 English 建議首選中文，以便日後與前線員工之溝通及接收系統通訊語言。It is suggested using Chinese for better communication with our frontline staff and receiving system notification in the future.
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第 2 部 - 身體狀況 PART 2 - Health Condition 「*」 必填 mandatory	
是否屬永久行動不便人士？* (如並無持有殘疾人士登記證，或所持殘疾人士登記證上的類別並非直接與行動不便有關(如聽障)，請提供由香港註冊的醫生、職業治療師或物理治療師簽發的行動不便證明書，可參考如附樣本表格) Are you a person with permanent mobility impairment? * (If you are not holding the Registration Card for PwD, or the type(s) of disability shown on the card is/are not directly related to mobility impairment (e.g. hearing impairment), please provide the mobility impairment certification issued by a doctor, occupational therapist or physiotherapist registered in Hong Kong. See the sample form attached for reference.)	<input type="checkbox"/> 是。永久性 Yes. Permanent <input type="checkbox"/> 否。非永久性 No. Non-Permanent 有效至 Valid till : 日/月/年 dd/mm/yyyy _____/_____/_____
持有由勞工及福利局發出之有效殘疾人士登記證？* Holding valid Registration Card for People with Disabilities (PwD) issued by Labour and Welfare Bureau? *	<input type="checkbox"/> 是 Yes (請填寫以下三欄 ^ Please fill in the following 3 items^) <input type="checkbox"/> 否 No
^ 殘疾人士登記證上類別 (請提供其正面及背面的副本) ^ Type(s) of Disability shown on Registration Card for PwD (Please provide a copy of both the front and back page)	
^ 殘疾人士登記證號碼 ^ Registration Card for PwD No.	
^ 殘疾人士登記證有效期至 ^ Registration Card for PwD valid to	
身體出現什麼狀況而需使用復康巴士(請註明)* Any physical condition make you need to use Rehabus (please specify) *	(例如視障人士、肌肉萎縮症患者只能短時間站立或行走)(e.g. persons with visual impairment, persons with muscular dystrophy who can only stand and walk for a short period of time, etc.)

第 2 部 - 身體狀況 PART 2 - Health Condition		「*」 必填 mandatory
步行輔助工具類別* Type(s) of walking aid * (可選多於一項 may select more than one item)	<input type="checkbox"/> 電動輪椅 Electrical-wheelchair <input type="checkbox"/> 手動輪椅不可過椅 Wheelchair (incapable of transferring seat) <input type="checkbox"/> 手動輪椅可過椅 Wheelchair (capable of transferring seat) <input type="checkbox"/> 嬰兒手推車型輪椅 Buggy <input type="checkbox"/> 手推架 Walking frame <input type="checkbox"/> 手杖 Walking stick <input type="checkbox"/> 腳架 Leg brace <input type="checkbox"/> 白手杖 (視障人士專用) White cane (for persons with visual impairment) <input type="checkbox"/> 氧氣機 Oxygen concentrator <input type="checkbox"/> 不需輔助工具 / 其他 / 特殊情況，請註明： No aids required / others / special condition, please specify:	
除行動不便外，其他會影響服務提供的狀況或疾病（請註明） Apart from the mobility impairment, any other condition or disease to be considered in service provision (please specify)	（例如申請人溝通困難、患認知障礙）(e.g. applicant has communication problems, with dementia)	
假如沒有復康巴士服務，會使用的交通工具 Mode(s) of transport used when Rehabus service not available (可選多於一項 may select more than one item)	<input type="checkbox"/> 港鐵 MTR <input type="checkbox"/> 巴士 Bus <input type="checkbox"/> 小巴 Minibus <input type="checkbox"/> 的士 Taxi <input type="checkbox"/> 私家車 Private car <input type="checkbox"/> 渡海小輪 Ferry <input type="checkbox"/> 校巴 School bus <input type="checkbox"/> 中心巴 Bus operated by centres <input type="checkbox"/> 行路 On foot <input type="checkbox"/> 其他，請註明 Others, please specify:	
輪椅資料 （註：復康巴士車尾進出口的高度約 1440 毫米(mm)） Wheelchair Details (Attention: the height of the rear entrance of Rehabus is about 1440 mm)	<input type="checkbox"/> 標準輪椅（指長度不超過 800 毫米、闊度不超過 700 毫米，以及重量（連乘客）不超過 300 公斤的輪椅） Standard Wheelchair (i.e. a wheelchair with a length not exceeding 800mm, a width not exceeding 700mm, and a gross weight (including passenger) not exceeding 300kg) <input type="checkbox"/> 特別類型或大型輪椅，請填寫輪椅尺寸及提供相片： Special design or large wheelchair, please specify the dimensions of the wheelchair and provide photos: 長度 Length: _____ 毫米 mm 闊度 Width: _____ 毫米 mm 重量（連乘客）Gross Weight (including passenger): _____ 公斤 kg	

第 3 部 - 通訊地址資料 PART 3 - Correspondence Address Information

<p>通訊地址 *</p> <p>(請提供最近三個月內發出之通訊地址證明文件副本，見第 6 頁注意事項(4)。)</p> <p>If using English for future communication, please fill in Correspondence Address in English *</p> <p>(Please provide a copy of proof of correspondence address issued within the last 3 months. See notes (4) stated on page 6.)</p>	
<p>居住地址</p> <p>(如與通訊地址不同)</p> <p>If using English for future communication, please fill in Residential Address in English</p> <p>(if different from the correspondence address above)</p>	

第 4 部 - 長者 / 18 歲以下 / 沒有自理能力人士之監護人資料 (如申請人為長者 / 18 歲以下 / 沒有自理能力人士，須填寫此部分。注意：監護人指負責為申請人處理復康巴士服務事宜的人士)

PART 4 - Information of the guardian of elderly person / person under the age of 18 / person lacking self-care skills (If the applicant is an elderly person / person under the age of 18 / person lacking self-care skills, you are required to fill in this part. Note: Guardian refers to the person responsible for handling Rehabus service-related matters for the applicant.)

<p>是否屬「需由家長 / 監護人」監護人士？*</p> <p>Is the applicant under guardianship?*</p>	<p><input type="checkbox"/> 是 Yes (請填寫以下四欄^)</p> <p>Please fill in the following 4 items^)</p> <p><input type="checkbox"/> 否 No</p>	
<p>家長 / 監護人 中文名稱 ^</p> <p>If using English for future communication, please provide Name of Parent / Guardian in English ^</p>	<p>姓 Surname</p>	<p>名 Given name</p>
<p>與申請人之關係 ^</p> <p>Relationship with the applicant ^</p>		
<p>聯絡電話 ^</p> <p>Contact Phone No. ^</p>		
<p>家長 / 監護人 電郵 ^</p> <p>Email of Parent / Guardian ^</p>		

第 5 部 – 領取「綜合社會保障援助（綜援）」或持有「長者院舍照顧服務券 - 級別 0」（簡作「院舍券」）之行動不便人士資料 (非必填欄位 optional fields)

PART 5 – Information of recipients of the Comprehensive Social Security Assistance (CSSA) or Level 0 Voucher Holders of the Residential Care Service Voucher (RCSV) Scheme for the Elderly

~ 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「有關綜援受助人豁免醫療費用安排」、「申請綜援批准通知」或「持有院舍券 0 級別證明」文件？* Holding valid Certificate of “Exemption of Medical Expenses for CSSA Recipients” or “Approval Notice for CSSA Application” or the RCSV Certificate of “Level 0” issued by the Social Welfare Department? *	<input type="checkbox"/> 是 Yes (請提供證明文件副本及填寫以下兩欄 ^ Please provide the copy of proof cert. and fill in the following 2 items^) <input type="checkbox"/> 否 No
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^ 檔案編號 ^ Case File Ref. No.	
^ 到期日期 ^ Valid Until	

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 6 部 - 為方便日後跟進繳費的其他資料 (非必填欄位)

PART 6 - Other Information for easy follow up with payment in the future (optional fields)

銀行戶口號碼（請提供銀行戶口證明副本） Bank Account No. (Please provide a copy of proof of bank account)	
銀行戶口持有人姓名（如持有人非申請人本人，請提供關係證明副本） Name of Bank Account Holder (Please provide a copy of proof of relationship with the applicant if the bank account is not owned by the applicant)	
八達通卡號碼 Octopus Card No.	

第 7 部 - 簽署及聲明 PART 7 - Signature and Declaration

「*」 必填 mandatory

本人 _____ * (請以正楷填寫全名) 已年滿 18 歲, 為 ☐ 上述申請人 / ☐ 申請人的家長 / 監護人 (指負責為申請人處理復康巴士服務事宜的人士)。(請在適合方格內加上「✓」號)

I _____ * (please fill in full name in Capital letters) am aged 18 or above, being ☐ the above applicant / ☐ the parent / guardian (i.e. the person responsible for handling Rehabus service-related matters for the applicant) of the above applicant. (Please insert a "✓" as appropriate.)

現謹此聲明在此表格中所提供的資料全屬真確。本人明白及願意遵守復康巴士的「服務條款」、「乘客守則」及各項復康巴士服務的客戶須知。本人已細閱及明白「個人資料收集聲明」, 並同意香港復康會使用上述申請人的個人資料作為處理其使用香港復康會服務, 包括復康巴士服務之用, 及用於「個人資料收集聲明」所述的用途。

I declare that the information provided in this form is correct. I understand and am willing to comply with the "Terms of Service", "Rules for Passengers" and Notes to Customers for each Rehabus service. I have read and understood the "Personal Data Collection Statement". I agree to give consent to The Hong Kong Society for Rehabilitation (HKSR) to use the personal information of the above applicant for the purpose of handling applications to use the services of HKSR, including Rehabus services and for the purposes set out in the "Personal Data Collection Statement".

申請人 / 家長 / 監護人 簽署*

Signature of

Applicant / Parent / Guardian*

日期*

Date*

注意事項 Points to Note

閣下必須遞交 You must submit:

- (1) 此表格第 1 至 6 頁 Pages 1 to 6 of this form
- (2) 身份證明文件副本（注意：只需提供行動不便人士的身份證明文件副本，毋須提交監護人的相關副本）
A copy of the identity document (Note: only a copy of the identity document of the PwMI is required, such copy of the guardian is not needed)
- (3) (a) 由勞工及福利局發出之有效殘疾人士登記證正面及背面（顯示「姓名」、「有效期至」及「與行動不便相關之殘疾類別」）的副本。A copy of both the front and back page (showing the Applicant's Name, Valid to and the relevant Type(s) of Disability related to mobility impairment) of a valid Registration Card for PwD issued by Labour and Welfare Bureau; **或 or**
(b) 由香港註冊的醫生、職業治療師或物理治療師簽發的行動不便證明書（可參考樣本）A mobility impairment certification issued by a doctor, occupational therapist or physiotherapist registered in Hong Kong (see the sample form for reference). 如屬非永久的「暫時性」行動不便證明書，簽發日期必須為最近六個月內。If it is recommended as "Non-Permanent", the MI certification must be issued within the last 6 months.
- (4) 最近三個月內發出之通訊地址證明文件副本 A copy of proof of correspondence address issued within the last 3 months. 必須是上述申請人或其上述家長 / 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）。This must be a proof of address of the above applicant 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), must be issued within three months from the submission date.

按情況，閣下可選擇遞交 You may choose to submit:

- (1) 特別類型或大型輪椅 Photo(s) of Special design or large wheelchair
- (2) 由社會福利署發出之有效「有關綜援受助人豁免醫療費用安排」、「申請綜援批准通知」或「持有院舍券 0 級別證明」文件副本
A copy of the valid Certificate of "Exemption of Medical Expenses for CSSA Recipients" or "Approval Notice for CSSA Application" or the RCSV Certificate of "Level 0" issued by the Social Welfare Department issued by the Social Welfare Department

所有註冊客戶之相關證明文件會一直保存；當取消帳戶後，相關證明文件保留時限會由取消帳戶日起計三年。所有不成功註冊或取消申請帳戶之文件及證明，將於確認日期後的七個公曆日內銷毀。

Personal data and proofs provided of a registered customer will be kept, and they should be kept for a period of another three years after the customer account was cancelled. Personal data and proofs of unsuccessful registration or cancel the customer account application will be destroyed within seven calendar days after the confirmation date.

日後如更改此表格上的資料，閣下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，或填妥「更改個人資料通知」連同相關證明文件一併提交。

If you change the information provided in this form in the future, you can login to the "Customer Profile" page of the system through the webpage or mobile application and press "Edit" to update, or complete and return the "Notification on Change of Personal Information" together with the relevant supporting documents to us.

遞交方法 Submission Methods

申請人日後如欲隨時處理復康巴士服務事宜及更新帳戶資料，可登記電郵地址便直接在網頁或手機應用程式申請註冊。

Applicant who would like to handle and manage Rehabus Service matters and personal information updates at any time can register one's email address and register directly through the online platform or mobile application.

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 下載

如 申請人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 1-6 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 1-6) 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 2824 6500 / 3143 8154 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: 2824 6500 / 3143 8154). 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.