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] [Accessible 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'").
4. 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: _____

^Oganisation Account No. : _____ ^Individual Identity Card No. : | | | | | | | | | | |

(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

FED/07e/0922

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