

CONFIDENTIAL 機 密

AUTHORISATION

授 權 書

I _____ hereby authorize the Commissioner of Police, or his representative, to release full particulars of any and all criminal convictions recorded against me to Correctional Services Department (1). I also agree to my fingerprint impressions being taken by the Police in connection with this application, if required for the purpose of verifying my criminal record. My personal particulars are as follows : –

本人 _____ 現授權警務處處長，或其代表，向 _____ 懲教署 (1) 發放任何及全部有關本人的刑事判罪紀錄的所有資料。如有需要，本人亦同意警務處就此項申請套取本人的指模資料，以核證本人的刑事紀錄。本人的個人資料如下： –

Name

姓名 _____

Date of Birth

出生日期 _____

HK Identity Card No.

香港身份證號碼 _____ ()

Passport No.

護照編號 _____

Chinese Commercial Code Nos.

中文商業電碼 _____ / _____ / _____

(as recorded on the applicant's HK Identity Card – where applicable)

(按申請人香港身份證上的紀錄 – 如有的話)

Place of Birth

出生地點 _____

(Signature of Applicant)

申請人簽署

Date

日期 _____

* Witnessed by

見證人簽署 _____

Designation

職位 _____

HKID Card No.

香港身份證號碼 _____ ()

* The witness must be an official of the Correctional Services Department(1)

見證人須為 _____

懲教署 _____

(1) 的職員

(1) - Name of requesting agency

(1) - 索取資料機構的名稱

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