

**ELECTION OF LAY MEMBERS OF THE MEDICAL COUNCIL OF HONG KONG**  
**APPOINTMENT OF AUTHORIZED REPRESENTATIVE**  
under section 7 of the Medical Council (Election and Appointment of Lay Members) Regulation, Cap. 161F

**香港醫務委員會業外委員選舉**  
**委任獲授權代表**

根據《醫務委員會(選舉和委任業外委員)規例》(第 161F 章)第 7 條的規定

- Note:* (i) Please read the attached Guidance Notes before completing this form in **BLOCK LETTERS**.  
註：請用正楷填寫本表格，並於填寫前參閱隨附的委任獲授權代表須知。
- (ii) Please insert a tick “✓” in the appropriate box.  
請在適當的方格內加上剔號「✓」。

**Part I: Particulars of Applicant Organization**  
**第一部分：申請組織資料**

Name of Organization 組織名稱	(English) (英文)
	(Chinese) (中文)

**Part II: Appointment of Authorized Representative**  
**第二部分：委任獲授權代表**

Name of Authorized Representative as shown on the Hong Kong Identity Card or Valid Identity Document 獲授權代表 香港身份證或有效身份證明文件上的姓名	(英文) (English) <div>* Mr / Ms / Miss</div>
	(中文) (Chinese) <div>* 先生/女士/小姐</div>
Date of Birth (D/M/Y) 出生日期 (日/月/年)	
Hong Kong Identity Card or Valid Identity Document Number 香港身份證或有效身份證明文件號碼	

Please provide original or copy of Hong Kong Identity Card or Valid Identity Document of the authorized representative for verification.

請提供獲授權代表的香港身份證或有效身份證明文件正本或副本，以供核實。

\* Delete where inappropriate  
請刪去不適用者

*Declaration by Authorized Representative*  
獲授權代表聲明

I hereby declare that:  
謹此聲明：

- (1) I have attained the age of 18 years, and have not been appointed as the authorized representative of another organization which is applying for registration as an elector.  
本人年滿 18 歲，並沒有獲另一個正在申請註冊為選舉人的組織委任為獲授權代表。
- (2) All the information given in this Part is true and accurate.  
本人在本部分所填報的所有資料均屬真確無訛。

In assessing my eligibility for appointment as authorized representative, I give my consent to the Secretariat of the Medical Council of Hong Kong to compare and/or cross check my personal data provided in Part II of this form with my personal data collected by other government departments and/or organizations so as to verify if such data are true and accurate; and I expressly agree that the relevant government departments and/or organizations can release my personal data to the Secretariat for verification purpose.

為供當局審核本人獲委任為獲授權代表的資格，本人同意香港醫務委員會秘書處把本人在本表格第二部分提供的個人資料，與其他政府部門及／或機構向本人蒐集的個人資料作比較及／或複核，以核實有關資料是否真確無訛。此外，本人明確地同意有關政府部門及／或機構可向秘書處提供本人的個人資料，以作核實之用。

Signature:

簽署

Name:

姓名

Designation in the organization (if applicable):

在組織內的職銜(如適用者)

Contact telephone no.:

聯絡電話號碼

Date:

日期

**Part III: Declaration by Applicant Organization**

**第三部分：申請組織聲明**

Our organization hereby declares that:

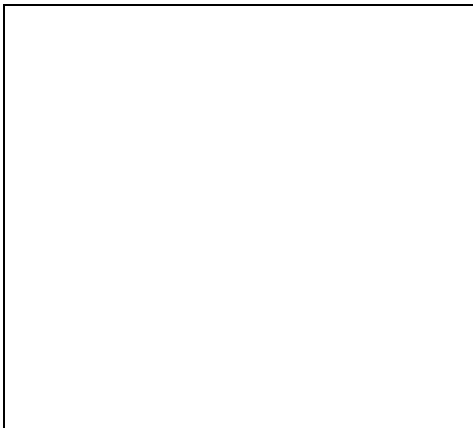
本組織謹此聲明：

- (1) The above authorized representative is appointed in accordance with the rules of our organization.

本組織根據本組織的章程而委任上述獲授權代表。

- (2) All the information given in this appointment form is true and accurate.

本委任表格上所填報的所有資料均屬真確無訛。



(Organization chop 組織印鑑)

Signature of organization's

\* Chairperson / President :

組織 \*主席/會長 簽署：\_\_\_\_\_

Name of organization's \* Mr / Ms / Miss

\* Chairperson / President : \* 先生/女士/小姐

組織 \*主席/會長 姓名：\_\_\_\_\_

Date :

日期：\_\_\_\_\_

\* Delete where inappropriate

請刪去不適用者

## Guidance Notes on Appointment of Authorized Representative

1. According to sections 5 and 7 of the Medical Council (Election and Appointment of Lay Members) Regulation (Cap. 161F), an organization applying for registration as an elector must appoint, in accordance with its rules, an individual as its authorized representative to act on its behalf for purposes relating to the election; and must provide the particulars of its authorized representative in the application. Applicant organization should make the appointment of the authorized representative on this form.
2. Applicant organization must submit the application form for registration as elector (LM-Reg (2024)) with this appointment form and the relevant documents (including production of original or copy of the authorized representative's Hong Kong Identity Card or Valid Identity Document for verification purpose) in person or by post to the Secretariat of the Medical Council of Hong Kong (Address: 4/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong) **on or before 25 April 2024**. For submission in person, the documents should be submitted to the above address **by 5:45 p.m. on 25 April 2024**. For application sent by post, the date of the relevant post mark is taken to be the date on which the documents are received.
3. An individual who is appointed as the authorized representative must have attained the age of 18 years and have not been appointed as the authorized representative of another organization which is applying for registration as an elector.
4. For enquiries on appointment of authorized representative, please call 2961 8705.

## 委任獲授權代表須知

1. 根據《醫務委員會(選舉和委任業外委員)規例》(第 161F 章)第 5 及第 7 條的規定，申請註冊為選舉人的組織須根據其章程，委任一名個人擔任其獲授權代表，以代表該組織為關乎選舉的目的而行事；該組織並須在申請中提供其獲授權代表的資料。申請組織須採用本表格委任獲授權代表。
2. 申請組織須於 **2024 年 4 月 25 日或之前**，將註冊為選舉人的申請表格(LM-Reg (2024))連同本委任表格及相關文件(包括提供獲授權代表的香港身份證或有效身份證明文件正本或副本以作核實之用)，親身遞交或郵寄至香港醫務委員會秘書處(地址：香港香港仔黃竹坑道 99 號香港醫學專科學院賽馬會大樓 4 樓)。如親身遞交申請，相關文件須於 **2024 年 4 月 25 日下午五時四十五分前**送達上述地址。如以郵遞方式遞交申請，相關的郵戳日期將會視為接獲相關文件的日期。
3. 獲委任為獲授權代表的人士必須年滿 18 歲，並且沒有獲另一個正在申請註冊為選舉人的組織委任為獲授權代表。
4. 如對委任獲授權代表有任何查詢，請致電 2961 8705。

## Personal Data Collection Statement

### Purpose of Collection

1. The personal data provided by you will be used for registration as elector and election-related purposes in accordance with the Medical Council (Election and Appointment of Lay Members) Regulation. It is voluntary for you to provide your personal data. However, if you do not provide sufficient information, we may not be able to process your application.

### Classes of Transferees

2. The personal data you provide will be used mainly by the Health Bureau and the Secretariat of the Medical Council of Hong Kong. They may also be disclosed to other government departments, agencies and authorities for the purposes set out in paragraph 1 above or in circumstances permitted under the Personal Data (Privacy) Ordinance.

### Access to Personal Data and Enquiry

3. You have the right to request access to and correction of your personal data held by us. A fee may be charged for such access or correction. Enquiries concerning the personal data provided, including the making of access or correction, should be made in writing to:

The Secretariat, The Medical Council of Hong Kong  
4/F, Hong Kong Academy of Medicine Jockey Club Building  
99 Wong Chuk Hang Road  
Aberdeen, Hong Kong

## 蒐集個人資料聲明

### 蒐集資料的目的

1. 你所提供的個人資料，會用作與根據《醫務委員會(選舉和委任業外委員)規例》註冊為選舉人及選舉有關的用途。提供個人資料純屬自願。然而，如你未能提供足夠的資料，我們可能無法處理你的申請。

### 資料承轉人的類別

2. 你所提供的個人資料主要供醫務衛生局和香港醫務委員會秘書處使用。為作上文第 1 段所述的用途或在《個人資料(私隱)條例》許可的情況下，該些資料亦可能會向其他政府部門、機構及有關當局披露。

### 查閱個人資料及查詢

3. 你有權要求查閱及改正我們所持有關於你的個人資料。我們或會為依從查閱或改正資料的要求而徵收費用。有關所提供個人資料的查詢(包括查閱及改正資料)，應以書面形式向香港醫務委員會秘書處提出，地址如下：

香港香港仔  
黃竹坑道 99 號  
香港醫學專科學院賽馬會大樓 4 樓  
香港醫務委員會秘書處