

**退休員工證明書以參加自費牙科服務計劃申請表**  
**Request Form for Eligible Retirees' Certification for Joining**  
**the Voluntary User-Pay Dental Service Scheme (VUPDSS)**

請把填妥的表格交回人力資源處（郵寄地址：沙田香港中文大學蒙民偉樓四樓／傳真：3942 0946 / 電郵：[hro-cert@cuhk.edu.hk](mailto:hro-cert@cuhk.edu.hk)）。一般情況下，人力資源處在收到申請後，需時 5 個工作天處理。查詢：3943 9512 或 3943 7332。

Please return the completed form to the Human Resources Office by mail to 4/F, Mong Man Wai Building, The Chinese University of Hong Kong, Shatin / by fax at 3942 0946 / by email at [hro-cert@cuhk.edu.hk](mailto:hro-cert@cuhk.edu.hk). The normal processing time is 5 working days. Enquiries: 3943 9512 or 3943 7332.

姓名  
**Name:** \_\_\_\_\_ 職員編號／香港身份證號碼  
**Employee ID / HKID No.:** \_\_\_\_\_

退休前職位  
**Post before retiring:** \_\_\_\_\_ 退休前部門  
**Department before retiring:** \_\_\_\_\_

電郵地址  
**E-mail Address:** \_\_\_\_\_ 聯絡電話  
**Contact No.:** \_\_\_\_\_

領取方法  
**Collection Method:**  親身領取 Collect in person  
 郵寄至 By mail to: \_\_\_\_\_

請把本人在大學人事記錄內的通訊地址由〔請填寫舊地址：\_\_\_\_\_〕更新為以上地址。

Please update my correspondence address in the University's personnel record from (Please provide the previous address: \_\_\_\_\_) to the above address.

備註(如適用) **Remarks (if any):** \_\_\_\_\_

申請人簽署  
**Signature of applicant:** \_\_\_\_\_ 日期  
**Date:** \_\_\_\_\_

只供內部使用 FOR OFFICE USE ONLY

Date of receipt: \_\_\_\_\_ Received by: \_\_\_\_\_