

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）。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 7332 或 3943 9514。

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. The normal processing time is 5 working days. Enquiries: 3943 7332 or 3943 9514.

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

退休前職位 _____ 退休前部門
Post before retiring: _____ Department before retiring: _____

電郵地址 _____ 聯絡電話
E-mail Address: _____ Contact No.: _____

領取方法 親身領取 Collect in person
Collection Method: 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 _____ 日期
Signature of applicant: _____ Date: _____

只供內部使用 FOR OFFICE USE ONLY

Date of receipt: _____

Received by: _____