

# CONFIDENTIAL 機密

Licensing Office of  
Drug Dependents Treatment Centres

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## AUTHORIZATION

I \_\_\_\_\_ hereby authorize the Commissioner of Police, or his representative, to release full particulars of any and all criminal convictions recorded against me to Social Welfare Department. 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 -

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

HK Identity Card No. \_\_\_\_\_

Passport No. \_\_\_\_\_

Chinese Commercial Code Nos.  
(as recorded on the applicant's HK  
Identity Card - where applicable) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place of Birth \_\_\_\_\_

\_\_\_\_\_  
(Signature of applicant)

Date \_\_\_\_\_

Witnessed by <sup>Note 1</sup> \_\_\_\_\_ Designation \_\_\_\_\_

HKID Card No. \_\_\_\_\_

<sup>Note 1</sup> The witness must be an official of the Social Welfare Department.

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