

治療中心名稱：\_\_\_\_\_

(Name of treatment centre)

### 財物託管/領回記錄表(Record of resident's properties and money)

本人 \_\_\_\_\_ (入住者姓名)，身份証號碼 \_\_\_\_\_ 現同意將下列財物交託貴中心代為保存。

I, \_\_\_\_\_ (resident's name), HKID No.: \_\_\_\_\_ agree to let the centre keep my following properties:

託管日期 (Date of Deposit)	託管財物項目 (Property Items)	入住者簽署 (Resident's Signature)	家長姓名及 簽署* (Parent Name & Signature*)	見証職員姓名 及簽署 (Witness's Name & Signature)	取回日期 (Date of Retrieval)	入住者簽署 (Resident's Signature)	家長姓名及 簽署* (Parent Name & Signature*)	見証職員姓名 及簽署 (Witness's Name & Signature)

\* 適用於 18 歲以下的入住者 (\* Applicable to resident under 18)