

社區服務－緊急尋人服務申請表格
Community Service - Application For Emergency Tracing Service

請注意 Please note :

本會檔號 Our Ref: _____

你所提供的個人資料，將被香港紅十字會用於處理以下尋人個案。向本會提供個人資料，純屬自願。此等資料的使用者只限於本會需要處理個案的有關工作人員。除了《個人資料（私隱）條例》規定的豁免範圍外，你有權就本會備存有關你的個人資料提出查閱及改正要求，但已達成使用目的後而刪除的個人資料除外。你可致電本會提出有關要求。

The personal data provided by you will be used by the Hong Kong Red Cross (HKRC) for the purpose of handling the following tracing enquiry. The provision of personal data to HKRC is voluntary. The personal data you provided will be made available to case's workers in HKRC on a need to know basis. Apart from exemptions provided under the Personal Data (Privacy) Ordinance, you have a right of access to and correction of personal data held on you except where the data have been erased after fulfilling the purpose of collection. Applications for access to and correction of data should be directed to the HKRC.

請以正體楷書清楚填寫及於適當的方格內加✓ Please fill in clearly and ✓ the appropriate boxes.

* 必須填寫的資料 * Must fill in mandatory fields

查詢人 ENQUIRER

*中文姓名 Name in Chinese: _____ *性別 Sex: 男 Male 女 Female
*英文姓名 Name in English:(姓氏 Surname) _____ *(名字 First name & Middle names) _____
*出生日期 Date of birth: (年/月/日 yyyy/mm/dd) _____ 國籍 Nationality: (國家名稱 Name of country) _____
*電話 Telephone: (住宅 Home) _____ (手機 Mobile) _____
電郵地址 E-mail address: _____ 傳真 Fax : _____
*通訊地址 Correspondence address: _____

父親姓名 Father's full name: (中文 Chinese) _____ (English 英文) _____
母親姓名 Mother's full name: (中文 Chinese) _____ (English 英文) _____

被尋者 SOUGHT PERSON

*中文姓名 Name in Chinese: _____ *性別 Sex: 男 Male 女 Female
*英文姓名 Name in English:(姓氏 Surname) _____ *(名字 First name & Middle names) _____
*出生日期 Date of birth: (年/月/日 yyyy/mm/dd) _____ 西曆 Western Calendar 農曆 Chinese Calendar
國籍 Nationality: (國家名稱 Name of country) _____ 籍貫 Origin: (省/州/城市 Province/ State/ City) _____
身份證/護照號碼 Identity card/ Passport number: _____ 出生地點 Place of birth: _____
婚姻狀況 Marital status: 單身 Single 已婚 Married 離婚 Divorced 喪偶 Widowed
父親姓名 Father's full name: (中文 Chinese) _____ (English 英文) _____
母親姓名 Mother's full name: (中文 Chinese) _____ (English 英文) _____
*最後通訊地址 Last known address: _____

*國家名稱 Name of country _____
*最後通訊日期 Date of last communication: _____ *電話 Telephone: _____
電郵地址 E-mail address: _____ 傳真 Fax : _____
職業 Occupation: _____ 辦事處名稱 Company's name: _____
辦事處地址 Company's address: _____
其他可以協助訪查的資料 Additional Information: _____

*被尋者是查詢人的 The sought person is enquirer's: _____

本人授權香港紅十字會透露本人的個人資料予被尋者、同意在調查中刊登或發放本人及被尋者的個人資料於大眾傳播媒介及有關機構、或轉介此個案予其他國家紅十字/紅新月會。

I hereby authorize Hong Kong Red Cross to release my personal information to the sought person(s), I approve to release the personal information of mine and sought person(s) to the mass media and relevant organizations, and also the transfer of my tracing enquiry to other National Red Cross / Red Crescent Societies during the tracing process, where necessary.

*查詢人簽名 Enquirer's signature: _____ 日期 Date: _____

填妥表格後請簽署，並連同身份証及有關資料副本傳真、電郵或郵寄至香港紅十字會。

Please send the completed form with signature, a copy of identity card and relevant document to the Hong Kong Red Cross by fax, email or post.

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Emergency Tracing Service, Community Service, Hong Kong Red Cross, 19 Hoi Ting Road, West Kowloon
電話 Tel: (852) 2507-7135 傳真 Fax: (852) 31034010 網址 Website: <http://www.redcross.org.hk> 電郵 E-mail: emertracing@redcross.org.hk