## For Office Use 參考編號 (首次租訂/參考編號) Reference No (First Booking Permit/Reference No.): 申請發還康樂設施場租/入場費 Application for Refund of Hire/Admission Charges of Leisure Facilities Received Date: Folio No.: \_\_\_\_\_A(i)1/2 此欄由申請人填寫 <u>Application</u> (To be completed by the applicant) 申請人資料 (Personal Particulars): 請用正楷填寫 (In Block Letters) 身分證明文件號碼 (首四個號碼)\* Identity Document No.(First 4 digits) 聯絡電話 (英) Name\* Contact Tel. No. 通訊地址 Correspondence Address : <u>使/租用場地/設施資料(Using/Booking Venue/Facility De</u>tails): 場地/設施 時間 Venue/Facility : Time Date : 租訂時繳款方法(Payment Method): 請在適當方格內加上"✓"號 (please mark"✓"in appropriate square) □ 現金/支票 □ 繳費靈 轉數快\* 康體通自助服務站/智能自助服務站\* Leisure Link Self-service Kiosk/Smart (Cash/Cheque) PPS FPS\* Self-service Station\* 請注意,若原先以信用卡繳付場租/入場費,退款只存入到客戶原來交易的信用卡賬戶。 Credit Card Please note that refund can only be made to Card account that was used for making the original booking. 申請退款的理由(Reason for Application of Refund): 退款金額 Total Amount of Refund 只適用於經 Leisure Link 系統的租訂 (Only applicable to bookings made via Leisure Link System) □ 本人遺失原來的租用證,如果尋回該租用證,本人定會交還康樂及文化事務署。 I declare that the original permit was lost. If the permit is found, I will return it to the Leisure and Cultural Services Department. 本人同意放棄另行分配時段。(只適用於團體租訂) I agree to give up the re-allocation for another time slot. (Only applicable to organisation bookings) 申請人簽署 Signature of Applicant: 日期 \* 須與訂場身份證明文件相符(As shown on identity document used for booking) Date: 如申請人年齡在18歲以下,須由家長/監護人填寫此欄(家長/監護人須為18歲或以上之人士),並帶同申請人出生證明文件正本/副本(只供查閱)及 П. 家長/監護人的身分證明文件正本/副本(只供查閱),代收退款。 If the applicant aged below 18, this section should be completed by his/her Parent or Guardian (Parent/Guardian should be aged 18 or above). Please bring along both applicant's and applicant's parent/guardian's identity document(s) (original or copy) for verification. Refund will be payable to his/her Parent or Guardian. 家長/監護人姓名(正楷)\*: Name of Parent/Guardian\* (中) 家長/監護人簽署 (Block Letters): (英) Signature of Parent/Guardian: 家長/監護人身分證明文件號碼(首四個號碼)\* Parent/Guardian's Identity Document No.(First 4 digits) \*: Date: 備註:你提供的資料只作處理退款時作核實身分之用。有關你的個人資料,除獲本署授權職員外,將不會提供予其他人士。若要求更改或索取你申報的個 人資料,可與本辦事處的職員聯絡。 Remarks: Information provided by you will be used only for verification of identity when arranging refund. Apart from staff duly authorised by the Department, no one will be given access to your personal information. If you want to revise or retrieve the personal information you have provided, you may contact the counter staff of this office. III. 接獲申請通知 (收到申請後發給申請人) For Office Use 參考編號 (首次租訂編號)

Acknowledgement (To be given to the applicant on the receipt of this application) Reference No (First Booking Permit/Reference No): \_\_\_ To: Mr/Ms 及租用日期及時間是 你要求發環

和訂/参考編號: \_\_\_\_\_\_。如有查詢,請與取消租用場地的相關職員聯絡。
I acknowledge the receipt of the application for refund of \$\_\_\_\_\_\_for hiring of \_\_\_\_\_\_

\_(Time) on (Venue / Facility) at (Date) and the permit/reference no. is \_\_\_\_\_\_. For enquiry, please contact the concerned venue staff of cancelled session.

職員姓名及職位 Name and post of Officer:

日期 Date:

## Approval Form (For Office Use)

Folio No.: \_\_\_\_\_\_A(i)2/2

Original payment received through: (Plea	ıse mark"√"in o	appropriate .	square)					
☐ Cash/Cheque/ PPS/ ☐Leisure Lin☐ FPS^ ^ Only applicable to SmartPLAY booking		rt Self-ser	vice Sta	tion^ [	☐ Credit	Card		
User Code:	R E 4 R E 4	1 1 1 1	0 9 0 9	5 5				
Name of Applicant	:							
Programme Fee (if applicable)	:							
No. of Session or Day Cancelled	:							
<b>Date of Session or Day Cancelled</b>	:							
Refund Amount (with calculations)	:							
Recommendations (with justifications)	:							
I confirm that the details provided by the ap	plicant are cor	rect and no	previou	s refund h	ad been r	nade.		
	Signat Name Post ti Date	: _	DLM(	)/ M(	)/ AA	/ COi/o	<u> </u>	
Approval								
The refund application supported with the f	ollowing docu	nents is ap	proved:					
<ul> <li>□ Duly completed application form with fi</li> <li>□ Duly completed approval form, and</li> <li>□ Sufficient supporting documents (included)</li> </ul>				oking reco	ords).			
	Signatı Name	ıre :						
*Refer to paragraph 3 of the guidelines for a	Post tit Date	: _	LM(	)/ DLM(	)/ M(	)	_ _ _	
Follow-up Action To: TA(R)  Record								
To: DDLM ( )/M( )								