

Authorization

授權書

To: PEAK, Vocational Training Council
9/F, 27 WOOD RD, VTC TOWER, WANCHAI, HK

致：職業訓練局高峰進修學院
香港灣仔活道 27 號職業訓練局大樓 9 樓

I hereby authorize Mr / Mrs / Ms / Miss*

_____ (HKID Card No. /Passport No*. _____)

to collect the Certificate / Letter / Receipt for the following course on my behalf.

Course Code / Course Title: _____

Course Period: (Date) _____

I understand that in order to safeguard my interests, the above named representative will be required to present his/her own original identity card **and** also a photocopy of my HKID card to PEAK for verification purpose when he/she collects the certificate / letter / receipt on my behalf.

本人現授權 _____ 先生 / 太太 / 女士 / 小姐 * (香港身份證號碼 / 護照號碼 * _____) 代表本人領取下列課程之證書/信件/收據。

課程編號 / 課程名稱 : _____

課程日期 : _____

本人明白，為保障本人利益，上述受委託之人士在代表本人領取證書/信件/收據時，必須向高峰進修學院出示其身份證明文件正本以及本人之香港身分證副本以供核實。

Name of Authorizing Person (Block Letters)

授權者姓名（正楷）：

Signature of Authorizing Person

授權者簽署：

HKID Card No. / Passport No.*

香港身份證號碼 / 護照號碼*：

Date

日期：

*Delete where inappropriate

請刪去不適用者