Appendix A - "Consent to Use Vaccination Subsidy" Form and Types of Identity Documents Accepted under Vaccination Subsidy Scheme

Appendix A0	Guide to Complete "Consent to Use Vaccination Subsidy" Form
Appendix A1	Hong Kong Birth Certificate (Established)
Appendix A2	Smart Hong Kong Identity Card
Appendix A3	Hong Kong SAR Re-entry Permit
Appendix A4	Document of Identity for Visa Purposes
Appendix A5	Travel document with endorsement or relevant landing slip (if applicable)
Appendix A6	Permit of Remain in the HKSAR (ID235B)
Appendix A7	Certificate issued by the Births Registry for Adopted Children
Appendix A8	Certificate of Exemption

(a) For recipients aged 65 years or above

適用於年屆 65 歲或以上長者

醫健通 (資助) 交易號碼 (由醫生填寫)

99999

TG 19999

疫苗資助計劃 使用疫苗資助同意書

注意: 請用黑色或藍色筆以正楷填寫本同意書並在適當位置加上 "~" 號

及 * 删去不適用者。

如果同時接種兩種疫苗,只須填寫一份同意書,如並非同時接種,須分別填寫兩份同意書。

在簽署本同意書前,請先閱讀有關上述資助計劃及所接種疫苗資料的單張。

本人同意使用政府在疫苗資助計劃下提供的資助為本人接種季節性	充臧疫苗 / 肺炎球菌疫苗,詳情如下:		
暋 生姓名 陳依生	接種日期 2024年11月22日		
接種疫苗地點名稱 陳依生醫務所			
疫苗穩類 (請在適當位置加上 "✓" 號)			
滅活流脈疫苗			
23 價肺炎球菌多離疫苗 (23 價疫苗)# 或 13 價肺炎球	新結合疫苗 (13 價疫苗)& 或 ☑ 15 價肺炎球菌結合疫苗 (15 價疫苗)&		
#(a)沒有高風險情況而未普接種任何肺炎球菌疫苗的長者,或(b)不	可高風險情況但已於至少一年前接種一劑 13 價或 15 價疫苗的長者,可獲資助接		
稚─劑 23 價疫苗。			
& 有高風險情況的長者若(a)已於至少一年前接稱一劑 23 價疫苗,或(b)未普接稱任何肺炎球菌疫苗,可獲資助接稱一劑 13 價或 15 價疫苗。			
接種任何兩劑的肺炎球菌疫苗必須最少相隔一年。			
✓ 登記參與計劃的主診醫生確認長者有高風險情況:	<i></i>		
服務使用者個人資料(以身份證明文件所載者為準)	登記參與計劃的主診醫生簽署確認		
旅房氏内有機人員件 (ASH 10 28 93 文件 77 18 4 7 8 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	劳 仁家		
英名: (英文) (姓氏) (名字)	(中文) (姓氏) (名字)		
出生日期: 01 /01 /1954 (日日/月月/年年年年)	性別: 四男 口女		
身份證明文件(讀選擇下列其中一項身份證明文件,並在適當的位	2置加上"✓" 號及填寫所需資料)		
□ somple in waters:			
▼ 香港居民身份證號碼: 簽發日期: 02 / 05 / 2023 (日日/月月/年年年年)	A 1 2 3 4 5 6 (7)		
₩₩日期・ <u></u> (身份證符號標記:白A□C□R□U		
■ 豁免登記證明書編號:			
檔案編號:			
豁免登記證明書編號上的香港身份證號碼:			
簽發日期:/(日日/月月/年年年)			
我已閱讀及完全理解此同意書中服務使用者的義務和責任及收集	and the same of th		
服務使用者簽署 (如不會讀寫△,讀印上指模):	LO YK A		
聯絡電話號碼: 91234567	日期: 2024年11月22日		
△ 如服務使用者精神上有行為能力但不會讀寫,才須填寫以下資料	4:		
本人見辭此同意書已在服務使用者面前朗讀及解釋。	D		
見避人葬名:	見避人簽署:		
报 讲 屋民島心鄉總羅:	X (X) 日期:		
(只要英文字母及首 3 位數字)	聯絡電話號碼:		
如服務使用者是精神上無行為能力人士,才須填寫以下資料:			
影響人姓名:	弘護人簽署:		
聯絡電話號碼:	目期:		
DH_VSS (09/24) Please note the	e following when completing Hong		
	tity Card (HKIC) particulars:		
HKIC Symbol	香港永久性居民身份證 NG KONG PERMANENT IDENTITY CARD		
(Trist arphabet	HKIC		
birth)	Number		
SA	出生日期 Date of Birth 03-06-1985 女 F		
HKIC Issue Date	***AZ 簽發日期 Date of Issue		
issue Date	26-11-18 Z683365(5)		

Appendix A0

Each Consent Form should only carry 1 transaction number. If the recipient received 2 vaccinations under 2 eHS(S) transactions, 2 Consent Forms should be completed.

Name of Doctor, Place of Vaccination and Date of Vaccination should be accurate and consistent with eHS(S) record. Doctors should submit reimbursement claims WITHIN 7 DAYS **AFTER vaccination**. If the vaccination took place at non-clinic settings,

Enrolled doctor should sign to confirm the PCV13 or PCV15 recipient has high-risk conditions.

doctors should choose the appropriate non-clinic practice on eHS(S).

Please note the signature requirement:

- 1. Normally, **recipient** should complete **Part A** and sign;
- 2. If the recipient is illiterate, he/she should **put his/her** fingerprint in Part A. A 3rd party witness (e.g. clinic staff / recipient's guardian, except the doctor) should complete Part **B** and sign;
- 3. If the recipient is mentally incapacitated, his/her guardian should complete Part C and sign;
- 4. Consent Forms should be **completed BEFORE** vaccination. All signature dates should not be later than the vaccination date.

(b) For recipients aged below 65 years

適用於65歲以下人士

衛生署 疫苗資助計劃 使用疫苗資助同意書

醫健通 (資助) 交易號碼 (由醫生填寫) 只可填寫一個交易號碼

TG 19999 - 99999

注意:請用黑色或藍色筆以正楷填寫本同意書。接種兩劑受資助的疫苗須填寫兩份同意書。 在簽署本同意書前,請先閱讀有關上述資助計劃及所接種疫苗資料的單張。 接在讓營位置加上"~" 號 及 * 單去不適用去。

本人同意使用政府在疫苗資助計劃下提供的資助為本人 / 本人的子女 / 受監護者 * 接種季節性流感疫苗,詳情如下:
醫生姓名 張伊新 接種日期 2024年10月10日
接種疫苗地點名稱 開心醫療集團中環綜合醫療中心
季節性流感疫苗種類及劑次 (請在適當位置加上""號)
資格聲明 (請在適當位置加上"✓"號 及 * 刪去不適用者)
本人確認 本人 / 本人子女 / 受監護者 * 為香港居民及:
✓ 本人正在懷孕 cheung
由登記參與計劃的主診醫生確認懷孕: 登記參與計劃的主診醫生簽署確認
□ 本人年齡介乎 50 至未滿 65 歳 (年屆 65 歲或以上長者請使用另一表格)
□ 本人子女 / 受監護者 * 年齡介乎 6 個月至未滿 18 歲 <u>或</u> 已年滿 18 歲或以上並現正就讀香港的中學 (如屬後者,請提供學生手冊或學生證副本)
□ 本人子女 / 受監護者 * 乃智障人士並持有: □ 殘疾人士登記證 (註明「智障」或「弱智」):□ 實體卡 □ 電子版本^ ^由登記參與計劃的主診醫生確認已查核
電子版本殘疾人士登記證: 登記參與計劃的主診醫生簽署確認 由註冊醫生發出的醫生證明書以證明本人子女/受監護者*有資格接受資助接種疫苗 指定的智障人士服務機構負責人所簽發的證明書 (請提供前述證明文件副本,電子版本殘疾人士登記證除外)
□ 本人 / 本人子女 / 受監護者 * 為:
□ 領取社會福利署傷殘津貼人士 (請提供傷殘津貼批准信副本) □ 領取社會福利署綜援計劃標準金額類別為「殘疾程度達 100%」或「需要經常護理」的人士 (請提供證明文件副本及簽署登記參與計劃醫生提供的聲明書)
資格聲明 (詩在選當位置加上"✓"號 及 * 删去不適用者)
□ 本人年齢介乎 18 至未満 50 歳・並為:
□ 領取社會福利署線接計劃的人士·及
(詩提供證明文件副本及簽署登記參與計劃醫生提供的聲明書)
有高風險情况(由登記參與計劃的主診
醫生確認其有下列的高風險情況#)。 登記參與計劃的主診醫生簽署確認如前所述
#基胍除情况包括: 長期心血管疾病(高血壓而沒有併發症除外)、肺病、肝病或腎病;

新陳代謝疾病包括糖尿病或肥胖(體重指數 30 或以上);

免疫力弱(因情况如無粿、人類免疫力缺乏病毒越染/ 愛滋病或癌症/ 類固醇治療引致);及

長期神経系統疾病致危及呼吸功能、離於處理呼吸道分泌物、增加異物入肺風險或欠缺白玫瑰翻集力。

Each Consent Form should only carry **1 transaction number**. For children receiving 2 doses of vaccination under 2 eHS(S) transactions, 2 Consent Forms should be completed.

Only nonimmunecompromised persons who are aged 2 – 49 shall receive LAIV (Nasal Spray).

- Name of Doctor, Place of Vaccination and Date of Vaccination should be accurate and consistent with eHS(S) record. Doctors should submit reimbursement claims WITHIN 7 DAYS AFTER vaccination. If the vaccination took place at non-clinic settings, doctors should choose the appropriate non-clinic practice on
- eHS(S).

 2. Please ensure the correct vaccine preparation and correct number of doses. For children receiving only dose, please select "only dose" or "2nd dose" when submitting reimbursement claims to prevent double dose of vaccination. DO NOT choose "1st dose".
- 1. Please check if the correct Eligibility
 Statement is chosen.
- 2. Enrolled doctor should sign to confirm if the recipient is pregnant or with specified high-risk conditions.
- 3. Please ensure that either physical card or electronic version of Registration Card for People with Disability is indicated.

V 55 2024/25 DUCK	ns Guide	Kererence			
服務使用者個人資料 (以身份證明文件	計所載者為準)				
姓名: Wong Yau Hei (英文) (姓氏) (名	3字)	(中文) (姓氏)	有害 (名字)		
出生日期: <u>30 / 01 / 1989</u> (日		性別:□男 □女	(石子)		Recipients a
身份證明文件 (前選擇下列其中一項			(京町雲岩紅)	1 / 1	r above she
註:年滿 12 歲或以上人士只可使用香港居民			Acres / I ma Jack 1717	r	yith their H odentity Car
□ 香港出生證明書登記號碼:			()	aş	ged below egister with
✓ 香港居民身份證號碼: 簽發日期: 02 / 02 / 2018 (日	日/月月/年年年年)	Y 1 2 3 身份證符號標記: ☑ A	4 5 6 (7) C DR DU	ic	dentity docu hown.
□ 香港特別行政區回港避號碼(以" 簽發日期://(日		R		tl	lease check nat all partic
■ 香港特別行政區簽證身份書證件 簽發日期: / / /				sl	e consisten hown on the
■ 香港居留期許可證 (ID 235B) 出 獲准逗留至://	生登記編號:		()		ocument.
□ 非香港旅遊證件號碼 (例:外地装				_	
香港入境處簽證 / 参考編號: 生死登記處發出被領養兒童的領標	養證明書記項編號 :		/		Please note t equirement:
■ 豁免登記證明書編號:				1	. Normall
檔案編號:					should c A and si
豁免登記證明書編號上的香港身(()	2	
簽發日期:/()				2	aged be
我已閱讀及完全理解此同意書中服務使					or (ii) m
服務使用者簽署 (如不會讀寫△,讀印		wong	A		incapac guardia
聯絡電話號碼: 53214567	日期	2024年10月10日			complet sign;
如服務使用者未滿 18 歳 或 精神上無	展行為能力・父母 /	監護人須填寫以下資料	<u>:</u>	3	. If the re
父母 / 監護人簽署:	父母	/ 監護人姓名:			illiterate
與接種疫苗者的關係: □父 □母	□監護人		В		put his/ fingerp
聯絡電話號碼:	日期	:	T.		A 3 rd pa
△ 如服務使用者精神上有行為能力但	不會讀寫,見證人家	填寫以下資料:			apart fro (e.g. clir recipien
本人見避此同意書已在服務使用者面	前朗讀及解釋。				should c
見避人簽署:	見證	人姓名:			C and si
香港居民身份證號碼:(只要英文字母	及首3個數字)		x x x (x)	4	
聯絡電話號碼:	日期	:			should b
_				.	vaccina
	Please note the	e following when cor	npleting		signatur
	Hong Kong Ide	ntity Card (HKIC) pa	articulars:		not be la vaccinat
	SAMPLE S	香港永久性居民身份證 NG PERMANENT IDENTITY CARD 2651 2480 2597 出生日期 Date of Birth 22-01-2005 男 M *AZ 秦參日期 Date of Birth (101-16)		L	

Recipients aged 12 years or above should register with their Hong Kong Identity Card. Recipients aged below 12 years can register with any of dentity document types as shown.

Please check and verify that all particulars should be consistent with those shown on the identity document.

Please note the signature requirement:

- Normally, recipient should complete Part A and sign;
- 2. If the recipient is (i) aged below 18 years or (ii) mentally incapacitated, his/her guardian should complete Part B and sign;
- 3. If the recipient is illiterate, he/she should **put his/her fingerprint in Part A**. A **3**rd **party witness** apart from the doctor (e.g. clinic staff / recipient's guardian) should complete **Part** C and sign;
- 4. This Consent Form should be **completed BEFORE vaccination**. All signature dates should not be later than the vaccination date.

26-11-18 Z691338(2)

(c) For KG/CCC or primary school children receiving vaccination AT THEIR SCHOOLS

The consent form is only 適用於參與疫苗資助學校外展(可額外收費)計劃之學童 applicable for school 醫傭通 (資助) 交易號碼 (由醫生填寫) children who are receiving 只可填寫一個交易號碼 疫苗資助計劃 vaccinations at their school TG 19999 - 999999 - 5 使用疫苗資助同意書 participating in "School Outreach (Extra Charge 注意:請用黑色或藍色筆以正楷填寫本同意書。接種兩劑受資助的疫苗須填寫兩份同意書。 Allowed) Programme". 在簽署本同意書前,請先閱讀有關上述資助計劃及所接種疫苗資料的單張。 請在適當位置加上"√"號及 * 刪去不適用者。 本人同意使用政府在疫苗資助計劃下提供的資助,為本人的子女 / 受監護者 * 接種季節性流域疫苗,詳 The school attending of the 情如下: recipient shall be the venue of receiving vaccination. 醫生姓名 接種日期 劉衣笙 2024年10月10日 When this consent form is 1B 23 就讀學校名稱 班級及學號 陽光學校(小學部)(下午校) used, the vaccination shall 季節性流感疫苗種類及劑次 (請在適當位置加上 "\" 號) not be delivered in any other 9 歲或以上學童: settings such as clinics, ▼ 滅活疫苗 community hall, or other 本季度唯一一劑 (注射式) schools. 9歲以下學童並曾於過往季度接種過一劑或以上季節性流感疫苗: 本季度唯一一劑 | 減活疫苗 9歲以下學童並從未於過往季度接種過季節性流感疫苗: (噴鼻式) Please complete the personal 本季度第二劑 ▼ 本季度第一劑 information of the children in 接種疫苗者個人資料 (以身份證明文件所載者為準) this block 姓名: SIU PANG YAU 鵬猷 邵 英文 (姓氏) (名字) 中文 (姓氏) (名字) 出生日期: 01 / 01 / 2018 (日日/月月/年年年年) 性別:☑男 □女 For school children who are Hong Kong residents, 身份證明文件 (十二歲或以上只接受香港居民身份證) please put a tick in one of (請選擇下列其中一項身份證明文件,在適當位置加上"✓" 號及填寫所需資料) the seven boxes and insert the appropriate document 5 6 (7) ✓ 香港出生證明書登記號碼: numbers in the blanks and ■ 香港居民身份證號碼: boxes. 簽發日期: ____/____(日日/月月/年年年) 身份證符號標記:□A □C □R □U ■ 香港特別行政區回港證號碼(以"RM"或"RS"開首): R 簽發日期: ____/___(日日/月月/年年年) For school children who are 香港特別行政區簽證身份書證件號碼 (以"D"開首): not Hong Kong residents, D 簽發日期: ____/___/__(日日/月月/年年年) please put a tick in this box ■ 香港居留期許可證 (ID 235B) 出生登記編號: and complete the blank next () 獲准逗留至: ____/____(日日/月月/年年年) to it. □ 非香港旅遊證件號碼 (例:外地簽發的護照): The copy of the identity 香港入境處簽證 / 參考編號: document and the copy of consent form shall be sent 生死登記處發出被領養兒童的領養證明書記項編號: to PMVD for validation. □ 如未持有以上證件,請附上其他身份證明文件副本: 證件號碼:

DH_VSS (09/24)

請於下頁繼續填寫及簽署 頁 1/2

Parents shall sign and confirm the consent form at this section.

本人已閱讀及完全理解此同意書中服務使用者的義務和責任及收集個人資料目的,	並確認以上接種疫苗
者現正就讀香港的中學、小學、幼稚園、幼稚園暨幼兒中心或幼兒中心。	

父母/監護人簽署:	SGU TAT
父母/監護人姓名:	都達
與接種疫苗者的關係:	☑父 □母 □監護人
聯絡電話號碼:	61234567

日期: 2024年10月10日

- 1. 本人特此聲明,本人在此同意書中所提供的一切資料,全屬真確。
- 2. 本人同意把此同意書中本人子女/受監護者的個人資料及有關是次會診的任何資料供政府用於「收集個人 資料目的」所述的用途。本人特此同意醫生將上述個人資料及有關是次會診的任何資料轉交及發放予政府、 其代理人或其他獲政府授權的人士。本人備悉當局或會與我聯絡,以核實有關資料及本人子女/受監護者 使用政府資助以接種疫苗事宜。
- 此同意書受香港特別行政區法律管限,並須按照香港特別行政區法律解釋;本人及政府須不可撤銷地接受香港特別行政區法院的專屬司法管轄權管轄。
- 本人已仔細閱讀此同意書及完全理解此同意書中本人的義務和責任。

收集個人資料目的聲明

收集個人資料目的

- 所提供的個人資料,會供政府作下列一項或多項用途:
 - (a) 開設、處理及管理醫健通(資助)戶口,資助付款,以及執行和監察疫苗資助計劃,包括但不限於通過 電子程序與入境事務處的數據核對;
 - (b) 作統計和研究用途
 - (c) 接收由政府提供的疫苗接種資訊;以及
 - (d) 作法例规定、授權或准許的任何其他合法用途。
- 就是次會診作出的疫苗接種記錄,可給公營及私營醫護人員取得,作為決定及提供服務使用者所需要的醫療服務的用途。
- 提供個人資料乃屬自願性質。如果你不提供充分的資料,可能無法使用資助。

接受轉介人的類別

你所提供的個人資料,主要是供政府内部使用,但政府亦可能於有需要時,因以上第1、2段所列收集資料的目的而向其他機構和第三者人士披露。

查閱個人資料

 根據《個人資料(私隱)條例》(香港法例第 486章)第 18 和第 22 條以及附表 1 保障資料原則第 6 原則所述, 你有權查閱及修正你的個人資料。本署應查閱資料要求而提供資料時,可能要徵收費用。

查詢

6. 如欲查閱或修改有關提供的個人資料,請聯絡:

行政主任(疫苗資助計劃)

地址: 九龍紅磡德豐街 18-22 號海濱廣場二座 3 樓

電話: 2125 2125

DH_VSS (09/24)

Appendix A1

Sample of Hong Kong Birth Certificate (香港出生證明書)

(indicating that the holder's Hong Kong permanent resident status as "Established")



Remarks:

- 1. For births registered in Hong Kong on or after 28 April 2008, item 11 of the Hong Kong Birth Certificate will specify whether the Hong Kong permanent resident status is established under paragraph 2(a), paragraph 2(e) or paragraph 5(3) of Schedule 1 to the Immigration Ordinance, Cap. 115, Laws of Hong Kong.
- 2. The letter "S" is used as the prefix of the registration number for births registered from April 2005 to present.

Appendix A2

(a) Samples of Smart Hong Kong Identity Card (香港身份證)

Issued between 23 June 2003 and 24 November 2018

Permanent Identity Card

(i) For persons of the age of 18 or above



(Front)

適用於十八歲或以上的人士

本證持有人擁有香港居留權
The holder of this card
has the right of abode in Hong Kong

(Back)

(ii) For persons of the age of 11 to 17



(Front)



(Back)

(iii) For persons under the age of 11



(Front) (Back)



Identity Card

(i) For persons of the age of 18 or above





(Front)

(Back)

(ii) For persons of the age of 11 to 17

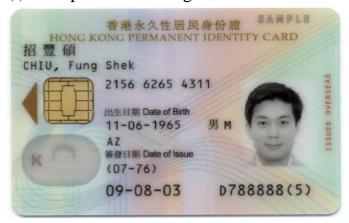




(Front) (Back)

Overseas Permanent Identity Card

(i) For persons residing overseas and of the age of 11 or above





(Front) (Back)

(ii) For persons residing overseas who are under the age of 11





(Front) (Back)

Braille-printed Identity Card



(Back of the braille-printed identity card)

(b) Samples of New Smart Hong Kong Identity Card

Issued on or after 26 November 2018

Permanent Identity Card

(i) For persons of the age of 18 or over



本證持有人擁有香港居留權
The holder of this card has the right of abode in Hong Kong
適用於十八歲或以上的人士
FOR A PERSON OF THE AGE OF 18 OR OVER

(Front)

(Back)

(ii) For persons of the age of 11 to 17





(Front)

(Back)

(iii) For persons under the age of 11



本證持有人擁有香港居留權
The holder of this card has the right of abode in Hong Kong
適用於十一歲以下的人士
FOR A PERSON UNDER THE AGE OF 11

本證持有人必須在
十一歲生日後的
三十天內申領新證

The holder shall apply for renewal of this identity card within 30 days of the holder's lith birthday

(Front) (Back)

Identity Card

(i) For persons of the age of 18 or above





(Front)

(Back)

(ii) For persons of the age of 11 to 17



(Front) (Back)



Overseas Permanent Identity Card

(i) For persons residing overseas and of the age of 11 or above





(Front) (Back)

(ii) For persons residing overseas who are under the age of 11





(Front) (Back)

Braille-printed Identity Card



(Back of the braille-printed identity card)

Appendix A3

Samples of Hong Kong SAR Re-entry Permit

(a) Multiple Journeys



(b) Single Journey



Remarks:

1. The format of Hong Kong SAR Re-entry Permit's document number is RM1234567 (Multiple Re-entry Permit) or RS1234567 (Single Re-entry Permit). The prefixes "RM" and "RS" are followed by 7 numbers.

Appendix A4

Samples of Document of Identity for Visa Purposes (簽證身份書)



Remarks:

1. The format of the document number of Document of Identity for Visa Purposes is either D12345678, DJ1234567 or DA1234567. The prefix of "D" is followed by 8 digits and the prefixes "DA" and "DJ" are followed by 7 digits. The document with prefix "D" is of normal size and document with prefix "DA" or "DJ" is of jumbo size.

Appendix A5

Travel document (非香港旅遊證件) with endorsement or relevant landing slip (if applicable), showing -

"Permitted to remain until (date*)" or "Permitted to remain extended until (date*)" (i) * Please check the <u>latest approved</u> endorsement and ensure the limit of stay in Hong Kong is still valid

and

Endorsement

W NG KONG Permission to rema Permanana extended until 已輸加於你的這會期限及這會條件(如何),對於你在原這管期限的有 發則內再次人競牌仍然適用,除非該這會期限及這會條件已期而失效 、或被贖前,變更,縮短期限或因任何理由而變殊無效。 Reference ne limit and condition(s) of stay, if any, imposed on you will, unless expired, ncelled, varied, curtailed or for whatever reason becomes invalid, appry to any be equent landing in Hong Kong within the currency of the limit of stay. **SPECIMEN** 經已繳費 Fee Paid HK\$190.00

Visa/

No.

Landing Slip

純准通留至 2014年 12月 25日

25-12-2013

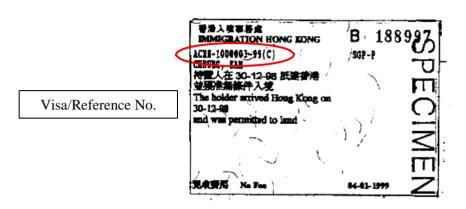
"The holder of this travel document has the right to land in Hong Kong" (ii)

> The holder of this travel document has the right to land in Hong Kong. (Section 2AAA, Immigration Ordinance, Cap.115, Laws of Hong Kong.) 本旅行證件持有人有香港入境權。 (香港法例第 115 章,入境條例第 2AAA 條。)

Visa/Reference No. 188 ACCS-1000001-99(9) 本族行政行的有人有香港入党 香港法例第115章 · 入港集例 te sight to hand in Hong Kon an. 115, Laws of Hong Kong.) 置已接費・ Fee Pald EIK\$145.00

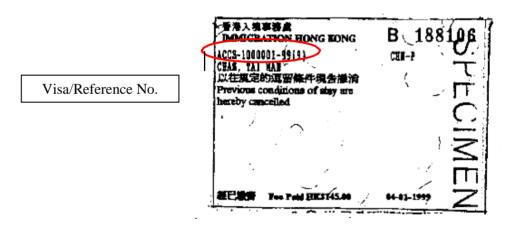
(iii) "The holder arrived Hong Kong on (date) and was permitted to land"

The holder arrived Hong Kong on (<u>date</u>) and was permitted to land 持證人在 年 月 日抵達香港並獲准無條件入境



(iv) "Previous conditions of stay are hereby cancelled"

Previous condition of stay are hereby cancelled 以往規定的逗留條件現告撤消



(v) "Holder's eligibility for Hong Kong permanent identity card verified"

Visa/Reference No.



(vi) "Certificate of Entitlement to the Right of Abode in Hong Kong SAR"

(vii) "Unconditional stay in HKSAR had been granted"

"Unconditional stay in HKSAR had been granted" can be identified by a Hong Kong landing slip on a person's valid travel document showing that he/she is permitted to stay with no conditions attached (獲准無條件在香港逗留) (i.e. a landing slip without any conditions specified).



VSS 2024/25 Doctors' Guide – Reference Remarks:

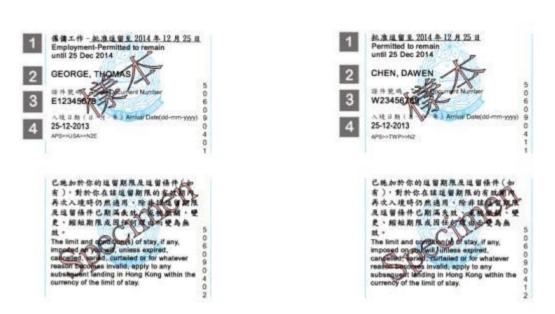
- 1. The Visa / reference no. is in the format of 3 sets of alphabetic and numeric combination (e.g. ABCD-1234567-89(A))
- 2. With effect from 19 December 2013, stamping of travel document for non-permanent residents during arrival clearance has been replaced by the issue of landing slip which bears the non-permanent resident's English name, travel document number, arrival date, conditions and limit of stay in Hong Kong. Samples of landing slips are illustrated in the next page (Appendix A5(i)).
- 3. With effect from 28 December 2021, the Immigration Department ("ImmD") has implemented the "e-Visa" arrangement. An applicant for an entry visa/permit, extension of stay or change of status, etc. will be issued with an "e-Visa", such as a "Notification Slip for Entry Visa/Permit" or "Notification Slip for Conditions of Stay", upon approval of the application and payment of the relevant fee (where applicable)."e-Visa" is a collective term for the relevant notification slips in a PDF file format. The sample is illustrated in Appendix A5(ii).

Appendix A5(i)

Persons who will be issued with a landing slip upon each arrival:



Other Non-permanent Residents will be issued with a landing slip* upon their first entry only



Appendix A5(ii)

Notification Slip for Entry Visa/Permit (Sample)

申請檔案編號 Application Reference NC MTEN-0000090-21(E)

TWP-T

Visa/Reference No.

中華人民共和國香港特別行政區政府入境事務處

Immigration Department

ativa Pagion of the Pagnle's Panublic of China

The Government of the	Hong Kong Special Administrative Re 入境簽證 / 進入許可通知 Notification Slip for Entry Visa	如書
姓名 Name	申簽證 SAN, CHIM ZING	
出生日期(日-月-年) Date of birth (day-month-ye	r) 14-12-1980	
Good for Multiple journeys valid for presentation on or EMPLOYMENT 12 month 為以下僱主工作For employment with ABC COMPANY未得入壞事務處處長批准,Change of employment witho 本進入許可必須與具有相關This entry permit is valid only with relevant exit endorsement	nland Talents and Professionals to Hong Kong before 28-07-2022	手續時出示,方爲有效。 mit for Traveling to and from Hong Kong and Macau
重要事項 Important notes	LL FOR THE ME THE PART OF THE	at the second of
(www.immd.gov.hk) 或人 This notification slip is iss the People's Republic of O	竟事務處流動應用程式核實。 sed by the Immigration Department, the Government	出,當中所載的資料可在入境事務處網站 t of the Hong Kong Special Administrative Region of rified on the website of the Immigration Department
(2) 本通知書不是身分證明交	件。	

This notification slip is not a proof of identity.

(3) 通知書持有人應把本通知書的軟複本儲存在流動裝置上,或把本通知書列印在一張 A4 白紙上,以便在有需要時出示以供

This notification slip should be saved in soft copy on a mobile device or printed on a piece of A4 white paper for production for inspection as necessary.

(4) 本通知書載有個人資料·必須妥爲保管。

This notification slip contains personal data and must be kept in safe custody.

經已繳費 Fee Paid HKS230.00 28-12-2021 (12/2021)

Appendix A6

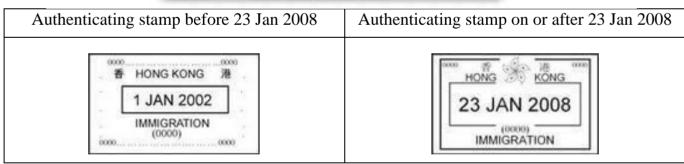
Samples of Permit to Remain in the HKSAR (ID 235B) (居留許可證)

(a) Under non-stamping arrangement (issued after 6 January 2017)

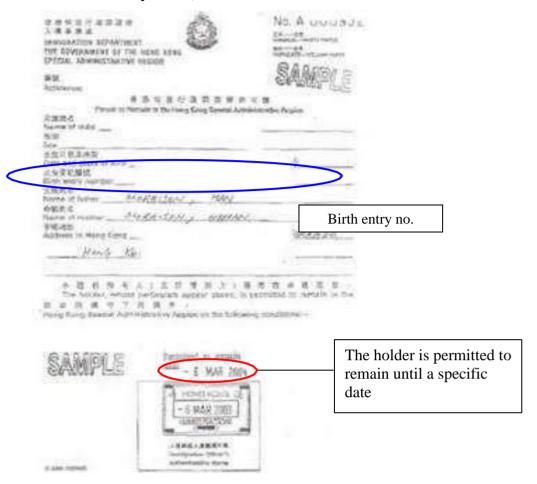
IMMIGRATION DEP	ARTMENT
SPECIAL ADMINIST	
	(INSIGNATION)
編號 GRBI	B-0001037-16(8)
Reference:	
	香港特別行政區居留許可證
Pern	nit to Remain in the Hong Kong Special Administrative Region
兒童姓名	BROWN, ANDREW
Name of child	
性別 Sau 男	MALE
Sex	
出生日期及地點	二零一六年十二月二十日 香港 20 DECEMBER 2016 HONG KONG
Date and place of 出生登記編號	Dirth
Birth entry number	XX800366(1)
父親姓名	
Name of father	BROWN ROBERT
 母親姓名	CMAX SUSAN LSUV
Name of mother_	50.12
香港地址	FLAT A. 10/F. HONG KONG VILLAS, CENTRAL, HONG
Address in Hong I	Kong FLAT A, 10/F, HONG KONG VILLAS, CENTRAL, HONG
KONG	
	寺有人(其詳情如上)獲准在本港居留,
The holder,	whose particulars appear above, is permitted to remain in the
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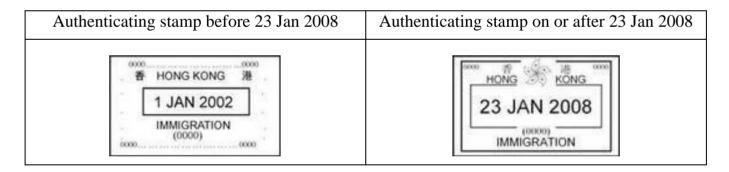
(b) showing no condition of stay imposed (issued before 6 January 2017)





(c) showing the holder is permitted to remain / permitted to remain extended until a specific date (issued before 6 January 2017)





Remarks:

- 1. Under the non-stamping arrangement with effect from 6 January 2017, a label bearing the imposed conditions of stay in respect of the child will be affixed onto the ID 235B in lieu of stamping. Furthermore, no authenticating stamp impression will be made onto the ID 235B.
- 2. Samples of label bearing various conditions of stay to be issued by birth registries are illustrated in the next page (Appendix A6(i)).

Appendix A6(i)

Samples of Label for ID 235B under Non-stamping Arrangement



Appendix A7

Samples of Certificate issued by the Births Registry for Adopted Children

(With their status of permanent resident indicated "Established")

音換特別行政產生免查記慮 BERTES AND DEALTHS REGISTRY THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

古物的形形技術之前,可以應該 明显記述的/的問題本 CERTIFIED COPY OF AN ENTRY IN THE RECORDS OF THE GENERAL REGISTER OFFICE THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

	高打角級時 Dio of catry	A123456/12345	記項編號 No. of Entry	
(1)	子女出生日期技術家 (影響下年記等) Date and country of both of child (See Sections)	14 FEBRUARY 2009 HONG KONG	出生日期 Date of Birth	
(2)	子文統名。 Screame and mane of child	常快樂 SHEUNG FAI LOK	姓名 Name	
(3)	子女性別 Sex of child	MALE 159	tvadie	
(4)	個個人成各個個人的姓名。 地址及機構 Saturate and name, address and occapation of adopter or adopters	常健康 SHEURG, KIN HONG ROOM 888, WEALTHY HOUSE, WEALTHY ESTATE, YUEN LONG, NEW TERRITORIES FARMER 常用心 SHEUNG HO! SUM SAME ADDRESS FARMER		
(5)	領義令日期及作品款令的訴訟名能 Date of adoption order and description of Court which made the order	14 FEBRUARY 2009 THE DISTRICT COURT OF HONG KONG SPECIAL ADMINISTRATIVE REGION		
(6)	- 使動性機 Date of many	15 FEBRUARY X09		
(7)	等高官所委任的 快速定項的人員的需要 Signature of officer depend by Regionar to affect the entry	ZONG, DAK LEE		
_	公人後衛務(公民)(10)(内容衛物等行政場合大力所以 企大性別談(4)(日本)(中央報告)	ESTABLISHED		

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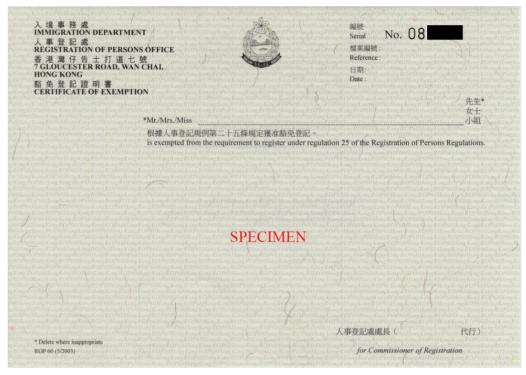
ZONG DAK LEE 副生光登記官 Deputy Registrar of Births and Dealths

A TO THE CONTROL OF THE PROPERTY OF THE PROPER

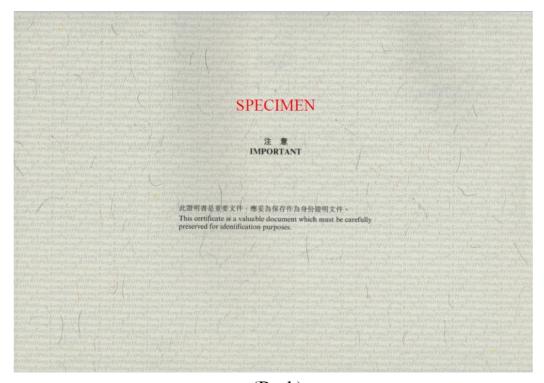
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Appendix A9

Certificate of Exemption



(Front)



(Back)