Dental Care Plans CPA-505 Application Form

Please mail your application form and payment by cheque (payable to Hong Kong Healthcare Medical Centre Ltd.) to Shop 121B, Emperor Group Centre, 288 Hennessy Road, Wanchai, Hong Kong.

(Please print the name as shown in HKID, and make photocopies of this form if required)

Name of Member :										HKICPA#:									
Notes: (a) Applicant will decide the location for receiving scaling service. (b) If applicant uses scaling and checkup services, s/he can leave the "affiated member" blank. (c) Put down the person's name ("Affiated Member) sharing the service with applicant.																			
A P	Name	Mr	Ms								HKID#				w	Х	Х	Χ	(X)
P L C	Address																		
	Email										Phone								
A N T	Selected Centre	Put a cross ("X") next to the selected centre for Scaling Tai Wai Tsuen Wan Tokuawan Wanchai (Emporer Cent												tre)					
Affiated Member		Mr	Ms								HKID#					Х	Х	Χ	(X)
4 P P L	Name	Mr	Ms								HKID#					Х	Χ	Χ	(X)
	Address																		
ı	Email										Phone								
A N T	Selected Centre	Put a cross ("X") next to the selected centre for Scaling Tai Wai Tsuen Wan Tokuaw								•	an Wanchai (Emporer Centre)								
Affia	ted Member	Mr	Ms								HKID#					Χ	Χ	Χ	(X)
Remarks: (a) Plan members must comply with the guidelines and regulations of the Hong Kong Healthcare Medical Centre ("HKHC") who reserves the right of final decision on all matters regarding the dental plan in case of any disputes. (b) The Plan Services cannot be used in conjunction with other coupons or privileges. (c) All bookings and consultation must be by appoitment, and will take place at the same centre as selected by the member in his/her application. You are required to mention the HKICPA number when making an appointment. (d) Cancellation of appointment must be done at least 24 hours in advance and within normal business hours. Otherwise, \$50 cancellation charge will be applied for late cancellation or no show in next consultation. (e) The application process takes about 10 working days. Please safely keep your plan membership card. \$100 administration fee will be incurred for card replacement. I understand and accept the above terms.																			
Date:																			