|  |  |
| --- | --- |
|  | (Name of RCHE) |
| **Confirmation of Collection of Possessions under Custody** |

Two copies of this confirmation should be signed. The RCHE and the resident/the resident’s guardian/ guarantor/family member/relative should keep a copy for retention.

|  |  |  |
| --- | --- | --- |
| **Name of resident** | **Sex / date of birth** | **HKIC no.** |
|  |  |  |

(I) Collection of Possessions under Custody (please put a “🗸” in the appropriate box)

|  |
| --- |
| ☐Identity document(s)/Travel document(s) |
| (☐Original copy of HKIC　☐Photocopy of HKIC　☐Passport☐Mainland Travel Permit for Hong Kong and Macau Residents) |
|  |  |  |  |  |  |  |
| ☐Certificate(s) for waiver of medical charges | ☐Senior citizen card(s) |  |
|  |  |  |  |  |  |  |
| ☐Octopus card(s)(shall keep proper record for the transaction) | ☐Medical follow-up card(s) |  |
|  |  |  |
| ☐Stamp(s) | ☐Pocket money (shall keep proper record for the transaction) |
|  |  |  |  |  |  |  |
| ☐Bank passbook(s)/ATM card(s) | Bank A/C no. |  |  |
|  |  |  |  |  |  |  |
|  | Bank A/C no. |  |  |
|  |  |  |  |  |  |  |
|  | Bank A/C no. |  |  |
|  |  |  |  |  |  |  |
| ☐Others(please specify) |  |  |
|  |  |
|  |  |

(II) Acknowledgement from the Resident and the Resident’s Guardian/Guarantor/Family Member/ Relative (\*please delete as appropriate)

|  |  |
| --- | --- |
| **Acknowledgement of the resident**I acknowledge receipt of my possessions in part (I) under this RCHE’s custody after checking. | **Signature of resident** |
|  |
| **Date of collection** |
|  |
| **Acknowledgement of the resident’s \*guardian/ guarantor/family member/relative****(Complete this part only if the resident is certified as incapable of managing personal financial matters)**I am the \*guardian/guarantor/family member/relative of the above resident and hereby acknowledge the receipt of the possessions in part (I) under this RCHE’s custody after checking. | **\*Signature of guardian/guarantor/ family member/relative** |
|  |
| **\*Name of guardian/guarantor/family member/relative** |
|  |
| **Relationship with resident** |
|  |
| **Date of collection** |
|  |

(III) Confirmation from RCHE

|  |  |  |
| --- | --- | --- |
| **Signature of staff responsible** | **Name and post of staff responsible** | **Date** |
|  |  |  |
| **Signature of witnessing staff** | **Name and post of witnessing staff** | **Date** |
|  |  |  |