|  |  |
| --- | --- |
|  | (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.

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

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

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| ☐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. | | | |  | | | | | |  |
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|  | | | | Bank A/C no. | | | |  | | | | | |  |
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|  | | | | Bank A/C no. | | | |  | | | | | |  |
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| ☐Others  (please specify) | |  | | | | | | | | | | | |  |
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(II) Acknowledgement from the Resident and the Resident’s Guardian/Guarantor/Family Member/ Relative (\*please delete as appropriate)

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| **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

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