|  |  |
| --- | --- |
|  | (Name of RCHD) |
| **Authorisation for Custody of Possessions** | |

Two copies of this authorisation should be signed. The RCHD 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) 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) | | | | | | |  |
|  | | | | | | | | | | | | |  |
| ☐Registration Card(s) for People with Disabilities | | | | | | | | | | | | |  |
|  |  | | | |  | | |  |  | |  |  | |
| ☐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 passbooks(s)/ATM card(s) | | | | Bank A/C no. | | |  | | | | | |  |
|  |  | | | |  | | |  |  | |  |  | |
|  | | | | Bank A/C no. | | |  | | | | | |  |
|  |  | | | |  | | |  |  | |  |  | |
|  | | | | Bank A/C no. | | |  | | | | | |  |
|  |  | | | |  | | |  |  | |  |  | |
| ☐Others  (please specify) | |  | | | | | | | | | | |  |
|  | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | |

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

|  |  |
| --- | --- |
| **Consent of the resident**  I hereby authorise this RCHD to keep my possessions in part (I). | **Signature of resident** |
|  |
| **Date** |
|  |
| **\* Consent 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 authorise this RCHD to keep the possessions in part (I) for the resident. | **\*Signature of guardian/guarantor/ family member/relative** |
|  |
| **\*Name of guardian/guarantor/family member/relative** |
|  |
| **Relationship with resident** |
|  |
| **Date** |
|  |

(III) Confirmation from RCHD

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