



- App. Group Type 1: Registered Entity ('Referee') for Personal Applicant ('Applicant')
申請組類 一：透過已登記組織(「諮詢人」)作申請之個別人士(「申請人」)
Application Number (assigned by The Foundation):
申請檔案編號 (由本慈善基金編配): _____

Vita Green Charitable Foundation Application Form 「健靈慈善基金」申請表

For Application Group Type 1 (第一類申請組別適用):

Name of Applicant (in English) : _____ 申請人中文姓名: _____

HKID No. (香港身份証編號) : _____ Contact No.(聯絡電話號碼): _____

Address (聯絡地址) : _____

Reason(s) for application (申請原因) : _____

Applicant's Need for Health Product(s) Assessment:

申請人對健康產品之需求評估

Please tick in the appropriate boxes 請在適當空格加上“√”號

(1: Highly needed 非常有需要 2: Moderately needed 有需要 3: Recommended 建議服用)

Health Product(s) Needed 所需產品項目 (restricted only to products manufactured and distributed by Vita Green Group) (只限於由維特健靈集團所生產及分銷的產品)	Grade 等級			Comment(s) 意見
	1	2	3	

Other Comments 其他評語:

Name of Referee (in English) : _____ 諮詢人中文姓名: _____

Referee's Profession (諮詢人所就職專業) : _____

(e.g. Medical Doctor, Dentist, Registered Nurse, Chinese Medicine Practitioner, Architect, Engineer, Solicitor, etc.)

(例: 醫生、牙醫、註冊護士、中醫從業員、建築師、工程師、律師等)

Referee's Registered Association Name: _____ 諮詢人所屬會中文名稱: _____

Referee's Registered Association License No (諮詢人所屬會之會員編號): _____

Contact No.(聯絡電話號碼) : _____

Address (聯絡地址) : _____



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I, _____ (the Applicant), declare that all the information and documents provided herein are true and accurate. I understand and acknowledge that any products or funds that may be granted to me are free gifts for my personal use aiming at advancing my personal health only, and shall not be treated as medical advice or treatment or for commercial use. I agree and understand that under no circumstances whatsoever will the Referee and/or Vita Green Charitable Foundation, its staff and representatives (collectively "Vita Green") be liable for any loss or damage howsoever arising, whether or not occasioned by any negligence and/or breach of any duty on the part of the Referee and/or Vita Green in relation to the products or funds granted to me. I release the Referee and Vita Green from any and all rights of action that may arise in the future, howsoever arising in relation to this matter, and I waive such rights.

本人，_____ (申請人)，聲明所有提供給「健靈慈善基金」之資料及文件均屬實無誤。本人明白和確認，任何產品或資金援助，是免費贈送給本人使用，為著促進個人健康，不得被視為醫療建議或治療，或用於商業用途。本人同意和明白，在任何情況下，諮詢人和/或健靈慈善基金、及其職員和各代表(以下統稱為「維特健靈」)均不會因此事宜而引起的任何損失或損害負上法律責任，不論該損失或損害是否因由諮詢人和/或維特健靈在處理與此捐贈事宜有關事務時的疏忽及/或有失職責所造成。本人謹此放棄日後就此捐贈事宜向諮詢人和/或維特健靈提出訴訟的權利；無論本人就此捐贈事宜的申索權利是如何產生，諮詢人和/或維特健靈均一概免受被起訴或被申索。

Applicant Signature (申請人簽署): _____

Name (Please print) (姓名-正楷): _____

Date (簽署日期): _____

I, _____ (the Referee), declare that to the best of my knowledge, information and belief, all the information and documents provided herein are true and accurate.

本人 _____ (諮詢人)聲明，盡我所知所悉及所信，所有在此提供的資料及文件均屬實無誤。

Referee Signature (諮詢人簽署): _____

Name (Please print) (姓名-正楷): _____

Position (職位): _____

Date (簽署日期): _____



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Please send your completed and signed application form with the following supporting documents to:

請將已填妥及經簽署的申請表連同下列所需提供的證明文件投寄到以下地址:

The Selection Committee
Vita Green Charitable Foundation
GPO Box 866, Hong Kong
Phone: 29016068 Fax: 81480086
Email: vgcf@vitagreen.com

The Applicant's Supporting Documents To Be Provided:

申請人需提供之證明文件:

- | | |
|---|-----------------|
| <input type="checkbox"/> Doctor's Certificate of applicant's current health condition | 申請人現時健康狀況之醫生證明書 |
| <input type="checkbox"/> Copy of applicant's valid Hong Kong Identification Card | 申請人之有效香港身份證副本 |
| <input type="checkbox"/> Applicant's current contact address & contact number | 申請人之現時聯絡地址及電話文件 |
| <input type="checkbox"/> Applicant's income proof | 申請人之收入證明文件 |
| <input type="checkbox"/> Completed Vita Green Charitable Foundation Application Form | 已填妥之健靈慈善基金申請表 |

The Referee's Supporting Documents To Be Provided:

諮詢人需提供之證明文件:

- | | |
|--|------------------|
| <input type="checkbox"/> Copy of Referee's valid Hong Kong recognized practising certificate | 諮詢人之有效香港認可執業證書副本 |
|--|------------------|

* **The Foundation reserves all rights to acquire additional information, validation, and/or clarification from the Applicant and/or the Referee for the purpose of processing this application.**

為着有效處理是項申請所需，本基金將保留向申請人及/或諮詢人收取額外資料、核實證明、及澄清的所有權利。

* **The Foundation reserves the final right to approve, decline, or withdraw any submitted, evaluated, or approved application at all times.**

本基金將保留准批、拒批、或撤銷任何已呈交、已評估、或已批出的申請之所有最終裁判權利。



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For the Foundation Internal Use Only 本慈善基金內部審批專用:

Approved with Effective Date / Period: _____

Delivery Date: _____ Receipt Confirmation: _____

Rejected with Comment: _____

Vita Green Charitable Foundation Administration:

Foundation Administrator 慈善基金行政人員簽署	Approved Product/Grant Delivery 審批產品/資助金送遞核實	Foundation Manager Review: 慈善基金執行經理檢視	Execution Reviewed by: 執行委員會檢視
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_____ Name 姓名: _____	_____ Name 姓名: _____	_____ Name 姓名: _____	_____ Name 姓名: _____
_____ Date 日期: _____	_____ Date 日期: _____	_____ Date 日期: _____	_____ Date 日期: _____



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For the Foundation Internal Use Only 本慈善基金內部審批專用:

Part I:

Selection Committee Comments / Dated:

Selection Committee Recommendation:

Approved Product(s): _____

Approved Quantity: _____

Approved Period: _____

Any other Comment: _____

Approved with Effective Date / Period: _____

Rejected with Comment: _____

Committee Chairman Approval 評估委員主席簽署: _____

Date 日期: _____

Part II:

The Foundation Comments / Dated:

Approved Product(s): _____

Approved Quantity: _____

Approved Period: _____

Any other Comment: _____

The Foundation Decision:

Approved with Effective Date / Period: _____

Rejected with Comment: _____

The Foundation Approval 本慈善基金授權人簽署: _____

Date 日期: _____