

(a) Information of Application

Department Name: _____

Name of Applicant: _____ Identity Card No.: _____
(Mr./ Miss /Ms.)

Contact Address: _____

Octopus Passcard Holder Name: _____
(Co./Private Individual)

Octopus Card No.: _____ Car Owner Name: _____

(Registered as the Passcard)

Vehicle Registration No.: _____ Model: _____

Telephone Nos.: (Office) _____
(Emergency) _____

Declarations:

I confirm that the information given above is correct and complete and authorize Gleneagles Hong Kong Hospital to confirm this from any source you may choose.

- a. The passcard, which I hereby apply for is solely for the parking of the vehicle with the aforementioned registration number (hereinafter called 'the Said Vehicle') only, is not transferable and does not entitle the holder to a reserved specific carparking space.
- b. I agree to pay compensation if damages or injuries are caused to the Carpark, any part of the building or any person(s).
- c. I shall observe faithfully and comply strictly with all rules, regulations, notices and requirement of the Hospital in connection with premises, the driveways, passages, lifts and any other part(s) of the building.
- d. Gleneagles Hong Kong Hospital reserves the right to terminate the access right of the Passcard by own discretion.

Disclaimer:

- 1) Vehicles and their contents are left in this car park at the owner's sole risk in all respects.
- 2) Neither Gleneagles Hong Kong Hospital (GHK) nor any of its servants, agents or contractors accepts liability for any theft or loss of, or damage, howsoever caused, to vehicles, accessories or contents incurred on the premises of the car park.

Date : _____

Application Signature : _____