

**Application Form**

Client Name: \_\_\_\_\_ Shop: \_\_\_\_\_

Client Name: \_\_\_\_\_ Shop: \_\_\_\_\_

Tel: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Check Up Date: \_\_\_\_\_ Shop: \_\_\_\_\_ Time \_\_\_\_\_:

Check Up Details:

Package:- \_\_\_\_\_

Package: \_\_\_\_\_

Remark: 費用已包括檢查/中英對照化驗報告 及醫生講解

總收數: **HK\$** \_\_\_\_\_

Payment method: Visa:  Master:  Bank-in:  中國銀行Bank of China : 012-666-1017-5135  
Hong Kong Preventive Association Ltd.

Card No.: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Expiry Date : \_\_\_\_ / \_\_\_\_ Card Holder: \_\_\_\_\_ Signature: \_\_\_\_\_

Salesman: \_\_\_\_\_ Date: \_\_\_\_\_