

REQUEST FOR BACK-UP FACILITIES FORM

To: Customer Service Centre
1/F, One & Two Exchange Square, 8 Connaught Place, Central, Hong Kong

Date: _____

Participant ID : _____

Participant Name : _____

Reason For Use _____

Date of Use	Name of Authorized User	I.D. Card #	Time In	Time Out	Terminal # Used
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

For and on behalf of

Authorized Signature (with company chop, ONLY applicable if it forms part of your signing instruction)

For Office Use only

Signature Verified by

Virus Scanned by :

Approved by