

International Arts Carnival 2015 Application for Postal Refund

Application No.	:	
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Festivals Office, LCSD Level 5, Administration Building, Hong Kong Cultural Centre

10 Salisbury Road, Tsim Sha Tsui, Kowloon, Hong Kong

Tel: 2370 1044 Fax: 2371 4171

<u>Part A – Personal Particulars</u>		
Name of Patron:		(Full name for refund cheque)
HKID No. / Passport No. :		
Correspondence Address:		
Tel. No. (Office/Home/Mobile):		
Fax No. / Email address (for faxing / sen	ding acknowledgment of receipt to application	ns) :
with Section 18 and 22 and Principle 6 of Schedu		the Personal Data (Privacy) Ordinance, and in accordance rection of the personal data provided in this form. Request aral Services Department. (Enquiries: 2370 1044)
Part B – Details for Refund		
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Event Date:		:
Number of ticket(s) with ticket's stub		ce(s) Total Amount
Reason for refund:		
Name of applicant:	Signature:	Date :
Hong Kong Cultural Centre, 10 Salisbur	ry Road, Tsim Sha Tsui, Kowloon on or before	vals Office on Level 5, Administration Building, re () ledge the applicants by fax / email or mail upon
T. A. 11.		5 om : tv. o.t.
To: Applicant <u>In</u>	nternational Arts Carnival 2015 – Applicatio	For Official Use Only on for Refund
(Event Name:	A _I	pplication No.:)
Receipt of a total of	_ nos. of refund tickets at a total amount: HK	\$ for refund application.
Festivals Office will process the applica	ation and send back a crossed cheque later. For	r enquiries, please call 2370 1044.
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Date	Name & Signa	ature of Recipient / Title of Recipient