

Application Form for HKAI Privileges

Dear Doctor,

Thank you for choosing the service of Hong Kong Advanced Imaging Centre. We would like to request you to provide information for account opening.

Doctor Name: _____ (Chinese: _____)

Company Name: _____ Business Registration (B.R.) No.: _____

Use company name on bill? Y N

Clinic Address: _____

Tel No.: _____ Fax No.: _____

E-mail Address: _____ Mobile No.: _____

Contact Person for billing matters: _____ Tel No.: _____

Billing or A/C Dept. address (if different to clinic address): _____

Certificate copies attached: Name Card Copy of BR

Declaration

I hereby declare that all statements on this application and all attached forms are true and correct to the best of my knowledge. I understand that Hong Kong Advanced Imaging Centre (HKAI) collects this information and may further solicit additional information so as to be informed of my previous personnel and professional record and character. I further understand and agree that any misrepresentation, falsification, or missing of facts by me may constitute to the disqualification to this application. I also understand and agree that granting of centre privileges is at the full discretion of HKAI. I further agree and understand that any professional misconduct or criminal behavior may be considered in future review of my centre privileges by HKAI.

Signature: _____

Date: _____

Doctor Code:	_____
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For internal use