

Healthy Teeth Collaboration

Statement of relationship between the agent and the applicant

To : (please fill in the name of NGO dental clinic) :

I, _____, (name of agent) , _____,holder of HKID no.,
hereby declare that I, as the agent for the “healthy teeth collaboration”, am the *
father / mother / sibling / grandparent / spouse of the applicant.

(*please circle where appropriate)

Signature :

Contact phone no:

Date :
