

Declaration on application for transport subsidy

Name of HTC Service User : _____

Date(s) of use of transport service : _____

I hereby confirm that in order to attend the dental treatment under the Heathy Teeth Collaboration programme, I have used the transport service mentioned in the attached receipt(s). I hereby declare that the above information is true and correct.

Applicant's Signature: (Service User / Agent / Legal Guardian / Staff of Rehabilitation Service Unit)

Applicant's Name: (Service User / Agent / Legal Guardian / Staff Name of Rehabilitation Service Unit and Official Chop)

Relationship between the applicant and service user:

- Applicant himself / herself
- Agent (Please circle the relationship: parent / grandparent / sibling / spouse)
- Legal Guardian
- Rehabilitation Service Unit

Date : (Application Date/ Date of (last usage of transport service))

Agent : (Please circle the relationship: parent / grandparent / sibling / spouse)