

Payment Type 410

(ii) By cash payable at the Accounts Office, Department of Health, Wu Chung House, 17th floor, 213 Queen's Road East, Wan Chai, Hong Kong

2. Address : _____ Tel : _____

Category
(tick whichever is appropriate)

Date of Enrolment

Name of Training Hospital

Period of Training
(Day/Month/Year)

From _____
To _____

I hereby authorize the Nursing Council of Hong Kong to send the verification of my enrolment as detailed above to

Signature :

Date : _____

FOR OFFICIAL USE

Details of Payment

Action Taken

Receipt No. :

Verification

Amount :

issued on :

Date :