

## Car Park Registration

### Basic Information

Doctor's Name (in Full) : \_\_\_\_\_

MCHK#/HKAH Dr. Code# : \_\_\_\_\_

Please tick the appropriate box.

**First time registration**

Car Plate Number: \_\_\_\_\_

Octopus Card Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Change Octopus Number**

Octopus Card Number: \_\_\_\_\_

**\* Extra / \*Change Car Plate**

(Please delete as appropriate)

Car Plate Number: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_