Car Park Registration

Basic Information

Doctor's Name (in Full) : _____

MCHK# / HKAH ID# : _____

Please tick the appropriate box.

☐ **First time registration**

Car Plate: _____

Octopus Number: _____

Contact Number: _____

☐ **Change Octopus Number**

Octopus Number: _____

☐ *** Extra / *Change Car Plate**
(Please delete as appropriate)

Car Plate No.: _____

Doctor's Signature: _____   Date: _____