

LETTER OF AUTHORIZATION

To: The Hong Kong Medical Association (the HKMA) and The Medical Protection Society Limited (MPS)

1. I, The undersigned, am a current member of MPS.
2. I hereby give consent to the HKMA and MPS to disclose and transfer to the Union Hospital my information on Membership Grade and MPS Membership Valid Period.
3. The above authorization may be revoked by me by sending an advance notice of not less than 30 days in writing to the HKMA. Any notice so sent shall be addressed to the following address/fax/email of the HKMA:

[The Hong Kong Medical Association

5/F Duke of Windsor Social Service Building

15 Hennessy Road, Wan Chai,

Hong Kong.

Fax: 28650943

Email: mps@hkma.org]

Signature: _____

Name of Signatory: _____

HKID No.: _____

MPS Membership No.: _____

HKMA No.: _____

MCHK No.: _____

Date: _____