

Syndesmosis For Bunion Foundation

Surgical Fees Assistance Application Form

*For permanent residents of Hong Kong, Macau and China

Please complete this form to your best knowledge. Thank you for your interest in our program.

Personal Particulars

Name (English): _____ Name (Chinese): _____

Gender: Female Male Date of Birth: _____ Place of Birth: _____

Identity No.: _____ Email Address: _____

Contact No.: _____ Occupation: _____ Monthly Income HK\$: _____

Marital Status: Single Married Divorced Widowed

Living status: Living Alone Living with Spouse Living with family Other

Residential Address: _____

Type of accommodation:

Public Rental Housing Private Housing Tenant Purchase Scheme Home Ownership Scheme

Monthly accommodation expenses(Mortgage, Rent, Rates, Man. Fee, Utilities etc...) HK\$: _____

Family members

1. Name: _____ Age: _____ Relationship: _____ Monthly Income HK\$: _____

2. Name: _____ Age: _____ Relationship: _____ Monthly Income HK\$: _____

3. Name: _____ Age: _____ Relationship: _____ Monthly Income HK\$: _____

Total family assets (Savings, Properties, Stocks etc...) HK\$: _____

Government assistance recipient:

Comprehensive Social Security Disability Allowance Old Age Living Allowance

(1) Applicant Eligibility

- 1.1 Hong Kong, Macau and China permanent resident
- 1.2 In stable health condition (patients taking long-term medication must submit their medical records)
- 1.3 Monthly income **less than HK\$25,000**
- 1.4 Total individual net worth **less than HK\$360,000** (excluding self-occupied property)

(2) Application Process

- 2.1 Fill in the application form and submit it along with other required documents via:
 - I. Email to **info@bunionfoundation.com** or
 - II. WhatsApp to **(852) 6163 3166** or
 - III. Fax to **(852) 2845 7283**
- 2.2 Syndesmosis for Bunion Foundation (SBF) will review your application and inform your results in 30 days.
- 2.3 Approved applicants will be assessed by Dr. Daniel Wu for surgical suitability.
- 2.4 Due to limited number of subsidy recipients spots, SBF reserve the right of final decision. Applicants shall not raise any objections.

(3) Required Documents

- Completed and signed application form
- ID copy of patient
- Proof of Comprehensive Social Security Assistance (copy) if any
- Copy of address proof issued **within the last 3 months**
- Copy of bank records issued **within the last 3 months**(for all bank accounts)

(4) Declaration and Undertaking of Applicant

- 4.1 All information and documents that I have provided for application to the Scheme are true, accurate, and complete.
- 4.2 I have read and agree to the Personal Information Collection and Privacy Policy Statements.
- 4.3 I understand and agree that Syndesmosis for Bunion Foundation have the right to amend, suspend, revoke, or discontinue the Scheme or any individual application at their discretion.
- 4.4 I agree to make any enquiries necessary for the processing of this application.
- 4.5 I consent to the release of my information to any organization for the purpose of processing this application.
- 4.6 I authorize all organizations to release any records or information that may be required for the processing of this application to Syndesmosis for Bunion Foundation.
- 4.7 I consent to the use or disclosure of any information provided in this application to any organization for verification purposes.

I, the undersigned, have read, and fully understand and agree to the above provisions of this Declaration and Undertaking.

Signature of Applicant: _____
(ID Number: _____)

Date: _____

| (For Internal Use Only) | | |
|--------------------------------|---|-----------------------------------|
| SBF – Response Date | | |
| Applicant Response | <input type="checkbox"/> Pre-operative clinical assessment already arranged | <input type="checkbox"/> Rejected |
| Remarks | | |