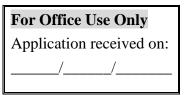


FOR OFFICE USE

Baptist Lui Ming Choi Secondary School

Address: 11 Yuen Wo Road, Lek Yuen Estate, Shatin, N.T. Tel: 2692 2161 Fax: 2691 5406 Website: <u>www.blmcss.edu.hk</u>



REQUEST FOR TESTIMONIAL(S)

Ŧ		Processing time : 10 working days
I.	Personal Particulars (*Please delete as appropriate)	
	Applicant's name (Mr / Ms*) : (in English)	(in Chinese)
	(in English)	(III CIIIIese)
	HKID No.: Email Address:	
	Telephone No.: (Office) (Home)	
	Year of admission: Class first admitted:	\checkmark
	*Present class:/ Year graduated / withdrawn:	Class when left:
II.	<u>Recipient(s) of Testimonial(s)</u>	2
	Name & address of organization / institute (Please write clearly to avoid postal errors)	Class when left:
		0)
III.	<u>Programme of Study</u> (*Please ☑ as appropriate)	
	\Box Another secondary school \Box	IVE
		Associate Degree
	 □ Exchange program e.g. AFS □ Others (Pls specify) : 	Overseas institute
IV.	Collection of Testimonial(s) (*Please delete as appropriate)	
	I prefer to let you seal the testimonial(s) in BLMCSS envelope / the envelope provided * and the sealed testimonial(s) to be collected in person by me / my authorized representative*.	
		nonzed representative .
	□ Authorization for Collection of Testimonial(s)	
	I authorize Mr / Ms *	to collect my by of my HK identity card for your
	(signature of applicant)	(Date)
Testimonial(s) received by:		
(signature of applicant / authorized representative*)(Date)		

 Testimonial(s) prepared by:
 (/ /) Checked by:
 (/ /)