



Baptist Lui Ming Choi Secondary School

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Website: www.blmcss.edu.hk

For Office Use Only

Application received on:

____/____/____

REQUEST FOR TESTIMONIAL(S)

Processing time : 10 working days

I. Personal Particulars (*Please delete as appropriate)

Applicant's name (Mr / Ms*) : _____
(in English) (in Chinese)

HKID No.: _____ Email Address: _____

Telephone No.: (Office) _____ (Home) _____ (Mobile) _____

Year of admission: _____ Class first admitted: _____

*Present class: _____ / Year graduated / withdrawn: _____ Class when left: _____

II. Recipient(s) of Testimonial(s)

Name & address of organization / institute (Please write clearly to avoid postal errors)	Country	No. of copies

III. Programme of Study (*Please as appropriate)

- | | |
|--|---|
| <input type="checkbox"/> Another secondary school | <input type="checkbox"/> IVE |
| <input type="checkbox"/> High Cert / Diploma* in _____ | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> Exchange program e.g. AFS | <input type="checkbox"/> Overseas institute |
| <input type="checkbox"/> Others (Pls specify) : _____ | |

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*.

Authorization for Collection of Testimonial(s)

I authorize Mr / Ms * _____ to collect my testimonial(s) for me. He / she * will bring along a copy of my HK identity card for your verification.

_____ (signature of applicant) _____ (Date)

Testimonial(s) received by:

_____ (signature of applicant / authorized representative*) _____ (Date)

FOR OFFICE USE

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

Sent out / Obtained on : _____ / _____ / _____

TESTIMONIAL