

中國科學院香港創新研究院再生醫學與健康創新中心有限公司  
Centre for Regenerative Medicine and Health,  
Hong Kong Institute of Science & Innovation,  
Chinese Academy of Sciences Limited

**Visitor Pass Application Form**

**Details of Applicant^**

Name:	
Department:	RP3
Contact no.:	
Email address:	

**Details of Visitor(s) (For delegation, please fill in Appendix I instead)**

Name of Organization:	
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	Name	Identity Document		Contact no.
		Type	First 4 digits no.	
Visitor I				
Visitor II				
Visitor III				

**Details of Visit**

Date (YYYY/MM/DD)#:	
Time:	AM/PM to AM/PM
Visiting Area:	<input type="checkbox"/> Office Zone A <input type="checkbox"/> Office Zone B <input type="checkbox"/> Office Zone C <input type="checkbox"/> Office Zone D <input type="checkbox"/> Laboratory (Units 501-507) <input type="checkbox"/> Laboratory (Units 508-513)
Visiting Purpose**:	

I received a total of \_\_\_\_ visitor pass(es). I hereby promised to use the visitor pass(es) in accordance with the rules and regulations of the Center and to abide the Standard Operating Procedures of laboratory established by F&OC Department. I will return the visitor pass(es) to the HR&BD Department on the day of use.

\_\_\_\_\_  
Applicant Signature  
Date:

**APPROVAL**

\_\_\_\_\_  
Signature  
Name:  
Approved by Team Manager

**Remarks**

- ^ The applicant must be a full-time employee of our Centre.
- \* Identity Document should have photo, which includes HKID card, passport, student ID card, or employee ID card, etc.
- # The application is limited to one day at a time. The applicant must return the visitor pass to the HR&BD Department **on the day of use**. This application form should be submitted to HR & BD Department at least one working day in advance.
- \*\* If your visitor needs to use laboratory equipment, please also attach the F&OC Department's application form for the use of laboratory equipment.

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HR&BD Department Use

Date of return visitor pass(es): \_\_\_\_\_