



Digital Signature Collection Form

Registration Name: [System printed]

APC Registration No./ Registration No.: [System printed]

Your signature in the box below will be scanned and converted into an electronic signature. Your electronic signature will only be attached to electronic medical records, electronic messages and/or other documents in electronic form to which you are a signatory.

PLEASE SIGN IN BLACK INK COMPLETELY WITHIN THIS BOX.

DATE SIGNED

PLEASE SEND this original signed form by post to the following address and attend to the indicated recipient:

Recipient:

- ☐ WM-OPS Team - For Locum/Visiting/New Employed doctors
- ☐ People Team - For New Employed Physiotherapist
- ☐ SBU-Physio - For Locum/Visiting Physiotherapist

Address:

Quality Healthcare Medical Services Limited
23/F, Skyline Tower, 39 Wang Kwong Road,
Kowloon Bay, Kowloon, Hong Kong