

**Authorization of Representative
for the Collection of Document**

To: Registrar
Social Workers Registration Board

I, _____ (name) hereby authorize
_____ (name), holder of HKID Card No. _____,
to collect the Certificate of Registration from the Office of the Social Workers
Registration Board on my behalf.

Thank you for your kind attention.

Name: _____ Registration No.: _____

Signature: _____ Date: _____

- Note:**
- 1. The authorized person is requested to hand in the duly completed Authorization Form to the staff of the Board office at the time of collection.**

 - 2. For re-application for registration, a new Certificate of Registration would only be issued on condition that the previous certificate is returned for cancellation.**