

Promotion Reimbursement Claim Form (Hong Kong Region Only)

All relevant sections must be answered in full. No application will be accepted if any part is missing.

Applicant Details

Name of applicant: _____ Gender: (M/F)

Address: _____

ID number: _____ Date of birth: _____ (DD/MM/YYYY)

Phone number: _____

Clinic/Hospital name: _____

Physician name: _____

Date of purchasing FamilyCODE: _____ (DD/MM/YYYY)

Receipt number (please attach the receipt softcopy): _____

FamilyCODE report ID: _____

Local Bank: (HSBC/Bank of China/Hang Seng)

Local bank account number for reimbursement: _____

Referral Details

Name of referrer: _____ Gender: (M/F)

Referrer's contact number: _____ Referrer's FamilyCODE report ID: _____

Relationship with applicant: _____

Terms and condition:

-Each person can only apply for the HKD\$500 reimbursement once.

-HKD\$500 Reimbursement can only be claimed under the circumstance that both applicant and referrer purchase FamilyCODETM in the same clinic/hospital.

-Both applicant and referrer must complete and receive FamilyCODETM testing report before applying for the promotion reimbursement.

-HKD\$500 will be reimbursed only after verification of the information submitted has been determined.

-Promotion reimbursement can only be applied on FamilyCODETM PURCHASED ON OR BEFORE SEPTEMBER 30, 2017.

-The latest submission date of the Promotion Reimbursement Claim Form is on NOVEMBER 30, 2017 and NO application will be accepted afterwards.

-The Promotion Reimbursement is subject to change without prior notification and all final determinations are at the sole discretion of Groken Bioscience Ltd.

Please tick as appropriate:

I hereby consent to agree the terms and condition participate in this promotion reimbursement and certify that all information provided is true and correct. I understand that a false statement may disqualify me from this promotion reimbursement.

I hereby consent to receive future marketing, advertising and promotional information in the future. All personal information will be kept confidential.

Signature of applicant: _____

Date of application: _____

Promotion Reimbursement Claim Form (Macau Region Only)

All relevant sections must be answered in full. No application will be accepted if any part is missing.

Applicant Details

Name of applicant: _____ Gender: (M/F)

Address: _____

ID number: _____ Date of birth: _____ (DD/MM/YYYY)

Phone number: _____

Clinic/Hospital name: _____

Physician name: _____

Date of purchasing FamilyCODE: _____ (DD/MM/YYYY)

Receipt number (please attach the receipt softcopy): _____

FamilyCODE report ID: _____

Local Bank: (BNU/Bank of China)

Local bank account number for reimbursement: _____

Referral Details

Name of referrer: _____ Gender: (M/F)

Referrer's contact number: _____ Referrer's FamilyCODE report ID: _____

Relationship with applicant: _____

Terms and condition:

-Each person can only apply for the HKD\$500 reimbursement once.

-HKD\$500 Reimbursement can only be claimed under the circumstance that both applicant and referrer purchase FamilyCODE™ in the same clinic/hospital.

-Both applicant and referrer must complete and receive FamilyCODE™ testing report before applying for the promotion reimbursement.

-HKD\$500 will be reimbursed only after verification of the information submitted has been determined.

-Promotion reimbursement can only be applied on FamilyCODE™ PURCHASED ON OR BEFORE SEPTEMBER 30, 2017.

-The latest submission date of the Promotion Reimbursement Claim Form is on NOVEMBER 30, 2017 and NO application will be accepted afterwards.

-The Promotion Reimbursement is subject to change without prior notification and all final determinations are at the sole discretion of Groken Bioscience Ltd.

Please tick as appropriate:

I hereby consent to agree the terms and condition participate in this promotion reimbursement and certify that all information provided is true and correct. I understand that a false statement may disqualify me from this promotion reimbursement.

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Signature of applicant: _____

Date of application: _____