



「FreeWiFi.MO」參與機構資料變更及退出計劃申請表
"FreeWiFi.MO" Participant Information Update and Withdrawal Form



請用正楷填寫本申請表，並在適用 填上“✓”。

Please fill out this application form in block letters and fill in "✓" where is applicable.

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| 1 申請類型 Type of Application | |
| 申請參與計劃時使用的機構名稱 Organization Name used when applying to join the program | |
| <input type="checkbox"/> 資料變更 Information Update <input type="checkbox"/> 退出計劃 Withdrawal from the Program 退出日期 ____ (MM) / ____ (DD) / ____ (YYYY) 原因 Reason _____ (請跳至第 5 部分 Skip to Section 5) | |
| 2 變更機構資料 (只需填寫需要更新部分) Organization Information Update (Just fill in the part that needs to be updated) | |
| 機構名稱 Organization Name | |
| 地址 Address | |
| 「FreeWiFi.MO」服務的覆蓋區域 (如大堂、等候區、公眾區域等) "FreeWiFi.MO" service coverage area (e.g., lobby, waiting area, public area) | |
| 網絡名稱 (SSID) Network Name FreeWiFi.MO by _____ | |
| Wi-Fi 使用密碼 Wi-Fi Password (if applicable) | 設有登入頁面 With Login Page <input type="checkbox"/> 有 Yes <input type="checkbox"/> 沒有 No |
| 聯絡人姓名 Name of Contact Person | 職稱 Title |
| 聯絡電話 Contact No. | 電郵地址 Email Address |
| 3 變更服務點資料 (需同時提交 服務點資料表 ; 若屬取消服務點, 僅需提供服務點名稱及地址) Hotspot Information Update (Need to submit the hotspot information form together; if it is cancellation, only need to provide the name and address of the hotspot) | |
| <input type="checkbox"/> 新增服務點 (____ 個) Adding more hotspot (Quantity: _____) <input type="checkbox"/> 取消服務點 (____ 個) Cancelling hotspot (Quantity: _____) <input type="checkbox"/> 變更現時服務點資料 Updating hotspot information | |
| 4 收集個人資料聲明 Personal Data Collection Statement | |
| 根據第 8/2005 號法律《個人資料保護法》的規定： According to Law 8/2005 the Personal Data Protection Act: 1. 在本表格內所提供的個人資料會用作處理本次申請及「FreeWiFi.MO」計劃相關事宜聯絡之用。 The personal data provided in this form will be used for processing this application and the communication of "FreeWiFi.MO" Program related matters. 2. 申請機構有權依法申請查閱、更正或更新存於本局的個人資料。 Applicants have the rights to access, rectify, and update their personal data as stored by Macao Post and Telecommunications Bureau according to the law. | |
| 5 確認申請 Confirmation of Application | |
| 具權限代表簽署 Signature of Authorized Representative | 機構蓋章 Organization Seal |
| 日期 Date ____ (DD) / ____ (MM) / ____ (YYYY) | |
| 簽署人之姓名 Name of Signatory | 簽署人之職稱 Title of Signatory |