



Life Support Customer Service Form

☐ Application ☐ Renewal ☐ Update Information

1. Applicant Information

Name : _____

ID type : ☐ Macau ID ☐ Hong Kong ID ☐ PRC ID ☐ Passport ☐ Others (please specify) : _____

I.D. No. : _____

Role : ☐ Contract holder ☐ Tenant ☐ Household Representative ☐ Others (please specify) : _____

Phone number : _____

Email : _____

Mobile Number 1 for SMS Notifications (Required) : _____

Mobile Number 2 for SMS Notifications (Optional) : _____

** You will receive SMS notifications regarding planned power outages at the specified electricity supply address.*

2. Electrical installation information

Contract No. : _____

Installation Address : _____

Life Support Equipment : ☐ Oxygen Concentrator ☐ Ventilator ☐ Pulse Oximeter ☐ Suction Machine
☐ Others (please specify) : _____

Total Power Consumption of All Life Support Equipment (Watts) : _____

Applicant's Signature : _____
(Same as ID Card)

Date : _____

☐ I declare that the resident at the above address relies on the listed life support medical equipment.

☐ I acknowledge that upon successful registration, the relevant information must be updated every two years, including whether the life support equipment is still in use, contact details, and updated equipment photos.

☐ I confirm that the information provided is accurate and agree that CEM reserves the final right of decision regarding the application.