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**Confirmation on Job Seekers' Consent for  
Collection / Temporary Keeping of  
Passport or Personal Identification Document(s)  
by Employment Agencies and  
Record for Document(s) Exchange**

*(to be completed in duplicate and retained by the job seeker and the employment agency respectively)*

**Part I: Consent from Job Seeker #**

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I, \_\_\_\_\_, am currently seeking employment as \_\_\_\_\_ through **ZenCare Employment Resolve**. Name of employer: \_\_\_\_\_ *(must specify if available)*

- ☐ The abovementioned employment agency has explained to me that my passport or personal identification document(s) is/are required for \_\_\_\_\_.
- ☐ I agree that the abovementioned employment agency may obtain and temporarily keep my document(s) listed below for the reasons specified above:
- ☐ Passport (Issuing authority: \_\_\_\_\_, Passport no.: \_\_\_\_\_)
- ☐ Others (Please specify): \_\_\_\_\_
- ☐ I understand that I may withdraw the above consent at any time and the employment agency should return the above document(s) to me as soon as practicable after receiving my notification of withdrawal.

\_\_\_\_\_  
Signature of Job Seeker  
( Name: \_\_\_\_\_ )  
Date: \_\_\_\_\_

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**Part II: Acknowledgement Receipt for Collection of Document(s) by Employment Agency**

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For the reasons specified in Part I above, \_\_\_\_\_ of **ZenCare Employment Resolve** has collected from \_\_\_\_\_ the document(s) as set out in Part I above on \_\_\_\_\_ and acknowledged receipt hereof.

\_\_\_\_\_  
Signature of Employment  
Agency Representative  
( Name: \_\_\_\_\_ )  
( Position: \_\_\_\_\_ )  
Date: \_\_\_\_\_  
Company Chop of Employment Agency

**Part III: Acknowledgement Receipt for Return of Document(s) to Job Seeker**

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\_\_\_\_\_ of **ZenCare Employment Resolve** has returned the document(s) as set out in Part I above to \_\_\_\_\_ on \_\_\_\_\_ and both parties confirmed that the document(s) has/have been delivered and collected properly.

\_\_\_\_\_  
Signature of Job Seeker

( Name: \_\_\_\_\_ )  
Date: \_\_\_\_\_

Signature of Employment Agency Representative

( Name: \_\_\_\_\_ )  
( Position: \_\_\_\_\_ )  
Date: \_\_\_\_\_  
Company Chop of Employment Agency

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Note : This is a sample document for reference only. Parties referring to this sample should ensure that its contents are appropriate for their use before adoption. They are also reminded to seek independent professional advice where appropriate.

