

Appendix 1

| Form of Professional Medal Statement of HAC | | | | | |
|---|---|-----------------------------|-----------------------|------------------------------|-----------------------|
| Name | | Birth Date(yy/ mm/dd) | | | |
| ID Card No. | | Gender | | Nationality or Birthplace | |
| Contact Details | Phone : Mobile : E-mail : | | | | |
| Mailing address | | | | | |
| Service Office (Agency) | | | Professional Title | | |
| Medal Class | | | | | |
| Achievement Details | | | | | |
| Regulations of Applicable Medals | | | Credentials | | |
| Review Results | | | | | |
| Review Opinion | | | Comment | | Signature and Seal |
| Verified by Minister of Council | | | | | |
| Date (yy/mm/dd) | | | | | |