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Diocesan Boys' School Student Financial Assistance Scheme (2024–2025)

Application Form

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Notes 注意事項

- Please read the Guidance Notes carefully before completion. 請於填表前詳閱申請指引。
- The applicant must be the parent or guardian (as recognized under Guardianship of Minors Ordinance, Cap 13) of the student applicant. 申請人必須是申請學生的父/母或是根據香港法例第 13 章《未成年人監護條例》下認可的監護人。
- This application form is written in both English and Chinese. In case of any inconsistency, the English version shall prevail. 如此申請表的中文與英文內容出現差異,一切以英文版為準。
- Additional sheets signed by the applicant may be added if there is insufficient space to provide information. 如有需要,可以另備有申請人加簽的附頁補充。

- Please complete all the boxes of this application in <u>BLOCK LETTERS</u> using a <u>black or dark blue</u> ball pen. 請用<u>黑色或藍色筆以正楷</u>清楚填妥此申請表。
- A signature is required against each amendment. 如有塗改,請在旁加簽。

PART A APPLICANT'S PARTICULARS 申請人資料

1	Name in English 英文姓名																										
2.	Name in Chinese 中文姓名																										
3.	HKID Card Number 香港身份證號碼						()																			
4.	Date of Birth 出生日期				Year	年		N	/lont	h 月			D	ay	1												
5.	Sex 性別		('1	l' M	ale	į, '2 '	' Fer	nale	女))																	
6.	Marital Status 婚姻狀況		('1	l' M	arried	Ⅰ已婚	, '2 '	* <u>Di</u> \	/orc	ed	離姓	¥/	Ser	oara	ted	分	居/	<u>/ S</u>	ing	le :	未姓	F /	Wie	dov	vec	月	<u>度偶</u>)
						ropriate 6用者								•	_				•								
7.	Relationship with Student 與申請學生的關係		('1	l' Pa	arent	父母	, '2 '	_	gal g – <i>Pi</i>							7:_										_)	
8.	Residential Phone No. 住宅電話號碼																										
9.	HK Mobile Phone No. 香港手提電話號碼								scho 可角		-						-	-			SMS						
10.	Office/ Other Contact No. 辦公室或其他聯絡號碼							Ext.	內線																		
11.	Residential Address 家庭住址	Fla	at /	Roo	m 室																						
	(請用英文填寫)			Flo	or 樓				_																		
				Blo	ck 座																						
	Name of b	uildi	ing ;	大廈	名稱																						
	Estate / Villa	ge 扂	を がり	/村	名稱																						
	No. and Name of Street	街道		稱及	號數									Ì	Ì								Ì	l	Ī		
					分區					<u> </u>						<u> </u>											
	District						1 1																				
	District	coae	e 分 ——	超额	前號																						
**D	istrict code 分區編號																										
01.		stric	t 中i	西區					10.	-	Tsue	n ۱	War	n Dis	stri	ct ∄	芒灣	逼									
02.								11.					Dist				-										
03.	—								12.				_) Dis			己朗	品									
04.	1110								13.					ict =													
05.	•								14.					trict				_									
06.									15. Sai Kung District 西貢區																		
07.	, , , , , , , , ,							16.																			
08. ng									17. Kwai Tsing District 葵青區 18. Islands District 鄭阜區																		

PART B STUDENT APPLICANT'S PARTICULARS 申請學生資料

1. Name of Student in English 英文姓名	
2. Name of Student in Chinese 中文姓名	
3. HKID Card Number 香港身份證號碼	
4. Date of Birth 出生日期	Year 年 Month 月 Day 日
5. Class 班級	For <u>New</u> Student (2024–2025): Grade 年級 2024–2025 學年 <u>新</u> 入讀:
	For Current Student (2023–2024): 2023–2024 學年現正就讀: Class 班別
6. Do you give consent to the So the above student regarding th 你是否同意本校就此份申請去因	nis application? ('Y' Yes 是, 'N' No 否) If yes, Mobile Phone No.:

PART C APPLICATION OF SCHEME(S) 申請減免的項目

- Please select the scheme(s) that you would like to apply. 請選擇申請減免的項目。
- Please tick '✔' the appropriate box(es). 請在適當的方格填上「✔」號。

Student in the academic year 2024–2025 學生於 2024–2025 學年就讀的年級	Fee Remission Scheme 學費減免計劃	Low Cost Lunch Scheme 廉價午餐計劃	Textbook Subsidy Scheme 書本津貼計劃	School Uniform Subsidy Scheme 校服津貼計劃
Grade 7 中一				
Grade 8 中二				
Grade 9 中三				
Grade 10 中四				
Grade 11 中五				
Grade 12 中六				

PART D PARTICULARS OF FAMILY MEMBERS 家庭成員資料

		а	b	c	d	е	f		
No	Family member 家庭成員	Name in English (As shown in the HKID Card) 香港身份證上所示之 英文姓名	Relationship with Applicant 與申請人 的關係	Age 年齡	HKID Card / Birth Registration Certificate No. 香港身份證 / 出世紙號碼	Present occupation 現時的職業	Name of Pres Employer / Firm / 現時的僱主 / / 學校名和	School 公司	ol
I.	Applican	t and Applicant's Spous	e 申請人和申請	人的	配偶				
1.	Applicant 申請人		Applicant 申請人						
2.	Spouse 配偶		Spouse 配偶						
reg	arding this a 是否同意本校	就此份申請去聯絡你的配	禺?	L	如同意,請	ile Phone No.: 是供手提電話號碼			
II.	Unmarrie	ed Children Residing wit	h the Family ₿	甲請	人同住的未婚子:	女			
3.	Child-1 子女-1		Student Applicant 申請學生			Student 學生	Diocesan Boys' 拔萃男書		ol
4.	Child-2 子女-2		*Son 兒子/ Daughter 女兒						
5.	Child-3 子女-3		*Son 兒子/ Daughter 女兒						
6.	Child-4 子女-4		*Son 兒子/ Daughter 女兒						
III.	Depende	nt Parents 受供養父母						For O Us	
7.	Dependent Parent-1 受供養 父母-1		*Applicant's parent 申請人父母 / Spouse's parent 配偶的父母			Information F (SFASA010)	should be		
8.	Dependent Parent-2 受供養 父母-2		*Applicant's parent 申請人父母 / Spouse's parent 配偶的父母			completed <u>fo</u> 'Dependent F 申請人須為 <u>每</u>	Parent'. 一 <u>位</u>		J
9.	Dependent Parent-3 受供養 父母-3		*Applicant's parent 申請人父母 / Spouse's parent 配偶的父母			「受供養父母」 「受供養父母」 (SFASA010)。 Please refer to S	資料表格」		J
10.	Dependent Parent-4 受供養 父母-4		*Applicant's parent 申請人父母 / Spouse's parent 配偶的父母			II of the Guidance Notes for the definition of "Dependent Parent". 有關「受供養父母」的定義,請參 閱「申請指引」第 II 部第 1.4 節。]
					Total no. o	f Family Membe	ers 家庭成員數目:		Α
*Pl	ease delete i	where appropriate. * <i>請刪</i> 乏	<i>去不適用者。</i>				For Office Use	+1	1

PART E FAMILY INCOME 家庭收入

No.	Actu	al Income during the F 2023年4月1日至			ch 2024	Total 總數 *						
I.	Applicant and A	pplicant's spouse 申請人	和申請人的配偶									
1.	Applicant 申請人											
	如申請人在 2023 年	/as unemployed ∕ was a ho 年4月1日至 2024 年3月3⁄	1日期間失業/屬家庭	主婦/已退休,請註明	归:	ease specify:						
		**Unemployed 失業/ Hot YY-MM-DD From 從	usewife 家庭主婦/ I	Retired 已退休/ Oth To 至	hers 其他:							
	Income from Employment / Self- employment	Period Y Y - M M - D D 時段 年年-月月-日日	From To	From To	From To							
	or Business Profits	Occupation 職業										
	受僱/自僱工作的收入或營業盈	Pi Gross income 總收入	\$	\$	\$							
	利 (including full-time, part-time or temporary job 包括全職、兼職、	Qf Mandatory contribution by employee (If applicable) 僱員強制性供款(如適用) # '1' MPF 強積金 '2' Provident Fund 公積金	# ('1' or '2') \$	#('1' or '2') \$	# ('1' or '2') \$	\$ B B (B= R1 + S1 + T1 + U1)						
		R ₁ Net 淨額 (R ₁ = P ₁ - Q ₁)	\$	\$	\$							
	Other Income 其他收入	Interests from fixed deposits, stocks, shares & bonds, etc.定期存款、股票、債券等的利息收益										
		Rental income 租金收入	\$									
		Others 其他 (Please specify 請註明)	\$									
2.	Applicant's spor	use 申請人的配偶	ı									
		s unemployed/was a hous 2023 年 4 月 1 日至 2024 年				ise specify:						
	Status 情況:	**Unemployed 失業/ Hou										
	Period 時段:	YY-MM-DD From 從		To 至								
	Income from Employment / Self-	Period Y Y - M M - D D 時段 年年-月月-日日	From To	From To	From To							
	employment or Business Profits	Occupation 職業										
	受僱/自僱工作	P2 Gross income 總收入	\$	\$	\$							
	的收入或營業盈利 Mandatory contribution by employee (If applicable) 僱員強制性供款(如適用, # '1' MPF 強積金 '2' Provident Fund 公積金		#('1' or '2') \$	#('1' or '2') \$	#('1' or '2') \$	\$ C (C= R2 + S2 + T2 + U2)						
	包括全職、兼職、 短期工作的收入)	R2 Net 淨額 (R2 = P2 - Q2)	\$	\$	\$							
	Other Income 其他收入	Interests from fixed deposits, stocks, shares & bonds, etc.定期存款、股票、債券等的利息收益	\$									
		Rental income 租金收入	\$									
		☑ Others 其他 (Please specify 請註明)	\$									
			Part I Total	Annual Income 年度	菱總收入: B + C = D	\$ D						

^{*}Please fill in actual figure without decimal places. 請填報實際收入,不用填寫小數位。

^{**}Please delete where appropriate. 請刪去不適用者。

PART E FAMILY INCOME 家庭收入 (Continued 續)

No.	Actu	al Income during the F			ch 2024	Total 總數 *							
		2023年4月1日至				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
II.		dren Residing with the Fa plete this part for unmarri			o 18 or above on 1	April 2023							
		<u>t於 2023 年 4 月 1 日已達 1</u>			e to or above on 17	-prii 2023.							
1.	Name in Englis	h 英文姓名:											
		Children Residing with the F	_		o 31 March 2024, plea	se specify:							
		な在 2023 年 4 月 1 日 至 202 4 ** Unemployed 失業/ <i>U</i>											
		: YY-MM-DD From 從		To 至	-								
	Income from Employment / Self- employment	Period Y Y - M M - D D 時段 年年 - 月月 - 日日	From To	From To	From To								
	or Business Profits	Occupation 職業											
	受僱/自僱工作的收入或營業盈	P ₃ Gross income 總收入	\$	\$	\$								
	利	Mandatory contribution by employee (If applicable)	#(' 1 ' or ' 2 ')	#(' 1 ' or ' 2 ')	#(' 1 ' or ' 2 ')								
	(including full- time, part-time or temporary job	僱員強制性供款(如適用) # '1' MPF 強積金 '2' Provident Fund 公積金	\$	\$	\$	\$ E E R ₃ + S ₃ + T ₃ + U ₃)							
	包括全職、兼職、 短期工作的收入)	R ₃ Net 淨額 (R ₃ = P ₃ - Q ₃)	\$	\$	\$								
	Other Income 其他收入	Interests from fixed deposits, stocks, shares & bonds, etc.定期存款、股票、債券等的利息收益	s, shares 期存款、										
		Ta Rental income 租金收入	\$										
		☑ Others 其他 (Please specify 請註明)	\$										
2.	Name in Englis	h 英文姓名:											
		Children Residing with the F	•	• •	o 31 March 2024, plea	se specify:							
		在 2023 年 4 月 1 日至 202 4 ** Unemployed 失業/ <i>U</i>											
	Period 時段:			To 至	-								
	Income from Employment /Self-	Period Y Y - M M - D D 時段 年年 - 月月 - 日日	From To	From To	From To								
	employment or Business Profits	Occupation 職業											
	受僱/自僱工作	P4 Gross income 總收入	\$	\$	\$								
	的收入或營業盈 利 (including full-time,	by employee (If applicable) 僱員強制性供款 (如適用)	# ('1' or '2')	#('1' or '2')	#('1' or '2')	\$							
	part-time or temporary job	# '1' MPF 強積金 '2' Provident Fund 公積金				$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$							
	包括全職、兼職、 短期工作的收入)	R 4 Net 淨額 (R4 = P4 - Q4)	\$	\$	\$	(<u> </u>							
	Other Income 其他收入	Interests from fixed deposits, stocks, shares & bonds, etc.定期存款、股票、債券等的利息收益	3										
		Rental income 租金收入	\$										
		U4 Others 其他 (Please specify 請註明)	\$										
		」 (поизе эреопу 調武明)	Part II Total	Annual Income 年度	: : : : : : : : : : : : : : : : : : :	\$							

^{##}Please provide copies of supporting document, e.g. student ID card. 請提供有關文件副本以證明,如學生證。

PART F OTHERS 其他

1 71	TII OIIIENO 共他			
1.	Have you applied for the Diocesan Boys' School Student Financial Assistance Scheme (2023–2024)? 你是否曾申請拔萃男書院學生資助計劃(2023–2024)?		(' Y ' Yes 是,	' N ' No 否)
2	Are you receiving subsidy from the Comprehensive Social Security Assistance (CSSA) Scheme? If yes, please provide the CSSA reference number. 你是否正領取綜合社會保障援助(簡稱綜援)? 如是,請提供綜援檔案編號。		(' Y ' Yes 是, ↓ 6A reference r 檔案編號:	ŕ
	Note 注意事項: Student-applicant approved to receive grants for textbooks and school uniforms under the CSSA Scheme should avoid applying for the same assistance in this application.	W/1/X	7田才尽例出沙儿•	
	申請學生如已獲批綜援計劃下的課本及校服津貼,應避免在本計劃申請同類資助。			
3.	Have you applied / Are you going to apply for the CSSA Scheme? 你是否正在 / 將會申請綜 援?		(' Y ' Yes 是,	' N ' No 否)
	a separate sheet if necessary. 如有需要可加紙補充。 			

PART H DECLARATION 聲明

Please read carefully through the paragraphs and sign in the space provided.

請細閱各段,然後在適當位置簽署。

I / We have read and fully understood the Guidance Notes of Diocesan Boys' School Student Financial Assistance Scheme (2024–2025) (the Scheme). I / We hereby make the following declaration:

本人/我們已細閱拔萃男書院學生資助計劃(2024-2025)的申請指引,並完全明白其內容。現謹此聲明:

(1) The information in the application form, supporting documents and other documents provided by me / us is complete and true to the best of my / our knowledge. I am / We are aware that Diocesan Boys' School (the School) will rely on the information provided by me / us to determine my / our eligibility for financial assistance and to assess the level of financial assistance to be offered under the Scheme. I / We understand that the School may conduct investigations into my / our application, including home visits. I / We also understand that any omission/ misrepresentation of information with a view to obtaining pecuniary advantage by deception is an offence and is liable to legal proceedings. Furthermore, a record of such event will be included in the student's personal file for any use or reference.

本人/我們所呈交的申請表、證明文件及其他文件內的資料,據本人/我們所知,均屬正確無訛。本人/我們知悉拔萃男書院將根據這些資料,評定本人/我們是否符合資格獲得計劃的資助和評估可獲得的資助金額。本人/我們明白拔萃男書院會就此項申請進行調查,包括家訪。本人/我們亦明白如誤報或漏報資料,或以欺詐手段獲得金錢利益,均屬違法,可能會遭到起訴,而此事亦會被記錄在學生的個人檔案內。

- (2) I / We give the consent and confirm that I / We have obtained consent from my / our family members to authorize the School to handle the personal data / information provided in this application in accordance with Section 6 in Part I of the Guidance Notes and I / We will undertake to inform my / our family members of such an arrangement. I / We also give consent to the School to contact various authorities concerned, release my / our and my / our family members' personal data to them for the purpose of processing my / our application or verifying the information provided in this application.
 - 本人/我們同意,並確定本人/我們已獲本人/我們的家庭成員同意,授權拔萃男書院按申請指引第 I 部分第 6 節所載處理此項申請的資料。本人/我們並承諾會將此項安排告知本人/我們的家庭成員。本人/我們亦同意拔萃男書院可聯絡有關機構,向它們核對本人/我們及本人/我們家庭成員的個人資料。
- (3) I / We understand that the School has the right to review my / our application and adjust my / our entitlements of receiving financial assistance from the Scheme if necessary. I / We undertake to refund to the School any over-payment of financial assistance to me / us upon demand.
 - 本人/我們明白拔萃男書院有權覆檢本人/我們的申請,並在有需要時調整本人/我們所得的資助。本人/我們承諾在拔萃男書院的要求下,願意將多出的資助款額歸還予拔萃男書院。
- (4) I / We agree to let the School check and counter-check this application. I / We also agree to provide further information on the application upon the School's request, such as income proofs or tax information issued by the Inland Revenue Department. It will lead to disqualification and restitution in full of the financial assistance granted if I / we and my / our family members refuse to co-operate.

本人/我們承諾接受拔萃男書院查證與這份申請表有關的資料。本人/我們亦承諾在拔萃男書院的要求下,會提供 更多關於這項申請的資料,例如由稅務局所發出的稅務資料及入息證明。假若本人/我們及本人/我們的家庭成員 拒絕合作,本人/我們的申請資格會被取消,而本人/我們願意立即全數歸還已獲發給的資助全額。

Signature of Applicant 申請人 簽署 : __	Signature of Applicant's spouse 申請人配偶簽署:	
HKID Card Number 香港身份證號碼:	HKID Card Number 香港身份證號碼:	
Date 日期: __	Date 日期: __	

	For Office Use														
۱p	application No.														
						_					_	2	4	2	5



Diocesan Boys' School **Student Financial Assistance Scheme** (2024-2025)

COVER SHEET FOR LETTER OF CONSENT FOR INCOME VERIFICATION

- The applicant, the applicant's spouse and the unmarried children residing with the family should complete one "Letter of Consent for Income Verification" (SFASA003) for each of their employment during the period 1 April 2023 to 31 March 2024.
- The School reserves the right to defer or disqualify the application if the applicant fails to submit the letter (SFASA003).
- Please put ALL the letters (SFASA003) under this sheet and staple them, including this sheet.

то ре сотрієтей ру тпе арріїсапт:								
"Letter of Consent for Income Ver	rification" (SFASA003)							
Completed and signed by	Number of letters							
Applicant								
Applicant's Spouse								
Unmarried Children Residing with the Family								
Total								
l,	(Name of Applicant),							
the parent ∕ legal guardian of	(Name of Student),							
have submitted the above documents with the applic	cation form.							
Signature of A	pplicant:							
	Date:							

	For Office Use														
۱pp	pplication No.														
						_					_	2	4	2	5



拔萃男書院 學生資助計劃 (2024–2025)

核對收入同意書封面頁

- 對於在 2023 年 4 月 1 日至 2024 年 3 月 31 日期間的<u>每份</u>受僱工作,申請人、申請人配偶及同住未婚子女須分別填妥和簽署一份「核對收入同意書」(SFASA003)。
- 如未能提交「核對收入同意書」(SFASA003),申請將被延誤或不獲進一步處理。
- 請將所有「核對收入同意書」(SFASA003) 釘在此頁背後。

由申請人填寫:

「核對收入同意書」(SFASA003)
由以下人士填妥及簽署的同意書:	同意書數目
申請人	
申請人配偶	
同住未婚子女	
總數	
本人	(申請人姓名)
乃	(申請學生姓名) 的父母/合法監護人
已連同申請表遞交上述文件。	
	申請人簽署:
	日期:

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PRIVATE & CONFIDENTIAL

• A signature is required against each amendment.

Employee's Information (D	uring the period 1 April 2023 – 31 March 2024)
Name (<i>Mr. / Ms.</i>)* :	(As printed on the HKID Card)
HKID card no. :	
Mobile phone no. :	
Office / Other contact no. :	
Job position :	
Department / Branch :	
Period of employment :	Fromto
Employer's Information	
Company name :	
Contact person (<i>Mr.</i> / <i>Ms.</i>)* :	
Job position :	
Department / Branch :	
Contact phone no. :	
Contact email :	
Correspondence address :	
* Please delete where appropriate	<u> </u>
Dear Sir ∕ Madam,	
Re: Letter of Consent for Inco	ome Verification
2025) for a family member, I giv	resan Boys' School Student Financial Assistance Scheme** (2024- re consent to the school to obtain information and conduct necessary <u>e</u> during the period <u>1 April 2023 to 31 March 2024</u> . I hereby confirm in for the release of such information by your company.
Thank you for your assistance.	
Yours faithfully,	
Signature of Employee :	
	(As printed on the HKID Card)
Date :	

^{**} Website: https://www.dbs.edu.hk/index.php?s=welfare&m=sfas

For Office Use Application No.

私人及機密

如有塗改,請在旁加簽。

僱員資料	(2023年4月	1日至	2024年3	月 31	日期間)
W. A / H /	1				

姓名 (<i>先生/女士</i>)*	(按香港身份證上所示)
香港身份證號碼	
手提電話號碼	
辦公室或其他聯絡號碼	
職位	
部門/分行	
受僱日期	: 由至
僱主資料	
公司名稱	
聯絡人 (<i>先生/女士</i>)*	
職位	
部門/分行	
辦公室或其他聯絡號碼	
電郵	
通訊地址	
*請删去不適用者	
執事先生:	核對收入同意書
就本人家屬申請 <u>拔萃男</u>	<u>書院</u> 學生資助計劃**(2024-2025),本人同意該校獲取本人於 <u>2023 年 4 月</u>
<u>1 日至 2024 年 3 月 31 日</u> 的 <u></u> 2	息資料,並加以查核。本人特此確認同意和授權 貴公司提供上述資
料。	
承蒙協助,謹此致謝。	
僱員簽署 :	
僱員姓名 :	(按香港身份證上所示)
日期 :	
•	

**網頁: https://www.dbs.edu.hk/index.php?s=welfare&m=sfas

	For Office Use														
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Diocesan Boys' School Student Financial Assistance Scheme (2024-2025)

COVER SHEET FOR SUPPORTING DOCUMENTS

- 1. 2.
- Please tick '√' the appropriate boxes and complete the following table.

 Please sign in the space provided.

 Please put ALL the supporting documents under this sheet and staple them, including this sheet.

•	leted by the applicant:
	necklist of Documentary Evidence to be Submitted with the Application
Original / copy	Documentary evidence of <i>Annual Family Income</i> for the period 1 April 2023 to 31 March 2024:
	A. Income of salaried employed person (1) Employer's Return of Remuneration and Pensions Form (I.R. 56); if not available (2) Salary Statement; if not available (3) Tax Demand Note issued by the Inland Revenue Department (I.R.C. 6401); if not available (4) Bank transaction record# showing payment of salary, allowance, etc; if not available (5) "Income Certificate" (SFASA006) certified by the employer
	 B. Income of self-employed driver, or person running business (including sole proprietorship business / partnership business / limited company) (6) Profit and Loss Account verified by a Certified Public Accountant; if not available (7) "Income Statement (Form C)" (SFASA009); or (8) "Income Statement (Form A)" (SFASA007) with self-prepared Profit and Loss Account; and (9) Personal Assessment Notice (if applicable).
	C. Income of salaried employed or self-employed person (except category B above) who cannot produce any income proofs (10) "Income Statement (Form B)" (SFASA008)
	D. Other income: Interest from fixed deposits, stocks, shares and bonds, etc. (11) Dividend advice; or (12) Interest advice; or (13) Bank deposits advice / statements / pass book #
	E. Other income: Rental income (14) Tenancy Agreement; if not available (15) Bank transaction record showing rental income # (16) Property tax assessment notices.
	F. Other income: Alimony / living expenses from ex-spouse / monthly pension / widow's & children compensation / gratuity, etc. (17) Relevant document(s)
Original / copy	Proof of single-parent family status:
	(18) E.g. Supporting documents for divorce / separation, death certificate of spouse, etc.
	Others:
	(19) (Please specify:)
# Including the and make nece	page with the name of bank account holder; please highlight the relevant entries and other deposit entries ssary remarks.
I,	(Name of Applicant),
-	egal guardian of (Name of Student),
•	ed the above documents with the application form.
	Signature of Applicant:
	Date:

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拔萃男書院 學生資助計劃 (2024–2025)

證明文件封面頁

- 請在適當的方格填上「✓」號,並填妥表格。
 請在適當位置簽署。
 請將所有證明文件釘在「證明文件封面頁」背後。

由申請人填	寫:
	須遞交的證明文件:
正本/副本	在 2023 年 4 月 1 日至 2024 年 3 月 31 日期間「家庭全年總收入」的證明文件:
	 A. 受薪人士的收入 (1) 僱主填報的薪酬及退休金報稅表(I.R. 56);如沒有 (2) 薪俸結算書;如沒有 (3) 由稅務局發出的繳稅通知書(I.R.C. 6401);如沒有 (4) 顯示支取薪酬、津贴等紀錄的銀行結算單 #;如沒有 (5) 由僱主填寫的「收入證明書」(SFASA006) 正本
	B. 自僱司機、或經營業務人士 (包括獨資經營/合夥業務/ 有限公司) 的收入 (6) 由執業會計師核實的營業損益表;如沒有 (7) 「收入聲明 (表格丙)」(SFASA009);或 (8) 「收入聲明 (表格甲)」(SFASA007) 連同自行擬備的營業損益表;及 (9) 個人入息課稅通知書(如適用)
	C. 未能提供任何收入證明的受薪或自僱人士 (除 B 類人士) 的收入 (10)「收入聲明 (表格乙)」(SFASA008)
	D. 其他收入:定期存款、股票、債券等的利息收益 (11) 股息通知書;或 (12) 利息通知書;或 (13) 銀行存款通知書/月結單/銀行存摺 #
	E. 其他收入:租金收入 (14) 租約;如沒有 (15) 顯示租金收入的銀行結算單 # (16) 物業稅評估通知書
	F. 其他收入:贍養費/每月領取的退休金/孤兒寡婦金/恩恤金等 (17) 有關證明文件
正本/副本	有關單親家庭的證明文件:
	(18) 如:離婚或分居證明文件、配偶的死亡證等
	其他: (19) (請註明:)
本人	
乃	
٠	申請人簽署:
	日期:

	For Office Use										
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COPIES OF HONG KONG IDENTITY (HKID) CARDS

[For the application of the Student Financial Assistance Scheme (2024-2025)]

香港身份證副本 [供申請學生資助計劃(2024-2025)之用

- ◆ Please paste the HKID Card copies of the applicant, the applicant's spouse, the student applicant and other family members listed in Part D of the "Application Form" (SFASA001) in the appropriate space below and overleaf. 請把申請人、申請人的配偶、申請學生以及 「申請表」(SFASA001)第 D 部分所載列的其他家庭成員的香港身份證副本貼在適當的空格內。
- ◆ If the HKID Card is not available, please attach copies of other valid identity documents, e.g. Hong Kong Birth Certificate. 如沒有香港身份證,請夾附其他有效的身份證明文件副本,如香港出世紙。

Copy of the HKID Card of the <u>applicant</u>	Copy of HKID Card of the <u>applicant's spouse</u>
<u>申請人</u> 的香港身份證副本	<u>申請人配偶</u> 的香港身份證副本
Copy of the HKID Card of the <u>student applicant</u>	Copy of the HKID Card of the family member
<u>申請學生</u> 的香港身份證副本	家庭成員的香港身份證副本
Copy of the HKID Card of the family member	Copy of the HKID Card of the family member
家庭成員的香港身份證副本	家庭成員的香港身份證副本

Copy of the HKID Card of the family member 家庭成員的香港身份證副本	Copy of the HKID Card of the family member 家庭成員的香港身份證副本
Copy of the HKID Card of the family member 家庭成員的香港身份證副本	Copy of the HKID Card of the family member 家庭成員的香港身份證副本
Copy of the HKID Card of the family member 家庭成員的香港身份證副本	Copy of the HKID Card of the family member 家庭成員的香港身份證副本
Copy of the HKID Card of the family member 家庭成員的香港身份證副本	Copy of the HKID Card of the family member 家庭成員的香港身份證副本

	For Office Use														
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INCOME CERTIFICATE

[For the application of the Student Financial Assistance Scheme (2024-2025)]

- For <u>salaried employed</u> person who cannot provide salary statement, taxation document, bank statement showing payment of salaries or other income proofs.
- This certificate is to be completed by the <u>Employer</u>. It must bear the company chop and telephone number of the employer.
- Employer's signature is required against amendment.

This is to certify that		(Name as shown in the HKID Card)
		(Hong Kong Identity Card No.)
is employed by this company as _		
During the period from 1 April 20	023 to 31 March 2024, his / h	ner total salary (within and
outside Hong Kong, including allo	wance, bonus, double pay, le	ave pay and other income)
is HK#\$,
his / her Mandatory Provident Fund	d / Provident Fund mandatory	contribution by employee
is HK [#] \$		
Please specify the exact employment	ent period within the above-me	
Company Name :	Name (<i>Mr. /Ms.</i>)* :	
	Job Position :	
	Department :	
Company Chop :	Contact Tel. No. :	
	Signature :	
	Date :	

Please specify the currency if salary paid is not in Hong Kong dollars.

^{*} Please delete where appropriate.

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收入證明書

[供申請學生資助計劃(2024-2025)之用]

- ◆ 適用於沒法提供糧單、稅單、領取薪金的銀行自動轉帳紀錄或其他收入證明的<u>受薪人士</u>。
- ◆ 本證明書應由<u>僱主</u>填寫,並須備有公司蓋章及僱主聯絡電話。
- 如有塗改,請僱主在旁加簽。

茲證明		(填寫香港身份證上所示之姓名)
		(香港身份證號碼)
乃受僱於本公司,職位是		0
在 2023 年 4 月 1 日至 2024 年 3 月 31 日期間	引,其總薪金	(香港和香港以外地方,包括津貼、
佣金、花紅、雙糧、假期工資等其他收入)的	全年總和為港	· · · · · · · · · · · · · · · · · · ·
其強積金/公積金的 僱員強制性供款 的全年總	和為港幣#\$_	•
如不足十二個月,請填寫上述時段內的實際受 (在	僱日期: _ <u>至</u>	<u>期間</u>)
公司名稱 :	姓名	: (先生/女士)*
	職位	:
	部門	:
公司蓋章 :	聯絡電話	:
	簽署	:
	日期	:

#如此職員支取薪金並非港幣,請註明貨幣種類。

*請删去不適用者。

	FOR OFFICE USE														
Аp	Application No.														
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INCOME STATEMENT (FORM A)

[For the application of the Student Financial Assistance Scheme (2024-2025)]

- For person running business (including sole proprietorship / partnership business).
- Sole proprietor or Partner of partnership business should also attach the <u>Profit & Loss Account</u> of the business which bears the <u>company chop</u>.
- A signature is required against each amendment.

Information on the Family Member #	[#] who is a Sole proprietor	or Partner	of partnership
business:			

Name of <i>Family Member</i> running the following company (Owner)	: (As shown in the HKID Card)
Relationship with applicant*	: Applicant / Spouse / Unmarried Child Residing with the Family
HKID Card No.	: <u></u>
Company name	<u>:</u>
Nature of business	<u>:</u>
Company address	:
Form of business ownership*	: Sole proprietorship / Partnership^
	^If it is a partnership, please specify the profit sharing ratio:%
Total income of the above busine during the period 1 April 2023 – 3	HK\$
I declare that the above information	is true and complete.
Signature of <i>Family Member</i> running the above company:	Signature of Applicant:
(if not the applicant)	Name of Applicant:
	Date:

- # Please refer to Section 1.4 in Part II of the Guidance Notes for the definition of "Family Member".
- * Please delete where appropriate.
- ** Business loss cannot be deducted from the Annual Family Income.

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收入聲明 (表格甲)

[供申請學生資助計劃(2024-2025)之用]

- ◆ 適用於經營業務人士(包括獨資經營/合夥業務)。
- ◆ 獨資經營人士或合夥業務的合夥人,須把備有<u>公司蓋章的營業損益表</u>連同本「收入聲明」一同遞交。
- ◆ 如有塗改,請在旁加簽。

「家庭成員」# 為獨資經營人士或合夥業務的合夥人的資料:

24/2/2/2 m/344/2(mm m/2/4/2)	1,4324 11,432.1.1
經營下述公司的「家庭成員」姓名 (東主)	:
與申請人的關係*	: 申請人 / 配偶 / 同住未婚子女
香港身份證號碼	:
公司名稱	:
業務性質	:
公司地址	:
企業擁有權類型*	: 獨資 / 合夥 ^
	^如屬合夥,請說明利潤分配比率:%
2023 年 4 月 1 日至 2024 年 3 月 31 日期間請詳細解釋方格 A 內的收入:	引上並業務的總收入: 港幣\$ A**
本人謹此聲明,以上資料均屬完整真確。	
經營上述公司的「家庭成員」簽署:	申請人簽署:
(如非申請人)	申請人姓名:
	日期:

- # 有關「家庭成員」的定義,請參閱「申請指引」第II部第1.4節。
- * 請删去不適用者。
- ** 營業虧損不可由「家庭全年總收入」中扣除。

	FOR OFFICE USE											
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INCOME STATEMENT (FORM B)

[For the application of the Student Financial Assistance Scheme (2024-2025)]

• For person who cannot provide income proofs such as hawker, construction worker, renovation worker, casual worker, cleaner, etc.

 A signature is required against 	each	amen	dment					
Information on the Family M Name of Family Member engaged in the following busines		?r#:				(.	As show	n in the HKID Car
Relationship with applicant*	: <u>A</u>	pplica	nt /Sp	oouse	/Unmar	ried Child R	esiding	with the Fami
HKID Card No.	:_							
Nature of Industry	: _							
Position	:_							
 Actual Income: If you do not have any income in a In addition, for payment made in a you should fill in the salary amoun 	rrears	for ins	tance, i	f the p			•	
Year 2023	L III LITE	; IIIOIIIII	i Oi Apii	i, etc.		Year 202	 4	
April :HK\$	Sept	ember	:HK\$			January	:HK\$;
May :HK\$	Octo	ber	:HK\$			February	:HK\$	
June :HK\$	Nove	ember	:HK\$			March	:HK\$	
July :HK\$	Dece	ember	:HK\$				>	
August :HK\$			>				>	
Total Annual Income HK\$:								
Payment method: (Please tick By Cash / Cash cheq By Cheque / Direct C	ue	(Pleas	e provid	le a cop ank ac	by of the tra	nsaction reco	rd includ	oe selected.) ing the page with e relevant entries s.)
Reason for not being able to prov	ide in	come	proof:	(Pleas	se tick '√'	the approp	riate bo	ox.)
I have no fixed employ	er.							
The company I worked the ex-employer and c	lo not						nentary	/ proof from
Others, please specify	: _							
I declare that the above informati	on is t	rue an	nd com	plete.				
Signature of <i>Family Member</i> engaged in the above business:				Signa	ature of Ap	plicant:		
(if not the applicant)	Name of Applicant:							

* Please refer to Section 1.4 in Part II of the Guidance Notes for the definition of "Family Member".

Date:

* Please delete where appropriate.

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收入聲明 (表格乙)

[供申請學生資助計劃(2024-2025)之用]

- ◆ 適用於未能提供收入證明的人士,如小販、三行工人、裝修工人、地盤雜工、散工、清潔工人等。 ◆ 如有塗改,請在旁加簽。 「家庭成員」#的資料: 從事下述行業的「家庭成員」姓名 : (填寫香港身份證上所示之姓名) 與申請人的關係* : 申請人 / 配偶 / 同住未婚子女 香港身份證號碼 行業 職位 實際收入: ◆ 如該月份沒有收入,請填上\$0,切勿漏空任何月份。 ◆ 此外,如於5月份支薪而該筆收入是在4月份工作賺取的,應填寫在4月份的空格內,如此類推。 2023年 2024年 4月:港幣\$ 9月 :港幣\$ 1月 :港幣\$ 5月 :港幣\$ 10月 :港幣\$ 2月 :港幣\$ 6月 3月:港幣\$:港幣\$ 11 月 :港幣\$ 7月 12月 :港幣\$:港幣\$ 8月 :港幣\$ 全年合共港幣\$: 支取薪金方法: (請在適當方格內加「✓」號。可選擇多項。) 現金/現金支票 劃線支票/自動轉賬 (請提供上述期間的銀行存摺/結算單副本,連戶口持有人姓名 頁,請用顏色筆註明有關帳項及加以注釋,以茲證明,並在其他 未能提供收入證明文件的原因: (請在適當方格內加「✓」號。) □ 沒有固定僱主。 前受僱的公司已倒閉,未能向前僱主索取證明文件,及沒有其他收入證明。 其他,請註明: 聲明: 本人謹此聲明,以上資料均屬完整真確。 申請人簽署: 從事上述行業的「家庭成員」簽署: (如非申請人) 申請人姓名: 日期:
- # 有關「家庭成員」的定義,請參閱「申請指引」第II部第1.4節。
- * 請删去不適用者。

	For Office Use											
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INCOME STATEMENT (FORM C)

[For the application of the Student Financial Assistance Scheme (2024-2025)]

- For self-employed taxi driver / lorry driver / minibus driver, etc.
- A signature is required against each amendment.

Information on the Name of Family Me engaged in the follo	emb	er	r#: :		(As shown in the	HKID Card				
Relationship with a	ppli	cant*	: Applicant / Spouse	/Unmarried	d Child Residing with th	าe Famil <u>y</u>				
HKID Card No.			:							
Occupation*			Taxi driver / Lorry driver / Minibus driver / Others:							
Vehicle Ownership	*		Vehicle owner / Vehicle lessee							
License number			:		(For vehicle	owner only				
Table of Income a	nd E	Expenditure	(From 1 April 202	3 to 31 Marci	h 2024)					
	1.	Rent (for ve	ehicle owner only)	:	HK\$					
Income	2.	Profit from	operating business	:	HK\$					
	3.	Others			HK\$					
	<u> </u>	(please speci	fy all items & breakdown o Total I n	of amounts)	HK\$					
	1.	Vehicle rent			HK\$					
Expenditure	2.	Fuel charge			HK\$					
(excluding vehicle mortgages)	3.	Insurance p		:	HK\$					
(1 & 2 are applicable	4.	Maintenanc	e fee	:	HK\$					
to vehicles lessee, 2 to 5 are applicable	5.	License fee	S	:	HK\$					
to vehicle owner)	6.	Others (plea	ase specify)	:	HK\$					
			Total Expen	diture (B):	HK\$					
Net profit** = Remark:	Tota	al Income (A)	– Total Expendit	ture (B) =	HK\$					
I declare that the at	oove	information	is true and complete.							
Signature of <i>Family I</i> engaged in the above			Signature of Applicant:							
(if not the applicant)			N	lame of Applic	ant:					
				Date:						

[#] Please refer to Section 1.4 in Part II of the Guidance Notes for the definition of "Family Member".

^{*} Please delete where appropriate.

^{**} Loss cannot be deducted from the Annual Family Income.

	For Office Use														
Αр	Application No.														
						-					_	2	4	2	5

收入聲明 (表格丙)

[供申請學生資助計劃(2024-2025)之用]

• 如有塗改,請在旁加簽。	
「家庭成員」#的資料:	

◆ 適用於的士司機/貨車司機/小巴司機等自僱人士。

「家庭成員」"的資	*科:									
從事下述職業的「	家庭周	戏員 」	姓名:					(填寫者	 香港身份證	上所示之姓名)
與申請人的關係*			:	申請人	/ 配偶 /	/ 同位	未婚	子女		
香港身份證號碼			:							
職業*			:	的士司機	後/貨車	司機/	/ <i>小巴</i>	記司機 / 3	 <i>*他:</i>	
車輛擁有權*			:	車主/	租車司機	:				
牌照編號			:							(車主適用)
收入及支出列表	(由:	2023 [/]	年4月	1 日至 202	24年3月	31 日)				
	1.	租金	(只適用	引於車主)			:	港幣\$		
收入	2.	自營業	業務之場	文益			:	港幣\$		
	3.	其他	(請詳列	所有項目及	各細項金額	į)	:	港幣\$		
					終	收入	(A) :	港幣\$		
	1.	租車	5出					港幣\$		
支出	2.	燃油					· ·	港幣\$		
(不包括車輛	3.	保險	₹				•	港幣\$		
按揭金額)	4.	維修					· ·	港幣 \$		
(第1及2項適用於							•	•		
租車司機,第2至	5.	牌費	/ 六字 六 六 工 川		<i>与 /</i> Ⅲ元子 人 郊	51	:	港幣\$		
5項適用於車主。)	6.	具他	(請許列	所有項目及		<u> </u>	:	港幣\$		
						出支思	(B) :	港幣\$		
淨盈利** =	糸	悤收入	(A)	_	總支出	(B)	=	港幣\$		
備註:										
用止・										
	1 -4-1	VI A E	~ */r -/-	r <i>it</i> -						
本人謹此聲明,以	上資料	斗均屬	元 整具	唯。						
從事上述職業的「家	庭成員	員」簽署	署:				申請丿	\簽署: 		
(如非申請人)							申請	人姓名:		
								日期:		

- # 有關「家庭成員」的定義,請參閱「申請指引」第 II 部第 1.4 節。
- * 請刪去不適用者。
- ** 虧損不可由「家庭全年總收入」中扣除。

	For Office Use														
App	Application No.														
						_					_	2	4	2	5

DEPENDENT PARENT(S) INFORMATION FORM[For the application of the Student Financial Assistance Scheme (2024-2025)]

- Please refer to the guidance notes for the definition of 'Dependent Parent'.
- A signature is required against each amendment.

• On	e form	should be comp	leted for	each 'Dependent F	Paren	ť.					
Part A	A: Dep	endent Parent's	s Inform	ation							
Name	e (<i>Mr.</i> /	Ms.)*	: <u> </u>				(As printed on the HKID Card)				
HKID	card no).	:								
Relati	onship	with applicant*	: <u>A</u> p	plicant's parent /	Spot	use's parent					
ls the	ahove	denendent narent	currently	in receint of the Com	nreher	nsive Social Security Assistar	nce? (' Y ' Yes, ' N ' No)				
			-			iod 1 April 2023 to 31 March 2	<u> </u>				
1140	iro abo	ro dopondom paro	aria di ladi	omploymont damig th	o pon	17 (pm 2020 to 0 1 maion 1	(1 166, 11 116)				
						 31 March 2024 # iod if it was less than a month 	h				
		Resided with app	licant's	Resided in premises		Resided in an elderly home	Resided in premises owned or				
		family & support the applicant or applicant's spou	-	owned or rented by applicant or applicant's spouse	l	and the expenses were fully paid by the applicant or applicant's spouse.	rented by him/her or his/her spouse, and totally supported by the applicant or applicant's spouse.				
	Apr	аррисант з эрос	136.	аррисані з зроцзе		ог аррисант з эроцэе.	аррисант от аррисант з эроцэе.				
	May Jun										
	Jul										
2023	Aug										
"	Sep										
	Oct										
	Nov Dec										
.	Jan										
2024	Feb										
(1	Mar) 0 1 1 5 15	No. 11 B 1005				
				→ Complete Part C.		→ Complete Part D.	→ Complete Part C&E.				
Part (C: Info	rmation about I	Depende	ent Parent's reside	nce						
Depe	ndent P	arent's residential	address	:							
Premi	ises ow	nership*		: <u>Public</u>	rent	al housing (PRH) tenant /	Self-own / Rental				
Name	of PR	H principal tenant /	owner(s)	/ lessee(s) :							
Total	rental /	mortgage paymen	t during th	ne period# : HK\$							
Part l	D: Info	rmation about I	Elderly h	nome							
Name	of the	elderly home		:							
Addre	ess of th	e elderly home		:							
	•	fees paid by appli g the period#	icant / app	olicant's : HK\$							
Elderl	y home	fees paid by othe	rs during	the period# : HK\$							
Part I	E: Con	tribution to the	depend	ent parent during	the p	period 1 April 2023 – 31 N	March 2024 #				
			-	t/applicant's spouse:	_						
		contributed by oth			HK						
l dec	lare th	at the above inf	ormatio	n is true and com	olete.						
Signa	ature of	Applicant:			5	Signature of Applicant's spous	se:				
							te:				
* Plea	ase del	ete where appro									

SFASA010 (2024/05)

	For Office Use														
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受供養父母資料表格

[供申請學生資助計劃(2024-2025)之用]

請參閱申請指引所列明「受供養父如有塗改,請在旁加簽。申請人須為每一位「受供養父母」			
甲部:受供養父母的資料			
姓名 (先生/女士)* :			(按香港身份證上所示)
香港身份證號碼 :			
與申請人的關係* : 申請人的父母	/ 申請人配偶的父母		
以上受供養父母是否正領取綜合社會保障技	爰助(簡稱綜援)?		一 (' Y ' 是, ' N ' 否)
以上受供養父母在2023年4月1日至202	,	僱?	(' Y ' 是, ' N ' 否)
乙部:在 <i>評估年度內 *(</i> 2023 年 4 月 1	口卒 2024 年 3 日 31 口) 『	为什盏桂 湿	_
請在適當方格內加「✓」號。如不足一個月],請填寫實際日期。		
年份 月份 與 申請人的家庭同住 ,並 由申請人/申請人配偶負責供養 。			居住於其/其配偶自置物業或 租用單位,並由申請人/申請 人配偶提供全部生活費用。
4月 5月			
6月			
7月 8月			
9月			
10月			
12月			
42 月 1月 1月 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
2月 3月			
	→ 請填寫丙部	→ 請填寫丁部	→ 請填寫丙部及戊部
丙部:受供養父母居所的資料			
受供養父母的住址 :			
物業擁有權* :	公屋租戶 / 自置 / 租	且用	
公屋戶主 / 業主 / 承租人姓名 :			
在評估年度內井的租金支出 / 按揭供款 :	_港幣\$		
丁部:安老院的資料			
安老院名稱	:		
安老院地址	:		
在評估年度內#由申請人/申請人配偶支付的	可安老院費用 : 港幣\$		
在評估年度內#由其他人支付的安老院費用	: 港幣\$		
戊部:給予受供養父母的生活費用			
在評估年度的中申請人中請人配偶提供的	N生活費用總額 : 港幣\$		
在評估年度內井由其他人提供的生活費用總	額 : 港幣\$		
聲明:本人謹此聲明,以上資料均屬完	整真確。		
申請人簽署:		申請人配偶簽署:	
申請人姓名:			
口钿:		口钿:	

* 請删去不適用者。