2023/24 AGRICULTURAL PRODUCTS/MARINE FISH SCHOLARSHIP FUND DECLARATION OF FAMILY FINANCIAL CIRCUMSTANCES

Notes	on (Comn	leting	the	Decl	aration:
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If the applicant applies for grant, this declaration must be completed and submitted. If this declaration is not submitted, award of grant will not be considered. If the applicant applies for scholarship only, submission of this declaration is not required.

This declaration should be completed by the applicant's parent or in the case of an orphan, by the guardian.

Every item on the declaration should be completed, and "Nil" or "N/A" should be put against any item which does not apply.

The following supporting documents <u>must</u> be submitted with the declaration :

- (i) Documentary evidence of income of all family members (including the declarer and the applicant) from 1.4.2022 31.3.2023 e.g. copies of tax return/salary statement/Hong Kong Inland Revenue Employer's Return of Remuneration and Pensions. As regards business owners, please provide a copy of profit and loss account duly certified by a certified Accountant. In case this is not available, please submit a self-prepared income breakdown or profit and loss account. For self-employed or casual workers, self-prepared income breakdown or profit and loss account is acceptable if there is no other documentary evidence; and
- (ii) Photocopies of bank passbooks/statements in respect of all current/savings/fixed deposit accounts held by all family members (including the declarer and the applicant). The documents should include the page showing the name of the holder and account number and all pages showing the transactions from 1.4.2022 31.3.2023.

I,				(*Male/Female) Age H	KID No.	
	(Name in English BLOCK le	etters) (N	ame in Chines	<u>e)</u>		
of				Phone N	· 0.	
		(Residential ad				
				Phone N	o	
		(Business add	lress)			
	(Correspondence	address)	(Other Contact Phone No.)			
ole	mnly and sincerely declare tha	t :				
1.	The applicant,			is my		
	(Name of applicant)			(state the relationship, e.g. son, niece, etc.)		
2.				hose in employment, please state the tion, please state the school/college/u Occupation and Place of Employment, or School/College/University Name and Class/Year		
	(a) Myself				\$	
	My *wife/husband				\$	
					•	

(b)		Name	Age	Occupation and Place of Employment, or School/College/University Name and Class/Year	Total income for the last12 months ending 31 March
	Unmarried children living with me				\$
					\$
					\$
					\$
					\$
(c)	Members of my				\$
	family (other than those listed above)				\$\$
	such as my parents, brothers and sisters living with me and				\$
	supported by me#				\$
# Pl	ease state the relationsl	nip under the "Name	" column		
(d)	Income from other so dividends, help from			ending 31 March (e.g. rent, interest ong and abroad):	from fixed deposits,
	Source				\$
					\$
				Total :	\$_
Deta	ails of medical expense	s actually paid in the	last 12 mor	nths ending 31 March in respect of m	embers of my family
	are chronically sick an			Name of doctor/clinic/	Medical
Name of patient		Illness		hospital visited	fee paid
		-			3
					<u> </u>
				Total \$)
Any	other information in s	upport of the applica	tion:		
		. 0 . 1 . 1			
	lly understand the arranced in the Guidance Not			ormation and personal data supplied	in the application as
				mily is complete and true. I will reprovement or deterioration.	ort immediately any
	nderstand that any wi			n of information with a view to proceedings.	obtaining pecuniary
Date	e :			Signature :	

3.

4.

5.

6.

7.