2024/25 AGRICULTURAL PRODUCTS/MARINE FISH SCHOLARSHIP FUND DECLARATION OF FAMILY FINANCIAL CIRCUMSTANCES

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Note	es on Completing the Declaration:					
	e applicant applies for grant, this declaration must be completed and submitted. If this declaration is not submitted, award ant 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.					
Ever	y item on the declaration should be completed, and "Nil" or "N/A" should be put against any item which does not apply.					
The f	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 1.4.2023-31.3.2024, 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 1.4.2023 - 31.3.2024.					
I,	(*Male/Female) Age HKID No.					
,	(Name in English BLOCK letters) (Name in Chinese) (*Male/Female) Age HKID No					
of_	(Residential address) Phone No					
	(Residential address)					
	Phone No.					
	(Business address)					
	(Correspondence address) (Other Contact Phone No.)					
solei	mnly and sincerely declare that:					
1.	The applicant, is my					
	The applicant, is my (Name of applicant) (state the relationship, e.g. son, niece, etc.)					
2.	The names of members of my family are as follows (for those in employment, please state the occupations, places of employment and annual incomes; for those under education, please state the school/college/university names and the classes/years):					
	Occupation and Place of Employment, or Total income for					

Name

(a) Myself

My *wife/husband

Age

School/College/University Name

and Class/Year

the last12 months

ending 31 March

\$

\$

\$

	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				\$
				\$
				\$
				\$
				\$
Members of my family (other than				\$
those listed above)				\$
brothers and sisters living with me and				\$
supported by me#				\$
ease state the relationsl	hip under the "Name"	' column		
Source	relatives and friends i	in Hong Ko	ong and abroad) :	\$ \$
			Total:	\$
		last 12 mor	nths ending 31 March in respect of mo	embers of my family
ora abranically gials as	re as follows :		Name of doctor/clinic/	
are chromically sick an	to us follows.		Name of doctor/clinic/	Medical
Name of patient	Illness		hospital visited	fee paid
•	Illness		hospital visited\$	fee paid
•	Illness		hospital visited \$ \$	fee paid
•	Illness		hospital visited \$ \$	fee paid
•	Illness		hospital visited \$ \$	fee paid
Name of patient	Illness		hospital visited \$ \$	fee paid
Name of patient other information in s	Illness support of the applications	tion :	hospital visited \$ \$	fee paid
Name of patient Tother information in section of the arranged in the Guidance Note information provided	rupport of the application and this Declaration at	ling of info	hospital visited \$ Total \$	fee paid
Name of patient other information in s ly understand the arran ed in the Guidance Not information provided nges affecting my fami	Illness support of the applications of the application. in this Declaration at ly financial circumstatiful omission/misrep	ling of info	hospital visited \$ Total \$ mily is complete and true. I will reprovement or deterioration. n of information with a view to see the second s	in the application as
3	Members of my family (other than those listed above) such as my parents, brothers and sisters living with me and supported by me# ease state the relations! Income from other so dividends, help from so dividends, help from so dividends, help from so dividends.	Members of my family (other than those listed above) such as my parents, brothers and sisters living with me and supported by me# ease state the relationship under the "Name" Income from other sources during the last dividends, help from relatives and friends in Source	Members of my family (other than those listed above) such as my parents, brothers and sisters living with me and supported by me# ease state the relationship under the "Name" column Income from other sources during the last 12 months dividends, help from relatives and friends in Hong Ko	Members of my family (other than those listed above) such as my parents, brothers and sisters living with me and supported by me# living with me and supported by me# living with me and supported by me from relatives and friends in Hong Kong and abroad): Source Total:

3.

4.

5.

6.

7.