

**AGRICULTURAL PRODUCTS/
MARINE FISH SCHOLARSHIP FUND**

AUTHORIZATION TO OBTAIN PERSONAL INFORMATION

I, _____ ,
(Name of Applicant in English & Chinese block letters)

HKID Card No. _____ ,

hereby authorize the Agricultural Products/Marine Fish Scholarship Fund Advisory Committee to obtain fully from the organisation/department being requested the information in respect of my personal particulars kept by the organisation/department concerned for matters relating to my application/awards under the Agricultural Products/Marine Fish Scholarship Fund.

Date : _____ Signature of Applicant : _____

Agriculture, Fisheries and Conservation Department
June 2023