

**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 2024