財 經 事 務 及 庫 務 局
（庫 務 科）
香港下亞厘畢道
中區政府合署

FINANCIAL SERVICES AND THE TREASURY BUREAU
(The Treasury Branch)
Central Government Offices,
Lower Albert Road,
Hong Kong

CB(1)2588/10-11(01)

傳真號碼 Fax No. : 2869 6794
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本函檔號 Our Ref. :
來函檔號 Your Ref. :

23 June 2011

Clerk to the Legislative Council Panel
on Financial Affairs

Ms. Anita Sit

Dear Ms. Sit,

Personal Data Issues in relation to the Government's Proposal of Giving a Sum of $6,000 to Eligible Persons

I refer to your email dated 22 June 2011 requesting us to provide information sought by Hon James To and Hon Kam Nai-wai in their letter of the same date to the Chairman of the Panel on Financial Affairs.

At the special meeting of the Finance Committee on 25 March 2011, the Secretary for Financial Services and the Treasury briefed Members of Government's preliminary thinking on the implementation details of disbursing the sum of $6,000. He pointed out at the meeting that we considered the proper handling of personal data one of the key consideration in the implementation of the scheme.

After formulating the proposed implementation framework of the Scheme $6,000, we submitted a paper to the Panel on Financial Affairs on 16 June 2011 [LC Paper No. CB(1)2500/10-11(01)] to brief Members of our proposal. We consider that the proposed registration process as described in the paper will enable the public to register in an effective and orderly manner while ensuring protection of privacy. Paragraph 14 of the paper explains the need for eligible persons to go

through a simple registration process before receiving payment, whereas paragraphs 28 and 29 examine the pros and cons of making use of existing systems (for example, the system for disbursing payments under the Social Security Allowance (SSA) Scheme).

As discussed in paragraph 28 of the paper, making use of existing systems to disburse $6,000 to the persons concerned would help reduce the caseload for the bank and Hongkong Post platforms. However, as we pointed out in paragraph 29, such an arrangement has its downsides. To ensure that the use of such personal data complies with the statutory requirements, the persons concerned will need to complete and submit the forms to us so as to give consent to the Government for using their data maintained in Government databases for specified purposes. As such, the process they need to go through will not be much different from the registration process for the general public. The facilitation that could be provided to them would be rather limited. Moreover, such arrangement may create confusion for elderly and disabled persons whose circumstances vary. On balance, we have therefore concluded against introducing special arrangements for the SSA recipients.

Hon James To and Hon Kam Nai-Wai requested for a sample of the application forms for the Old Age Allowance (OAA), Disability Allowance (DA) and Comprehensive Social Security Assistance (CSSA). I attach the existing application forms for the SSA Scheme (which comprises OAA and DA) and CSSA Scheme at Annexes 1 and 2 for Members' reference. The Personal Information Collection Statements in these two forms were adopted from October 2010. The forms used before October 2010 are at Annexes 3 and 4.

Yours sincerely,

(Miss Katy Fong)
for Secretary for Financial Services and the Treasury

c.c. Director of Social Welfare

附件 1
Annex 1

社會福利署
Social Welfare Department

此欄供本署填寫 For office use	
檔案編號 Casefile Reference	- S -
申請日期 Date of Application	年 Year 月 Month 日 Day

公共福利金計劃 Social Security Allowance Scheme
申請表 Application Form

注意： 此表格免費派發。填寫前，請先詳閱「公共福利金計劃申請指引」。請用黑色或藍色原子筆，以正楷填寫。如書寫錯誤，請用筆劃線刪改，並在旁簽署作實，切勿使用塗改液。

Note: This form is issued free of charge. Please read carefully the 'Application for Social Security Allowance Guidance Notes' and complete all items in this form in block letters with a blue or black pen. Please cross out any incorrect entries and sign against the amendment. Do not use correction fluid.

請根據你所申請的津貼，選擇下列其中一項。Please select one in accordance with the type of allowance you would like to apply.

☐ 普通高齡津貼 Normal Old Age Allowance
☐ 普通傷殘津貼 Normal Disability Allowance
☐ 高額高齡津貼 Higher Old Age Allowance
☐ 高額傷殘津貼 Higher Disability Allowance

第一部分 申請人/申請人配偶/監護人/受委人/代理人的個人資料
Part 1 Personal data of Applicant / Applicant's Spouse / Guardian / Appointee / Agent

申請人的個人資料
Applicant's personal data

姓名 (中文) Name in Chinese _____

(英文) Name in English _____

身份證明文件號碼 Identity document number _____

類別 Type of identity document ☐ 香港身份證 HK Identity Card ☐ 香港出生證明書 HK Birth Certificate ☐ 其他(請註明) Others(Please specify) _____

性別 Sex ☐ 男 Male ☐ 女 Female

出生日期 Date of birth _____ 年 Year _____ 月 Month _____ 日 Day

出生地點 Place of birth ☐ 香港 Hong Kong ☐ 內地 Mainland ☐ 其他(請註明) Others(Please specify) _____

國籍 Country of origin ☐ 中國 China ☐ 其他(請註明) Others(Please specify) _____

取得香港居民身份日期 Date of acquiring Hong Kong resident status _____ 年 Year _____ 月 Month _____ 日 Day

方言 Dialect spoken ☐ 廣州話 Cantonese ☐ 其他(請註明) Others(Please specify) _____

婚姻狀況 Marital status ☐ 從未結婚 Never married ☐ 已婚 Married ☐ 離婚 Divorced ☐ 分居 Separated ☐ 喪偶 Widowed ☐ 同居 Cohabited

教育程度 Education level ☐ 未受教育 No schooling ☐ 幼稚園 / 幼兒中心 Kindergarten / child care centre ☐ 小學 Primary ☐ 中學 * 1-3 / 4-5 / 6-7 年級 Secondary * 1-3 / 4-5 / 6-7 ☐ 專業教育(完成*中三 / 中五後入讀) Technical / vocational training / commercial school (post *F.3 / F.5) ☐ 專上教育(*非學位 / 學位 / 深造課程) Tertiary(*non-degree / degree-undergraduate level/ degree-post-graduate level)

住址 Residential address *香港/九龍/新界 *HK/KLN/NT _____

居所類別 Accommodation status ☐ 自置 Self-owned ☐ 租住 Rented ☐ 其他(請註明) Others(Please specify) _____

電話號碼 Telephone number _____

通訊地址 Correspondence address *香港/九龍/新界 *HK/KLN/NT _____

流動電話號碼 Mobile phone number _____

(如與住址不同，始須填寫)
(Only if different from residential address)

*申請人/監護人/受委人 *簽名/指模
*Signature/Thumbprint of *applicant/guardian/appointee _____

日期 Date _____

見證人 *簽名/指模
*Signature/Thumbprint of witness _____

☐ 請在適當方格內填上「√」號。 Tick as appropriate.

* 請刪去不適用字句。 Delete whichever is inappropriate.

申請人配偶的個人資料(只適用於七十歲以下的高齡津貼申請人)
Spouse's personal data(for Old Age Allowance applicant aged under 70 only)

姓名 (中文) Name in Chinese		(英文) Name in English	
身份證明文件號碼 Identity document number		類別 Type of identity document	☐香港身份證 HK Identity Card ☐其他(請註明) Others(Please specify)
性別 Sex	☐ 男 Male ☐ 女 Female	出生日期 Date of birth	年 Year 月 Month 日 Day
住址 Residential address	*香港/九龍/新界 *HK/KLN/NT		
(如與申請人住址不同，始須填寫) (Only if different from applicant's residential address)			
電話號碼 Telephone number		流動電話號碼 Mobile phone number	

*監護人/受委人的個人資料(只適用於十八歲以下或未能親自提出申請的傷殘津貼申請人)
***Guardian/Appointee's personal data(for Disability Allowance applicant aged under 18 or unfit to apply only)**

姓名 (中文) Name in Chinese		(英文) Name in English	
身份證明文件號碼 Identity document number		類別 Type of identity document	☐香港身份證 HK Identity Card ☐其他 (請註明) Others (Please specify)
與申請人關係 Relationship with applicant		關係證明文件 Proof of relationship	☐香港出生證明書 HK Birth Certificate ☐其他 (請註明) Others (Please specify)
住址 Residential address	*香港/九龍/新界 *HK/KLN/NT		
電話號碼 Telephone number		流動電話號碼 Mobile phone number	

代理人的個人資料(只適用於本署接納爲有需要授權第三者領款的申請人)
Agent's personal data(for applicant who requires the third party to act as an agent with acceptable reason only)

姓名 (中文) Name in Chinese		(英文) Name in English	
身份證明文件號碼 Identity document number		類別 Type of identity document	☐香港身份證 HK Identity Card ☐其他 (請註明) Others (Please specify)
與申請人關係 Relationship with applicant		住址 Residential address	*香港/九龍/新界 *HK/KLN/NT
電話號碼 Telephone number		流動電話號碼 Mobile phone number	

第二部分 居港規定(只適用於十八歲或以上的申請人)
Part 2 Residence requirements(for applicant aged 18 or above only)

1. 申請人在 2004 年 1 月 1 日前是否已成爲香港居民？
Has the applicant become a Hong Kong resident before 1 January 2004?
☐ 是 (請填寫本部第 3 項) Yes (Please complete item 3 in this part) ☐ 否 No

2. 申請人在申請日期前是否已成爲香港居民最少七年？
Has the applicant been a Hong Kong resident for at least seven years before the date of application?
☐ 是 Yes ☐ 否 No

3. 請在下列句子中選擇其中一項，以說明在緊接申請日期前一年的離港日數。
Please select one sentence below to state the total number of days of absence during the one-year period immediately before the date of application.

☐ 申請人在緊接申請日期前一年離港共 _____ 天。
The applicant has been absent from Hong Kong for a total of _____ days during the one-year period immediately before the date of application.

☐ 申請人在緊接申請日期前一年內並無離港超過 56 天。
The applicant has been absent from Hong Kong for not more than 56 days during the one-year period immediately before the date of application.

☐ 申請人未能確定在緊接申請日期前一年內的離港日數。
The applicant cannot ascertain the exact number of days of absence from Hong Kong during the one-year period immediately before the date of application.

*申請人/監護人/受委人 *簽名/指模
*Signature/Thumbprint of *applicant/guardian/appointee _____ 日期 Date _____

見證人 *簽名/指模
*Signature/Thumbprint of witness _____

☐ 請在適當方格內填上「√」號。 Tick as appropriate.
* 請刪去不適用字句。 Delete whichever is inappropriate.

第三部分 申請人及其配偶的入息及資產(只適用於七十歲以下的高齡津貼申請人，詳情請參閱「公共福利金計劃申請指引」第 7 頁註二)

Part 3 Monthly income and assets value of the applicant and spouse(for Old Age Allowance applicant aged under 70 only, please refer to Note 2 on Page 9 of 'Application for Social Security Allowance Guidance Notes' for details)

甲. 每月入息(不包括子女、親戚或朋友等金錢上的津助)
A. Income per month(excluding contributions from family members, relatives and friends, etc.)

	申請人 **Applicant**	配偶 **Spouse**
1. 工資、手工業或生意上的入息等 Wages from employment, income from handiwork, business, etc.	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
2. 退休金/長俸 Retirement benefits/pensions	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
3. 從收租所得的純利 Net profits on rentals collected	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
總入息 Total income	$ ☐☐☐☐☐☐.☐☐	$ ☐☐☐☐☐☐.☐☐

乙. 資產(包括在香港、澳門、內地或海外所擁有的資產)(有關「資產」的定義，請參閱「公共福利金計劃申請指引」第 7 頁註二)
B. Assets (including those in Hong Kong, Macau, the Mainland or overseas) (See definition of 'assets' at Note 2 on Page 9 of 'Application for Social Security Allowance Guidance Notes')

	申請人 **Applicant**	配偶 **Spouse**
1. 土地/非自住物業 Land/non-owner occupied property	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
2. 現金 Cash in hand	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
3. 銀行儲蓄 Bank savings	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
4. 股票及股份的投資 Investments in stocks and shares	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
5. 金條及金幣等 Gold bars and gold coins, etc.	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
6. 商業車輛(例如的士及公共小巴)及其營業牌照 Vehicle for investment (e.g. taxi and public light bus) and its business licence	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
總值 Total value	$ ☐☐☐☐☐☐.☐☐	$ ☐☐☐☐☐☐.☐☐

*申請人/監護人/受委人 *簽名/指模
*Signature/Thumbprint of *applicant/guardian/appointee _____ 日期 Date _____

見證人 *簽名/指模
*Signature/Thumbprint of witness _____

☐ 請在適當方格內填上「√」號。 Tick as appropriate.

* 請刪去不適用字句。 Delete whichever is inappropriate.

第四部分 入住政府/受資助住宿院舍/醫院管理局轄下的醫療機構或在教育局轄下的特殊學校寄宿(只適用於高額傷殘津貼申請人)

Part 4 Admission to a government/subvented residential institution/medical residential institution under the Hospital Authority or Boarding in a special school under the Education Bureau (for Higher Disability Allowance applicant only)

甲. 申請人是否現正入住政府/受資助住宿院舍(包括政府在合約院舍內的資助宿位或透過改善買位計劃購買的安老院舍宿位)/醫院管理局轄下的醫療機構或在教育局轄下的特殊學校寄宿？

A. Whether the applicant is now residing in a government / subvented residential institution (including a government subsidized place in a contract home or purchased from a residential care home for the elders under the Enhanced Bought Place Scheme) / medical residential institution under the Hospital Authority or boarding in a special school under the Education Bureau?

☐ 否 No ☐ 是 (請註明如下) Yes (Please specify as below)

院舍/醫療機構/特殊學校名稱 Name of institution/special school	入住日期 Date of admission

乙. 申請人是否已獲派宿位將會入住政府/受資助住宿院舍(包括政府在合約院舍內的資助宿位或透過改善買位計劃購買的安老院舍宿位)/醫院管理局轄下的醫療機構或在教育局轄下的特殊學校寄宿？

B. Has the applicant been allocated a place in a government / subvented residential institution (including a government subsidized place in a contract home or purchased from a residential care home for the elders under the Enhanced Bought Place Scheme) / medical residential institution under the Hospital Authority or a boarding place in a special school under the Education Bureau?

☐ 否 No ☐ 是 (請註明如下) Yes (Please specify as below)

院舍/醫療機構/特殊學校名稱 Name of institution/special school	入住日期 Date of admission

第五部分 旅遊證件

Part 5 Travel document

申請人是否持有任何*有效的*或*已過期的*或*已失效的*旅遊證件？

Does the applicant possess any *valid* or *expired* or *invalid* travel document(s)?

☐ 沒有 No ☐ 有 (請註明如下) Yes (Please specify as below)

證件類別 Document type	證件號碼 Document number	簽發日期 Date of issue	有效期至 Date of expiry

*申請人/監護人/受委人 *簽名/指模
*Signature/Thumbprint of *applicant/guardian/appointee _____ 日期 Date _____

見證人 *簽名/指模
*Signature/Thumbprint of witness _____

☐ 請在適當方格內填上「√」號。 Tick as appropriate. * 請刪去不適用字句。 Delete whichever is inappropriate.

第六部分 *申請人/監護人/受委人/代理人的銀行帳戶資料(自動轉帳用)
Part 6 *Applicant's / Guardian's / Appointee's / Agent's account particulars(for auto-payment)

帳戶持有人名稱 (中文)
Account name (Chinese) _____

(英文)
Account name (English) _____

銀行名稱
Name of bank _____

帳戶號碼
Account number | | | | | | | | | | | | | | | | | | | | |

第七部分 親友的個人資料(隨意提供)
Part 7 Relative's / Friend's personal data(optional)

姓名 (中文)
Name in Chinese _____

(英文)
Name in English _____

與申請人關係
Relationship with applicant _____

通訊地址
Correspondence address _____

電話號碼
Telephone number _____

流動電話號碼
Mobile phone number _____

第八部分 其他資料(包括其他福利需要)
Part 8 Other information(including other welfare needs)

請註明
Please specify _____

_____

_____

_____

第九部分 聲明及保證
Part 9 Declaration and undertaking

本人（即下方簽署人）現聲明據本人所知，本表以上所列各項資料是正確無訛。
I, the undersigned, DECLARE that to the best of my knowledge and belief, the information in the above items is true.

如以上表內所列的資料有任何改變，或*本人/申請人離開香港、被拘禁，本人將從速向社會福利署申報。
I undertake to report immediately to the Social Welfare Department any changes in the particulars contained herein. I further undertake to report immediately to the Social Welfare Department *my/the applicant's departure from Hong Kong or imprisonment.

本人已閱讀最後頁「收集個人資料聲明書」，並明白其內容。
I have read the "Personal Information Collection Statement" at the last page and understand its content.

本人承諾會通知*本人/申請人的家庭成員及其他有關人士，他們的個人資料已提供予社會福利署作本申請用途。
I undertake to inform the other members of *my/the applicant's household and other relevant persons that their personal data have been provided to the Social Welfare Department for the purpose of this application.

*申請人/監護人/受委人 *簽名/指模
*Signature/Thumbprint of *applicant/guardian/appointee _____

日期
Date _____

見證人 *簽名/指模
*Signature/Thumbprint of witness _____

* 請刪去不適用字句。
Delete whichever is inappropriate.

本人同意社會福利署就*本人/申請人領取公共福利金事而進行有關的調查，包括向入境事務處、各政府部門、銀行及其他團體、人士索取*本人/申請人/和配偶的個人資料及記錄（例如*本人/申請人的出入境電腦資料）用來進行資料核對程序。本人亦同意該等政府部門、銀行及其他團體、人士將所需資料及記錄提供予社會福利署。

I consent to any investigations into the circumstances relating to *my/the applicant's receipt of Social Security Allowance being carried out by the Social Welfare Department, including but not limited to asking the Immigration Department, other government departments, banks and other parties to match *my/the applicant's personal data relating to *my/the applicant's receipt of Social Security Allowance with *my/the applicant's personal data held by such other departments or such other parties (such as travel records held on the computer) and those of *my/the applicant's spouse. I also consent to such government departments, banks and parties providing the requested data and records to the Social Welfare Department.

*本人/申請人並無向社會福利署申請或領取*公共福利金/綜合社會保障援助。

No application for *Social Security Allowance/Comprehensive Social Security Assistance has been made by *me/the applicant nor *am I/is the applicant receiving *Social Security Allowance/Comprehensive Social Security Assistance from the Social Welfare Department.

如*本人/申請人入住政府或受資助院舍或醫院管理局轄下的醫療機構，或在教育局轄下的特殊學校寄宿，本人將從速向社會福利署申報 (只適用於高額傷殘津貼申請人)。

I undertake to report immediately to the Social Welfare Department *my/the applicant's admission to a government or subvented residential institution or medical residential institution under the Hospital Authority, or boarding placement in a special school under the Education Bureau (for Higher Disability Allowance applicant only).

由_____年_____月_____日起，如*本人/申請人/和配偶的每月總入息或資產總值超逾社會福利署所定的限額，本人必須向社會福利署申報 (以書面通知爲準)。本人明白如不申報，將有被檢控的可能 (只適用於七十歲以下的高齡津貼申請人)。

I undertake to notify the Social Welfare Department (in writing) if, after_____(date), the monthly income or assets of *myself/the applicant/and spouse exceed the limits set by the Social Welfare Department. I understand that if I fail to notify the Department, I shall render myself liable to prosecution (for Old Age Allowance applicant aged under 70 only).

本人*同意/不同意津貼金直接存入申請人的銀行帳戶（只適用於十五歲至十七歲心智健全的申請人而其申請須由監護人或受委人簽署）。

I *agree/do not agree that the allowance be paid directly into the applicant's bank account (applicable only to mentally sound applicants aged 15-17 whose applications have to be signed by guardian/appointee).

本人明白社會福利署有權從*本人/申請人每月可得的津貼金中扣除經社會福利署核實的多領款項。

I understand that the Social Welfare Department has the right to deduct from *my/the applicant's monthly entitlements any amount certified by the Social Welfare Department as overpayment.

本人同意社會福利署從*本人/申請人/代理人的銀行帳戶_____取回任何多領款項。本人亦同意_____(銀行名稱)，從*本人/申請人/代理人上述的銀行帳戶，扣除經社會福利署核實的多領款項。

I agree to the Social Welfare Department to recover any overpayment received for *me/the applicant from *my/the applicant's/the agent's bank account no._____ held for *my/the applicant's use and benefit. I also agree to_____(name of bank) to debit *my/the applicant's/the agent's bank account as specified above from time to time with any amount certified by the Social Welfare Department as overpayment.

本人明白如本人蓄意或存心提供不正確資料或隱瞞任何事項，或錯誤引導社會福利署，以圖獲得現金援助，將有被檢控的可能。

I understand that if I knowingly or willfully make any false statement or withhold any information, or otherwise mislead the Social Welfare Department for the purpose of obtaining payments, it will render me liable to prosecution.

以上聲明，本人已詳細閱讀，本人亦完全明白。

The above statement has been read by me and well understood by me.

*申請人/監護人/受委人 *簽名/指模
*Signature/Thumbprint of *applicant/guardian/appointee _____

見證人 *簽名/指模
*Signature/Thumbprint of witness _____

見證人姓名
Name of witness _____

日期
Date _____

* 請刪去不適用字句。
Delete whichever is inappropriate.

注意事項
Important notes

1. 在遞交申請表前，應確定有關部分完全填妥。否則本署會將申請表退回給你重新填寫。這將延誤處理你的申請。
Please ensure the relevant parts of the application form are fully completed before submission. Otherwise, the Social Welfare Department will return it to you for completion. This will delay the processing of your application.

✧ 普通高齡津貼申請人應填妥以下部分：
Normal Old Age Allowance applicant should complete the following parts :

第一部分	申請人/申請人配偶/監護人/受委人/代理人的個人資料
Part 1	Personal data of Applicant / Applicant's Spouse / Guardian / Appointee / Agent
第二部分	居港規定
Part 2	Residence requirements
第三部分	申請人及其配偶的入息及資產
Part 3	Monthly income and assets value of the applicant and spouse
第五部分	旅遊證件
Part 5	Travel document
第六部分	申請人/監護人/受委人/代理人的銀行帳戶資料
Part 6	Applicant's / Guardian's / Appointee's / Agent's account particulars
第九部分	聲明及保證
Part 9	Declaration and undertaking

✧ 高額高齡津貼申請人應填妥以下部分：
Higher Old Age Allowance applicant should complete the following parts :

第一部分	申請人/申請人配偶/監護人/受委人/代理人的個人資料
Part 1	Personal data of Applicant / Applicant's Spouse / Guardian / Appointee / Agent
第二部分	居港規定
Part 2	Residence requirements
第五部分	旅遊證件
Part 5	Travel document
第六部分	申請人/監護人/受委人/代理人的銀行帳戶資料
Part 6	Applicant's / Guardian's / Appointee's / Agent's account particulars
第九部分	聲明及保證
Part 9	Declaration and undertaking

✧ 普通傷殘津貼申請人應填妥以下部分：
Normal Disability Allowance applicant should complete the following parts :

第一部分	申請人/申請人配偶/監護人/受委人/代理人的個人資料
Part 1	Personal data of Applicant / Applicant's Spouse / Guardian / Appointee / Agent
第二部分	居港規定
Part 2	Residence requirements
第五部分	旅遊證件
Part 5	Travel document
第六部分	申請人/監護人/受委人/代理人的銀行帳戶資料
Part 6	Applicant's / Guardian's / Appointee's / Agent's account particulars
第九部分	聲明及保證
Part 9	Declaration and undertaking

✧ 高額傷殘津貼申請人應填妥以下部分：
Higher Disability Allowance applicant should complete the following parts :

第一部分	申請人/申請人配偶/監護人/受委人/代理人的個人資料
Part 1	Personal data of Applicant / Applicant's Spouse / Guardian / Appointee / Agent
第二部分	居港規定
Part 2	Residence requirements
第四部分	入住政府/受資助住宿院舍/醫院管理局轄下的醫療機構或在教育局轄下的特殊學校寄宿
Part 4	Admission to a government/subvented residential institution/medical residential institution under the Hospital Authority or Boarding in a special school under the Education Bureau
第五部分	旅遊證件
Part 5	Travel document
第六部分	申請人/監護人/受委人/代理人的銀行帳戶資料
Part 6	Applicant's / Guardian's / Appointee's / Agent's account particulars
第九部分	聲明及保證
Part 9	Declaration and undertaking

2. 請準備「公共福利金計劃申請指引」第 19 頁至 20 頁中所應遞交之文件副本，連同填妥的申請表一併以郵遞方式或親自交回社會保障辦事處。已填妥的申請表及證明文件一經遞交，恕不退回。如有需要，請你自行保存一份副本以備查閱。
Please prepare copies of all relevant supporting documents (Please refer to page 23 and 24 of the 'Application for Social Security Allowance Guidance Notes') and return together with the completed application form to social security field unit by post or in person. Completed application form and supporting documents, once submitted, are not returnable. If necessary, please retain one copy for your own reference.

收集個人資料聲明書
Personal Information Collection Statement

向社會福利署提供個人資料之前，請先細閱本聲明書。

收集資料的目的

1. 社會福利署 (社署) 會使用你所提供的個人資料，向你提供你所需要的適當援助或服務，包括但不限於監察及檢討各項服務、進行研究及調查，以及履行法定職責。向社署提供個人資料，純屬自願。如你未能提供足夠的個人資料，本署可能無法處理你的申請或向你提供援助／服務。

可能經由社署轉介資料的人士的類別

2. 你所提供的個人資料，會供本署在工作上有需要知道該等資料的職員使用。除此之外，本署職員在需要時亦只會向下列有關方面或在下列情況披露該等資料：

(a) 其他涉及評定你的申請，或向你提供服務／援助的有關方面，例如政府決策局／部門、非政府機構及公用事業公司；或
(b) 由法律授權或法律規定須向其披露資料的有關方面；或
(c) 你曾同意向其披露資料的有關方面。

查閱個人資料

3. 除了《個人資料(私隱)條例》規定的豁免範圍之外，你有權就社署備存有關你的個人資料提出查閱及改正要求。不過，在一般情況下，如收集資料的目的已經完成，本署會刪除有關的個人資料。在條例內訂下的查閱權利是指在繳付所需費用後，取得你的個人資料的複本一份。查閱資料要求須以申請表格或書信提出。你可到社署各辦事處／中心索取查閱資料申請表格。

對你申請的服務的查詢、查閱及改正個人資料的要求

4. 請確保你向社署提供的資料正確無誤。如你對所提交的援助／服務申請有任何查詢，或對所提供的資料有任何更改，亦請聯絡向你收集資料的辦事處。

5. 如果你希望查閱你的個人資料，以及在查閱個人資料後要求改正所得的資料，請向有關社會保障辦事處主任提出（有關各區社會保障辦事處的地址及電話號碼，請參閱申請指引第 21 至 23 頁）。

Please read this notice before you provide any personal data to the Social Welfare Department

Purposes of Collection

1. The personal data supplied by you will be used by the Social Welfare Department (SWD) to provide appropriate assistance or service from SWD which is relevant to your needs, including but not limited to monitoring and review of services and conducting of research and surveys, and for discharging statutory duties. The provision of personal data to SWD is voluntary. If you do not provide sufficient personal data, we may not be able to process your application or provide assistance/service to you.

Classes of Transferees

2. The personal data you provide will be made available to persons working in SWD on a need-to-know basis. Apart from this, they may only be disclosed to the relevant parties or in the circumstances listed below :-

(a) Other parties such as government bureaux / departments, non-governmental organizations and public utility companies **if** they are involved in the assessment of application from or provision of service/assistance to you;
(b) Where such disclosure is authorized or required by law; or
(c) Where you have given consent to such disclosure.

Access to Personal Data

3. Except where there is an exemption provided under the Personal Data (Privacy) Ordinance, you have a right of access to and correction of personal data held on you when the data have not been erased. However, data will usually be erased after fulfilling the purposes of collection. Your right of access under the Ordinance means the right to obtain a copy of your personal data subject to payment of a fee. Applications for access to data should be made either on application form or by a letter. Application forms for access to data are available at offices/centres of SWD.

Enquiries, Access to and Correction of Personal Data

4. Please ensure that the data you provide to SWD are accurate. If you have enquiries concerning your application for assistance/service or if there are changes in the data you provide, please contact the office which collected the data from you.

5. Requests for access to personal data collected by SWD and correction of data obtained from a data access request should be addressed to the supervisor of the respective social security field units (please refer to p.25-27 of the Guidance Notes for addresses and telephone numbers of social security field units).

此欄供本署填寫 For office use

收表格日期蓋印
Official chop for receipt of application form

調查員簽名
Signature of Investigating Officer _____

調查員姓名及職級
Name & rank of Investigating Officer _____

調查完成日期
Date of completion of investigation _____

社會福利署
Social Welfare Department

綜合社會保障援助計劃 Comprehensive Social Security Assistance Scheme

申請表 Application Form

檔案編號 *Casefile ref.*　　調查員 *Investigating Officer*

1. 申請人的個人資料 Applicant's personal data

中文姓名 *Name in Chinese*　　英文姓名 *Name in English*
中文姓名電碼 *Name in CCC*
身份證明文件號碼 *Identity document no.*　　身份證明文件類別 *Type of identity document*
身份證明文件簽發日期 *Date of issue of identity document*　　身份證明文件首次簽發日期 *Date of first issue of identity document*
取得香港居民身份日期 *Date of acquiring Hong Kong resident status*　　婚姻狀況 *Marital status*
性別 *Sex*　　出生地點 *Place of birth*
出生日期 *Date of birth*　　年齡 *Age*
銀行帳戶資料(自動轉帳用) *Bank account particulars (for auto-payment)*
帳戶名稱 *Account name*
銀行 *Bank code*　　分行 *Branch code*　　帳戶號碼 *A/C no.*
電話號碼 *Telephone no.*
住址 *Residential address*

通訊地址 *Correspondence address*

2. 家庭成員的個人資料 Family members' personal data

中文姓名 Name in Chinese / 中文姓名電碼 Name in CCC	英文姓名 Name in English	身份證明文件號碼 Identity document no./ 身份證明文件類別 Type of identity document	身份證明文件簽發日期 Date of issue of identity document/ 身份證明文件首次簽發日期 Date of first issue of identity document	取得香港居民身分日期 Date of acquiring Hong Kong resident status	性別 Sex	出生日期 Date of birth	年齡 Age	與申請人關係 Relationship with applicant	婚姻狀況 Marital status

3. *監護人／受委人的個人資料*Guardian's / Appointee's personal data

中文姓名 *Name in Chinese*　　英文姓名 *Name in English*
中文姓名電碼 *Name in CCC*
身份證明文件號碼 *Identity document no.*　　身份證明文件類別 *Type of identity document*
與申請人關係 *Relationship with applicant*
電話號碼 *Telephone no.*
通訊地址 *Correspondence address*

4. 代理人的個人資料 Agent's personal data

中文姓名 *Name in Chinese*　　英文姓名 *Name in English*
中文姓名電碼 *Name in CCC*
身份證明文件號碼 *Identity document no.*　　身份證明文件類別 *Type of identity document*
與申請人關係 *Relationship with applicant*
電話號碼 *Telephone no.*
通訊地址 *Correspondence address*

5. 資產(包括在香港、澳門、內地或海外所擁有的資產) Capital assets (including those in Hong Kong, Macau, the Mainland or overseas)

(a) 現金 Cash in hand

姓名 Name	金額 (元) Amount ($)	日期 Date

(b) 銀行儲蓄 Bank savings

帳戶名稱 Account name	帳戶號碼 Account no.	最近期結餘 (元) Last balance ($)	日期 Date of last balance

(c) 保險計劃的現金價值、股票及股份的投資及易於變換現金的資產 Cash value of insurance policy, investments in stocks and shares and readily realizable assets

姓名 Name	金額 (元) Amount ($)	日期 Date

(d) 貴重財物 Valuable possessions

姓名 Name	金額 (元) Amount ($)	日期 Date

(e) *土地 / 自住物業 / 非自住物業 *Land/owner occupied property/non-owner occupied property

姓名 Name	金額 (元) Amount ($)	日期 Date

*申請人／監護人／受委人*簽名／指模 *Signature / Thumbprint of *applicant/guardian/appointee		見證人 *簽名／指模 *Signature / Thumbprint of witness		見證人姓名 Name of witness		日期 Date

(f) 其他 Others

姓名 Name	資產資料 Description of assets	金額 (元) Amount ($)	日期 Date

總金額 (元) *Total amount ($)*

6. 住屋開支 Accommodation expenses

(a) 租金／自住樓宇按揭還款開支 Rent/Mortgage payment for self-owned flat

日期 Period: 由 From –至 To	每月 (元) Monthly amount ($)	每月其他開支 (元) Monthly other payment ($)	租金包括水費 Including water charges	樓房類別 Type of accommodation

(b) 水費／排污費 Water charges/Sewage charges

日期 Period: 由 From – 至 To	共用水錶人數 No. of persons sharing a water meter

(c) 電話費 Telephone charges

日期 Period: 由 From – 至 To	電話公司名稱 Telephone Company Name	共用人數 Shared By	類別 Type	每月費用 (元)(非標準收費適用) Monthly amount ($) (For non standard charges)

7. 教育／幼兒中心繳費資料 Education/Child care centre expenses

(a) 學校日常開支 General expenses

姓名 Name	幼兒中心／幼稚園／學校名稱 Name of child care centre/kindergarten/school	就學程度 Level of education	就讀班級（如適用） Class (if applicable)	全日制 Full day / 半日制 Half day / 夜校 Evening	每月學費(元) School fee per month ($) 每月堂費(元) Tong fee per month ($)	繳費期間 Period covered 由 From-至 To	向學生資助辦事處申請有關津貼 Application for Financial Assistance from Student Financial Assistance Agency	學前教育學券持有人 Pre-primary Education Voucher Holder

(b) 全日制學生的午膳津貼 Meal allowance for full-day student

姓名 Name	日期 Period: 由 From – 至 To	上學模式 School attendance

(c) 幼兒中心供應的膳食 Meals provided by child care centre

姓名 Name	日期 Period: 由 From – 至 To	膳食餐數 Meal pattern

8. 交通費用 Travel expenses

姓名 Name	目的 Purpose	日期 Period: 由 From – 至 To	路線 Route	每月次數 No. of trips per month	單程費用 Fare per trip	每月支出(元) Total amount per month ($)

9. 其他支出 Other expenses

姓名 Name	項目 Items	日期 Period: 由 From – 至 To	金額 (元) Amount ($)

10. 申請人及其家庭成員從所有來源的收入 Income of applicant and household members from all sources

(a) 從就業所得的收入 From Employment

從申請前就業所得的收入 From previous employment

姓名 Name　　僱主姓名 Name of employer

職業 Occupation

離職日期 Date of termination of last employment

最後支薪日期 Date of payment of last pay　　最後支薪金額（元） Amount of last pay ($)

代通知金付款日期 Date of payment in lieu of notice　　代通知金額（元） Amount of payment in lieu of notice ($)

退休金付款日期 Date of payment for Retirement Benefit　　退休金額（元） Amount of payment for retirement benefit ($)

從現時就業所得的收入 From current employment

姓名 Name　　僱主姓名 Name of employer

職業 Occupation

開始工作日期 Date of commencing work　　每月平均收入 Average income per month

每月工作日數 Working days per month

每月工作時數 Working hours per month

離職日期 Date of termination of last employment

最後支薪日期 Date of payment of last pay　　最後支薪金額（元） Amount of last pay ($)

代通知金付款日期 Date of payment in lieu of notice　　代通知金額（元） Amount of payment in lieu of notice ($)

退休金付款日期 Date of payment for Retirement Benefit　　退休金額（元） Amount of payment for retirement benefit ($)

Income Detail

日期 Period (MM/YYYY)	每月金額 (元) Monthly Amount ($)	強積金扣減金額 (元)MPF Deduction Amount ($)	其他扣減金額 (元) Other Deduction Amount ($)	淨金額 (元) Monthly Net Amount ($)	類別 Type

*申請人／監護人／受委人*簽名／指模 *Signature / Thumbprint of *applicant/guardian/appointee		見證人 *簽名／指模 *Signature / Thumbprint of witness		見證人姓名 Name of witness		日期 Date

(b) 從庇護工作獲得的收入 From Sheltered Work

從現時就業所得的收入 From current employment

姓名 Name
日期 (由) Period from (MM/YYYY)
開始工作日期 Date of commencing work

庇護工場名稱 Name of workshop
日期 (至) Period to (MM/YYYY)
每月平均薪金(元) Average wage per month ($)
每月平均獎勵金(元) Average incentive payment per month ($)
每月平均交通津貼 (元) Average transportation allowance per month ($)
每月其他平均津貼 (元) Average other allowance per month ($)
農曆新年花紅 (元) Chinese New Year bonus ($)

離職日期 Date of termination of last employment
最後支薪日期 Date of payment of last pay
代通知金付款日期 Date of payment in lieu of notice

最後支薪金額（元） Amount of last pay ($)
代通知金額（元）Amount of payment in lieu of notice ($)

退休金付款日期 Date of payment for retirement benefit

退休金額（元） Amount of payment for retirement benefit ($)

(c) 親友的津助 Contributions from relatives and friends

收款人姓名 Name of recipient	親友姓名 Name of relative/friend	關係 Relationship	日期 Period: 由 From – 至 To	每月金額 (元) Amount per month ($)

(d) 退休金 / 長俸 Retirement benefits / Pensions

姓名 Name	日期 Period: 由 From – 至 To	每月金額 (元) Amount per month($)

(e) 慈善基金 Charitable fund

收款人姓名 Name of recipient	慈善基金名稱 Name of charitable fund	收取日期 Date of receipt	金額 (元) Amount ($)

(f) 其他來源 Other sources

收款人姓名 Name of recipient	項目 Items	日期 Period: 由 From – 至 To	金額 (元) Amount ($)

11. 健康狀況 Health condition

姓名 Name	健康狀況 Health condition	疾病 / 傷殘性質 Nature of Illness / disability

12. 入住住宿院舍／醫院管理局轄下的醫療機構或被拘禁 Admission to residential institution/medical residential institution under the Hospital Authority or Imprisonment

(a) 入住醫院記錄 Record of Hospitalization

姓名 Name	醫院名稱 Name of hospital	入院日期 Date of admission	出院日期 Date of discharge

(b) 入住院舍記錄 Record of Institutionalization

姓名 Name	院舍名稱 Name of institution	日期 Period: 由 From – 至 To	院費 Home Charge Amount	院租 Home Rent Amount

(c) 被拘禁記錄 Record of Imprisonment

姓名 Name	懲教院所名稱 Name of correctional institution	由 From	至 To

13. 旅遊證件及離港記錄 Travel document and record of absence from Hong Kong

(a) 旅遊證件 Travel document

姓名 Name	證件類別及號碼 Document type & number	簽發日期 Date of issue	有效日期至 Date of expiry

(b) 申請前一年內的離港記錄 Absence from Hong Kong during the year immediately before application

(i) 顯示在旅遊證件上的離港記錄 Record of absence as shown in the travel document

姓名 Name	離港日期 Date of departure	抵港日期 Date of arrival	日數 No. of days

(ii) 沒有顯示在旅遊證件上的離港日數 Number of days of absence not shown in the travel document

姓名 Name	日數 No. of days	此欄由本署填寫 For Office use only
		Total no. of days of absence from Hong Kong [(b)(i)+(b)(ii)] (reset the date of eligibility, where necessary)

14. 福利需要 Welfare needs

姓名 Name	福利需要 Welfare needs

15. 其他資料 Other information

*申請人／監護人／受委人*簽名／指模 *Signature / Thumbprint of *applicant/guardian/appointee		見證人 *簽名／指模 *Signature / Thumbprint of witness		見證人姓名 Name of witness		日期 Date

16. 聲明及保證 Declaration & undertaking

本人（即下方簽署人）現聲明據本人所知，本表以上所列各項有關*本人／申請人*及本人／及申請人的其他家庭成員的家庭狀況（已向本人宣讀，本人亦完全明白）是正確無訛。
I, the undersigned, DECLARE that to the best of my knowledge and belief, the information and statement given in the above sections (which has been read over to me and well understood by me) is true and is a complete and accurate statement of *my/the applicant's circumstances *and those of the other members of *my/the applicant's household.

如以上表內所列的資料有任何改變（不論屬永久性或暫時性），或*本人／申請人*或本人／或申請人的任何家庭成員離開香港，本人將從速向社會福利署申報。
I undertake to report immediately to the Social Welfare Department any changes (being permanent or temporary) in the particulars contains herein. I further undertake to report immediately to the Social Welfare Department if *I/the applicant *or any member of *my/the applicant's household leave Hong Kong.

本人已閱讀最後頁「收集個人資料聲明書」，並明白其內容。
I have read the "Personal Information Collection Statement" at the last page and understand its content.

本人承諾會通知*本人／申請人的家庭成員及其他有關人士，他們的個人資料已提供予社會福利署作本申請用途。
I undertake to inform the other members of * my/the applicant's household and other relevant persons that their personal data have been provided to the Social Welfare Department for the purpose of this application.

本人同意社會福利署就*本人／申請人領取綜合社會保障援助事而進行有關的調查，包括向入境事務處、各政府部門、銀行及其他團體、人士索取*本人／申請人*及本人／及申請人的其他家庭成員的個人資料及記錄（例如*本人／申請人*及本人／及申請人的其他家庭成員的出入境電腦資料）用來進行資料核對程序。本人亦同意該等政府部門、銀行及其他團體、人士將所需資料及記錄提供予社會福利署。
I consent to any investigations into the circumstances relating to *my/the applicant's receipt of Comprehensive Social Security Assistance being carried out by the Social Welfare Department, including but not limited to asking the Immigration Department, other government departments, banks and other parties to match * my/the applicant's personal data relating to * my/the applicant's receipt of Comprehensive Social Security Assistance with * my/the applicant's personal data held by such other departments or such other parties (such as travel records held on the computer) *and those of the other members of * my/the applicant's household. I also consent to such government departments, banks and parties providing the requested data and records to the Social Welfare Department.

*本人／申請人*及本人／及申請人的任何家庭成員並無向社會福利署申請或領取*綜合社會保障援助/公共福利金。
No application for *Comprehensive Social Security Assistance/Social Security Allowance has been made by * me/the applicant/or any other member of *my/the applicant's household nor *am I/is the applicant/or is any other member of *my/the applicant's household receiving *Comprehensive Social Security Assistance/Social Security Allowance from the Social Welfare Department.

如*本人／申請人*或本人／或申請人的任何家庭成員入住或離開住宿院舍或醫院管理局轄下的醫療機構或被拘禁，本人將從速向社會福利署申報。
I undertake to report immediately to the Social Welfare Department *my/the applicant's admission to or discharge from a residential institution or medical residential institution under the Hospital Authority or imprisonment *and those of the other members of * my/the applicant's household.

本人*同意／不同意援助金直接存入申請人的銀行帳戶。（只適用於十五歲至十七歲心智健全的申請人而其申請須由監護人或受委人簽署）。
I *agree/do not agree that the assistance be paid directly into the applicant's bank account (applicable only to mentally sound applicants aged 15-17 whose applications have to be signed by guardian/appointee).

本人明白社會福利署有權從*本人／申請人*及本人／及申請人的任何家庭成員每月可得的援助金中扣除經社會福利署核實的多領款項。
I understand that the Social Welfare Department has the right to deduct from *my/the applicant's monthly entitlements *and those of the other members of *my/the applicant's household any amount certified by the Social Welfare Department as overpayment.

本人同意社會福利署從*本人／申請人／代理人的銀行帳戶 _____ 取回任何多領款項。本人亦同意 _____ (銀行名稱）從*本人／申請人／代理人上述的銀行帳戶，扣除經社會福利署核實的多領款項。
I agree to the Social Welfare Department to recover any overpayment received by *me/the applicant from *my/the applicant's/the agent's bank account no. _____ held for *my/the applicant's use and benefit. I also agree to _____ (name of bank) to debit *my/the applicant's/the agent's bank account as specified above from time to time with any amount certified by the Social Welfare Department as overpayment.

本人明白如本人蓄意或存心提供不正確資料或隱瞞任何事項，或錯誤引導社會福利署，以圖獲得現金援助，將有被檢控的可能。
I understand that if I knowingly or wilfully make any false statement or withhold any information, or otherwise mislead the Social Welfare Department for the purpose of obtaining payments, it will render me liable to prosecution.

以上聲明，已向本人宣讀，本人亦完全明白。
The above statement has been read over to me and well understood by me.

*申請人／監護人／受委人 *簽名／指模 *Signature / Thumbprint of *applicant/guardian/appointee		調查員簽名 Signature of investigating officer	
見證人 *簽名／指模 *Signature / Thumbprint of witness		調查員姓名及職級 Name and rank of investigating officer	
見證人姓名 Name of witness		日期 Date	

17. 鄭重聲明 Solemn declaration

本人 _____ 鄭重聲明，本份申請表格上的資料全屬正確。本人明白凡蓄意提供虛假資料或漏報資料以**騙取**綜合社會保障援助（**綜援**）乃屬**刑事行爲**，除可導致* 本人／申請人喪失領取綜援的資格外，本人可能因觸犯盜竊罪條例(香港法例第 **210** 章)而被起訴。任何觸犯盜竊罪的人士，一經定罪，**最高可被判入獄十四年**。

I, _____ , solemnly and sincerely declare that all the information on this application form is correct. I understand that the deliberate provision of false information or omission of information in order to obtain Comprehensive Social Security Assistance (CSSA) by **deception** is a **criminal offence**. In addition to the consequence of being ineligible for CSSA, I am liable on conviction to **imprisonment for a maximum of 14 years** under the Theft Ordinance, Chapter **210**.

*申請人／監護人／受委人 *簽名／指模 *Signature / Thumbprint of *applicant/guardian/appointee	
見證人 *簽名／指模 *Signature / Thumbprint of witness	
見證人姓名 Name of witness	
日期 Date	

*請刪去不適用字句 Delete whichever is inappropriate

*申請人／監護人／受委人*簽名／指模 *Signature / Thumbprint of *applicant/guardian/appointee		見證人 *簽名／指模 *Signature / Thumbprint of witness		見證人姓名 Name of witness		日期 Date

收集個人資料聲明書

向社會福利署提供個人資料之前，請先細閱本聲明書。

收集資料的目的

1. 社會福利署 (社署) 會使用你所提供的個人資料，向你提供你所需要的適當援助或服務，包括但不限於監察及檢討各項服務、進行研究及調查，以及履行法定職責。向社署提供個人資料，純屬自願。如你未能提供足夠的個人資料，本署可能無法處理你的申請或向你提供援助／服務。

可能經由社署轉介資料的人士的類別

2. 你所提供的個人資料，會供本署在工作上有需要知道該等資料的職員使用。除此之外，本署職員在需要時亦只會向下列有關方面或在下列情況披露該等資料 ：

(a) 其他涉及評定你的申請，或向你提供服務／援助的有關方面，例如政府決策局／部門、非政府機構及公用事業公司；或
(b) 由法律授權或法律規定須向其披露資料的有關方面；或
(c) 你曾同意向其披露資料的有關方面。

查閱個人資料

3. 除了《個人資料(私隱)條例》規定的豁免範圍之外，你有權就社署備存有關你的個人資料提出查閱及改正要求。不過，在一般情況下，如收集資料的目的已經完成，本署會刪除有關的個人資料。在條例內訂下的查閱權利是指在繳付所需費用後，取得你的個人資料的複本一份。查閱資料要求須以申請表格或書信提出。你可到社署各辦事處／中心索取查閱資料申請表格。

對你申請的服務的查詢、查閱及改正個人資料的要求

4. 請確保你向社署提供的資料正確無誤。如你對所提交的援助／服務申請有任何查詢，或對所提供的資料有任何更改，亦請聯絡向你收集資料的辦事處。

5. 如果你希望查閱你的個人資料，以及在查閱個人資料後要求改正所得的資料，請向下列人士提出：

職位名稱： (所屬社會保障辦事處主任)
地址： (所屬社會保障辦事處地址)
電話： (所屬社會保障辦事處電話)

Personal Information Collection Statement

Please read this notice before you provide any personal data to the Social Welfare Department

Purposes of Collection

1. The personal data supplied by you will be used by the Social Welfare Department (SWD) to provide appropriate assistance or service from SWD which is relevant to your needs, including but not limited to monitoring and review of services and conducting of research and surveys, and for discharging statutory duties. The provision of personal data to SWD is voluntary. If you do not provide sufficient personal data, we may not be able to process your application or provide assistance/service to you.

Classes of Transferees

2. The personal data you provide will be made available to persons working in SWD on a need-to-know basis. Apart from this, they may only be disclosed to the relevant parties or in the circumstances listed below :-

(a) Other parties such as government bureaux / departments, non-governmental organizations and public utility companies **if** they are involved in the assessment of application from or provision of service/assistance to you;
(b) Where such disclosure is authorized or required by law ; or
(c) Where you have given consent to such disclosure.

Access to Personal Data

3. Except where there is an exemption provided under the Personal Data (Privacy) Ordinance, you have a right of access to and correction of personal data held on you when the data have not been erased. However, data will usually be erased after fulfilling the purposes of collection. Your right of access under the Ordinance means the right to obtain a copy of your personal data subject to payment of a fee. Applications for access to data should be made either on application form or by a letter. Application forms for access to data are available at offices/centres of SWD.

Enquiries, Access to and Correction of Personal Data

4. Please ensure that the data you provide to SWD are accurate. If you have enquiries concerning your application for assistance/service or if there are changes in the data you provide, please contact the office which collected the data from you.

5. Requests for access to personal data collected by SWD and correction of data obtained from a data access request should be addressed to –

Post title: (Supervisor of the Social Security Field Unit concerned)
Address: (Address of the Social Security Field Unit concerned)
Tel. No: (Telephone number of the Social Security Field Unit concerned)

附件 3
Annex 3

社會福利署
Social Welfare Department

此欄供本署填寫 For office use	
檔案編號 Casefile Reference	- S -
申請日期 Date of Application	年 Year 月 Month 日 Day

公共福利金計劃 Social Security Allowance Scheme
申請表 Application Form

注意： 此表格免費派發。填寫前，請先詳閱「公共福利金計劃申請指引」。請用黑色或藍色原子筆，以正楷填寫。如書寫錯誤，請用筆劃線刪改，並在旁簽署作實，切勿使用塗改液。

Note: This form is issued free of charge. Please read carefully the 'Application for Social Security Allowance Guidance Notes' and complete all items in this form in block letters with a blue or black pen. Please cross out any incorrect entries and sign against the amendment. Do not use correction fluid.

請根據你所申請的津貼，選擇下列其中一項。Please select one in accordance with the type of allowance you would like to apply.

☐ 普通高齡津貼 Normal Old Age Allowance
☐ 普通傷殘津貼 Normal Disability Allowance
☐ 高額高齡津貼 Higher Old Age Allowance
☐ 高額傷殘津貼 Higher Disability Allowance

第一部分 申請人/申請人配偶/監護人/受委人/代理人的個人資料
Part 1 Personal data of Applicant / Applicant's Spouse / Guardian / Appointee / Agent

申請人的個人資料
Applicant's personal data

姓名 (中文) Name in Chinese _____

(英文) Name in English _____

身份證明文件號碼 Identity document number _____

類別 Type of identity document ☐ 香港身份證 HK Identity Card ☐ 香港出生證明書 HK Birth Certificate ☐ 其他(請註明) Others(Please specify) _____

性別 Sex ☐ 男 Male ☐ 女 Female

出生日期 Date of birth _____ 年 Year _____ 月 Month _____ 日 Day

出生地點 Place of birth ☐ 香港 Hong Kong ☐ 內地 Mainland

國籍 Country of origin ☐ 中國 China ☐ 其他(請註明) Others(Please specify) _____

☐ 其他(請註明) Others(Please specify) _____

取得香港居民身份日期 Date of acquiring Hong Kong resident status _____ 年 Year _____ 月 Month _____ 日 Day

方言 Dialect spoken ☐ 廣州話 Cantonese ☐ 其他(請註明) Others(Please specify) _____

婚姻狀況 Marital status ☐ 從未結婚 Never married ☐ 已婚 Married ☐ 離婚 Divorced ☐ 分居 Separated ☐ 喪偶 Widowed ☐ 同居 Cohabited

教育程度 Education level ☐ 未受教育 No schooling ☐ 幼稚園 / 幼兒中心 Kindergarten / child care centre ☐ 小學 Primary ☐ 中學 * 1-3 / 4-5 / 6-7 年級 Secondary * 1-3 / 4-5 / 6-7

☐ 專業教育(完成*中三 / 中五後入讀) Technical / vocational training / commercial school (post *F.3 / F.5)

☐ 專上教育(*非學位 / 學位 / 深造課程) Tertiary(*non-degree / degree-undergraduate level/ degree-post-graduate level)

住址 Residential address *香港/九龍/新界 *HK/KLN/NT _____

居所類別 Accommodation status ☐ 自置 Self-owned ☐ 租住 Rented ☐ 其他(請註明) Others(Please specify) _____

電話號碼 Telephone number _____

通訊地址 Correspondence address *香港/九龍/新界 *HK/KLN/NT _____

流動電話號碼 Mobile phone number _____

(如與住址不同，始須填寫)
(Only if different from residential address)

*申請人/監護人/受委人 *簽名/指模
*Signature/Thumbprint of *applicant/guardian/appointee _____

日期 Date _____

見證人 *簽名/指模
*Signature/Thumbprint of witness _____

☐ 請在適當方格內填上「√」號。 Tick as appropriate.

* 請刪去不適用字句。 Delete whichever is inappropriate.

申請人配偶的個人資料(只適用於七十歲以下的高齡津貼申請人)
Spouse's personal data(for Old Age Allowance applicant aged under 70 only)

姓名 (中文) Name in Chinese _____ (英文) Name in English _____

身份證明文件號碼 Identity document number _____ 類別 Type of identity document ☐香港身份證 HK Identity Card ☐其他(請註明) Others(Please specify) _____

性別 Sex ☐ 男 Male ☐ 女 Female 出生日期 Date of birth _____ 年 Year _____ 月 Month _____ 日 Day

住址 Residential address *香港/九龍/新界 *HK/KLN/NT _____

(如與申請人住址不同，始須填寫)
(Only if different from applicant's residential address)

電話號碼 Telephone number _____ 流動電話號碼 Mobile phone number _____

*監護人/受委人的個人資料(只適用於十八歲以下或未能親自提出申請的傷殘津貼申請人)
***Guardian/Appointee's personal data(for Disability Allowance applicant aged under 18 or unfit to apply only)**

姓名 (中文) Name in Chinese _____ (英文) Name in English _____

身份證明文件號碼 Identity document number _____ 類別 Type of identity document ☐香港身份證 HK Identity Card ☐其他 (請註明) Others (Please specify) _____

與申請人關係 Relationship with applicant _____ 關係證明文件 Proof of relationship ☐香港出生證明書 HK Birth Certificate ☐其他 (請註明) Others (Please specify) _____

住址 Residential address *香港/九龍/新界 *HK/KLN/NT _____

電話號碼 Telephone number _____ 流動電話號碼 Mobile phone number _____

代理人的個人資料(只適用於本署接納爲有需要授權第三者領款的申請人)
Agent's personal data(for applicant who requires the third party to act as an agent with acceptable reason only)

姓名 (中文) Name in Chinese _____ (英文) Name in English _____

身份證明文件號碼 Identity document number _____ 類別 Type of identity document ☐香港身份證 HK Identity Card ☐其他 (請註明) Others (Please specify) _____

與申請人關係 Relationship with applicant _____ 住址 Residential address *香港/九龍/新界 *HK/KLN/NT _____

電話號碼 Telephone number _____ 流動電話號碼 Mobile phone number _____

第二部分 居港規定(只適用於十八歲或以上的申請人)
Part 2 Residence requirements(for applicant aged 18 or above only)

1. 申請人在 2004 年 1 月 1 日前是否已成爲香港居民？ Has the applicant become a Hong Kong resident before 1 January 2004? ☐ 是 (請填寫本部第 3 項) Yes (Please complete item 3 in this part) ☐ 否 No

2. 申請人在申請日期前是否已成爲香港居民最少七年？ Has the applicant been a Hong Kong resident for at least seven years before the date of application? ☐ 是 Yes ☐ 否 No

3. 請在下列句子中選擇其中一項，以說明在緊接申請日期前一年的離港日數。
Please select one sentence below to state the total number of days of absence during the one-year period immediately before the date of application.

☐ 申請人在緊接申請日期前一年離港共 _____ 天。
The applicant has been absent from Hong Kong for a total of _____ days during the one-year period immediately before the date of application.

☐ 申請人在緊接申請日期前一年內並無離港超過 56 天。
The applicant has been absent from Hong Kong for not more than 56 days during the one-year period immediately before the date of application.

☐ 申請人未能確定在緊接申請日期前一年內的離港日數。
The applicant cannot ascertain the exact number of days of absence from Hong Kong during the one-year period immediately before the date of application.

*申請人/監護人/受委人 *簽名/指模
*Signature/Thumbprint of *applicant/guardian/appointee _____ 日期 Date _____

見證人 *簽名/指模
*Signature/Thumbprint of witness _____

☐ 請在適當方格內填上「√」號。 Tick as appropriate.
* 請刪去不適用字句。 Delete whichever is inappropriate.

第三部分 申請人及其配偶的入息及資產(只適用於七十歲以下的高齡津貼申請人，詳情請參閱「公共福利金計劃申請指引」第 7 頁註二)

Part 3 Monthly income and assets value of the applicant and spouse(for Old Age Allowance applicant aged under 70 only, please refer to Note 2 on Page 9 of 'Application for Social Security Allowance Guidance Notes' for details)

甲. 每月入息(不包括子女、親戚或朋友等金錢上的津助)
A. Income per month(excluding contributions from family members, relatives and friends, etc.)

	申請人 **Applicant**	配偶 **Spouse**
1. 工資、手工業或生意上的入息等 Wages from employment, income from handiwork, business, etc.	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
2. 退休金/長俸 Retirement benefits/pensions	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
3. 從收租所得的純利 Net profits on rentals collected	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
總入息 Total income	$ ☐☐☐☐☐☐.☐☐	$ ☐☐☐☐☐☐.☐☐

乙. 資產(包括在香港、澳門、內地或海外所擁有的資產)(有關「資產」的定義，請參閱「公共福利金計劃申請指引」第 7 頁註二)
B. Assets (including those in Hong Kong, Macau, the Mainland or overseas) (See definition of 'assets' at Note 2 on Page 9 of 'Application for Social Security Allowance Guidance Notes')

	申請人 **Applicant**	配偶 **Spouse**
1. 土地/非自住物業 Land/non-owner occupied property	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
2. 現金 Cash in hand	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
3. 銀行儲蓄 Bank savings	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
4. 股票及股份的投資 Investments in stocks and shares	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
5. 金條及金幣等 Gold bars and gold coins, etc.	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
6. 商業車輛(例如的士及公共小巴)及其營業牌照 Vehicle for investment (e.g. taxi and public light bus) and its business licence	☐ 沒有 No ☐ 有 Yes $ _____	☐ 沒有 No ☐ 有 Yes $ _____
總值 Total value	$ ☐☐☐☐☐☐.☐☐	$ ☐☐☐☐☐☐.☐☐

*申請人/監護人/受委人 *簽名/指模
*Signature/Thumbprint of *applicant/guardian/appointee _____ 日期 Date _____

見證人 *簽名/指模
*Signature/Thumbprint of witness _____

☐ 請在適當方格內填上「√」號。 Tick as appropriate.

* 請刪去不適用字句。 Delete whichever is inappropriate.

第四部分 入住政府/受資助住宿院舍/醫院管理局轄下的醫療機構或在教育局轄下的特殊學校寄宿(只適用於高額傷殘津貼申請人)

Part 4 Admission to a government/subvented residential institution/medical residential institution under the Hospital Authority or Boarding in a special school under the Education Bureau (for Higher Disability Allowance applicant only)

甲. 申請人是否現正入住政府/受資助住宿院舍(包括政府在合約院舍內的資助宿位或透過改善買位計劃購買的安老院舍宿位)/醫院管理局轄下的醫療機構或在教育局轄下的特殊學校寄宿？

A. Whether the applicant is now residing in a government / subvented residential institution (including a government subsidized place in a contract home or purchased from a residential care home for the elders under the Enhanced Bought Place Scheme) / medical residential institution under the Hospital Authority or boarding in a special school under the Education Bureau?

☐ 否 No ☐ 是 (請註明如下) Yes (Please specify as below)

院舍/醫療機構/特殊學校名稱 Name of institution/special school	入住日期 Date of admission

乙. 申請人是否已獲派宿位將會入住政府/受資助住宿院舍(包括政府在合約院舍內的資助宿位或透過改善買位計劃購買的安老院舍宿位)/醫院管理局轄下的醫療機構或在教育局轄下的特殊學校寄宿？

B. Has the applicant been allocated a place in a government / subvented residential institution (including a government subsidized place in a contract home or purchased from a residential care home for the elders under the Enhanced Bought Place Scheme) / medical residential institution under the Hospital Authority or a boarding place in a special school under the Education Bureau?

☐ 否 No ☐ 是 (請註明如下) Yes (Please specify as below)

院舍/醫療機構/特殊學校名稱 Name of institution/special school	入住日期 Date of admission

第五部分 旅遊證件

Part 5 Travel document

申請人是否持有任何*有效的*或*已過期的*或*已失效的*旅遊證件？

Does the applicant possess any *valid* or *expired* or *invalid* travel document(s)?

☐ 沒有 No ☐ 有 (請註明如下) Yes (Please specify as below)

證件類別 Document type	證件號碼 Document number	簽發日期 Date of issue	有效期至 Date of expiry

*申請人/監護人/受委人 *簽名/指模
*Signature/Thumbprint of *applicant/guardian/appointee _____ 日期 Date _____

見證人 *簽名/指模
*Signature/Thumbprint of witness _____

☐ 請在適當方格內填上「√」號。 Tick as appropriate. * 請刪去不適用字句。 Delete whichever is inappropriate.

第六部分 *申請人/監護人/受委人/代理人的銀行帳戶資料(自動轉帳用)
Part 6 *Applicant's / Guardian's / Appointee's / Agent's account particulars(for auto-payment)

帳戶持有人名稱 (中文)
Account name (Chinese) _____

(英文)
Account name (English) _____

銀行名稱
Name of bank _____

帳戶號碼
Account number | | | | | | | | | | | | | | | | | | | | |

第七部分 親友的個人資料(隨意提供)
Part 7 Relative's / Friend's personal data(optional)

姓名 (中文)
Name in Chinese _____

(英文)
Name in English _____

與申請人關係
Relationship with applicant _____

通訊地址
Correspondence address _____

電話號碼
Telephone number _____

流動電話號碼
Mobile phone number _____

第八部分 其他資料(包括其他福利需要)
Part 8 Other information(including other welfare needs)

請註明
Please specify _____

_____

_____

_____

第九部分 聲明及保證
Part 9 Declaration and undertaking

本人（即下方簽署人）現聲明據本人所知，本表以上所列各項資料是正確無訛。
I, the undersigned, DECLARE that to the best of my knowledge and belief, the information in the above items is true.

如以上表內所列的資料有任何改變，或*本人/申請人離開香港、被拘禁，本人將從速向社會福利署申報。
I undertake to report immediately to the Social Welfare Department any changes in the particulars contained herein. I further undertake to report immediately to the Social Welfare Department *my/the applicant's departure from Hong Kong or imprisonment.

本人完全明白並同意社會福利署因爲*本人/申請人申請公共福利金及社會福利署提供的其他服務而需要索取有關資料。本人亦同意該等記錄及資料可以被提交社會福利署轄下其他單位、有關的政府部門及其他非政府機構，以方便*本人/申請人向社會福利署提出的各項申請。本人亦明白可以向社會福利署查閱該等資料及作出修改。
I fully understand the purpose and agree to the Social Welfare Department obtaining information from me for the purpose of applying for Social Security Allowance. I agree that these data and other related information contained in subsequent case records or social enquiry reports can be shared with other Social Welfare Department offices or government departments or related non-governmental organizations to facilitate *my/the applicant's application for assistance and service from the Social Welfare Department. I understand that I can approach the Social Welfare Department on personal data access and data correction matters.

*申請人/監護人/受委人 *簽名/指模
*Signature/Thumbprint of *applicant/guardian/appointee _____

日期
Date _____

見證人 *簽名/指模
*Signature/Thumbprint of witness _____

☐ 請在適當方格內填上「√」號。
Tick as appropriate.

* 請刪去不適用字句。
Delete whichever is inappropriate.

本人承諾會通知*本人/申請人的家庭成員及其他有關人士，他們的個人資料已提供予社會福利署作本申請用途。
I undertake to inform the other members of *my/the applicant's household and other relevant persons that their personal data have been provided to the Social Welfare Department for the purpose of this application.

本人同意社會福利署就*本人/申請人領取公共福利金事而進行有關的調查，包括向入境事務處、各政府部門、銀行及其他團體、人士索取*本人/申請人/和配偶的個人資料及記錄（例如*本人/申請人的出入境電腦資料）用來進行資料核對程序。本人亦同意該等政府部門、銀行及其他團體、人士將所需資料及記錄提供予社會福利署。
I consent to any investigations into the circumstances relating to *my/the applicant's receipt of Social Security Allowance being carried out by the Social Welfare Department, including but not limited to asking the Immigration Department, other government departments, banks and other parties to match *my/the applicant's personal data relating to *my/the applicant's receipt of Social Security Allowance with *my/the applicant's personal data held by such other departments or such other parties (such as travel records held on the computer) *and those of *my/the applicant's spouse. I also consent to such government departments, banks and parties providing the requested data and records to the Social Welfare Department.

*本人/申請人並無向社會福利署申請或領取*公共福利金/綜合社會保障援助。
No application for *Social Security Allowance/Comprehensive Social Security Assistance has been made by *me/the applicant nor *am I/is the applicant receiving *Social Security Allowance/Comprehensive Social Security Assistance from the Social Welfare Department.

如*本人/申請人入住政府或受資助院舍或醫院管理局轄下的醫療機構，或在教育局轄下的特殊學校寄宿，本人將從速向社會福利署申報 (只適用於高額傷殘津貼申請人)。
I undertake to report immediately to the Social Welfare Department *my/the applicant's admission to a government or subvented residential institution or medical residential institution under the Hospital Authority, or boarding placement in a special school under the Education Bureau (for Higher Disability Allowance applicant only).

由_____ 年_____ 月_____ 日起，如*本人/申請人/和配偶的每月總入息或資產總值超逾社會福利署所定的限額，本人必須向社會福利署申報 (以書面通知爲準)。本人明白如不申報，將有被檢控的可能 (只適用於七十歲以下的高齡津貼申請人)。
I undertake to notify the Social Welfare Department (in writing) if, after _____ (date), the monthly income or assets of *myself/the applicant/and spouse exceed the limits set by the Social Welfare Department. I understand that if I fail to notify the Department, I shall render myself liable to prosecution (for Old Age Allowance applicant aged under 70 only).

本人*同意/不同意津貼金直接存入申請人的銀行帳戶（只適用於十五歲至十七歲心智健全的申請人而其申請須由監護人或受委人簽署）。
I *agree/do not agree that the allowance be paid directly into the applicant's bank account (applicable only to mentally sound applicants aged 15-17 whose applications have to be signed by guardian/appointee).

本人明白社會福利署有權從*本人/申請人每月可得的津貼金中扣除經社會福利署核實的多領款項。
I understand that the Social Welfare Department has the right to deduct from *my/the applicant's monthly entitlements any amount certified by the Social Welfare Department as overpayment.

本人同意社會福利署從*本人/申請人/代理人的銀行帳戶 _____ 取回任何多領款項。
I agree to the Social Welfare Department to recover any overpayment received for *me/the applicant from *my/the applicant's/the agent's bank account no. _____ held for *my/the applicant's use and benefit.

本人亦同意 _____ (銀行名稱)，從*本人/申請人/代理人上述的銀行帳戶，扣除經社會福利署核實的多領款項。
I also agree to _____ (name of Bank) to debit *my/the applicant's/the agent's bank account as specified above from time to time with any amount certified by the Social Welfare Department as overpayment.

本人明白如本人蓄意或存心提供不正確資料或隱瞞任何事項，或錯誤引導社會福利署，以圖獲得現金援助，將有被檢控的可能。
I understand that if I knowingly or willfully make any false statement or withhold any information, or otherwise mislead the Social Welfare Department for the purpose of obtaining payments, it will render me liable to prosecution.

以上聲明，本人已詳細閱讀，本人亦完全明白。
The above statement has been read by me and well understood by me.

*申請人/監護人/受委人 *簽名/指模
*Signature/Thumbprint of *applicant/guardian/appointee _____

見證人 *簽名/指模
*Signature/Thumbprint of witness _____

見證人姓名
Name of witness _____

日期
Date _____

☐ 請在適當方格內填上「√」號。 Tick as appropriate.

* 請刪去不適用字句。 Delete whichever is inappropriate.

注意事項
Important notes

1. 在遞交申請表前，應確定有關部分完全填妥。否則本署會將申請表退回給你重新填寫。這將延誤處理你的申請。
Please ensure the relevant parts of the application form are fully completed before submission. Otherwise, the Social Welfare Department will return it to you for completion. This will delay the processing of your application.

✧ 普通高齡津貼申請人應填妥以下部分：
Normal Old Age Allowance applicant should complete the following parts :

第一部分 Part 1 — 申請人/申請人配偶/監護人/受委人/代理人的個人資料
Personal data of Applicant / Applicant's Spouse / Guardian / Appointee / Agent

第二部分 Part 2 — 居港規定
Residence requirements

第三部分 Part 3 — 申請人及其配偶的入息及資產
Monthly income and assets value of the applicant and spouse

第五部分 Part 5 — 旅遊證件
Travel document

第六部分 Part 6 — 申請人/監護人/受委人/代理人的銀行帳戶資料
Applicant's / Guardian's / Appointee's / Agent's account particulars

第九部分 Part 9 — 聲明及保證
Declaration and undertaking

✧ 高額高齡津貼申請人應填妥以下部分：
Higher Old Age Allowance applicant should complete the following parts :

第一部分 Part 1 — 申請人/申請人配偶/監護人/受委人/代理人的個人資料
Personal data of Applicant / Applicant's Spouse / Guardian / Appointee / Agent

第二部分 Part 2 — 居港規定
Residence requirements

第五部分 Part 5 — 旅遊證件
Travel document

第六部分 Part 6 — 申請人/監護人/受委人/代理人的銀行帳戶資料
Applicant's / Guardian's / Appointee's / Agent's account particulars

第九部分 Part 9 — 聲明及保證
Declaration and undertaking

✧ 普通傷殘津貼申請人應填妥以下部分：
Normal Disability Allowance applicant should complete the following parts :

第一部分 Part 1 — 申請人/申請人配偶/監護人/受委人/代理人的個人資料
Personal data of Applicant / Applicant's Spouse / Guardian / Appointee / Agent

第二部分 Part 2 — 居港規定
Residence requirements

第五部分 Part 5 — 旅遊證件
Travel document

第六部分 Part 6 — 申請人/監護人/受委人/代理人的銀行帳戶資料
Applicant's / Guardian's / Appointee's / Agent's account particulars

第九部分 Part 9 — 聲明及保證
Declaration and undertaking

✧ **高額傷殘津貼申請人應填妥以下部分：**
Higher Disability Allowance applicant should complete the following parts :

第一部分 Part 1 申請人/申請人配偶/監護人/受委人/代理人的個人資料
Personal data of Applicant / Applicant's Spouse / Guardian / Appointee / Agent

第二部分 Part 2 居港規定
Residence requirements

第四部分 Part 4 入住政府/受資助住宿院舍/醫院管理局轄下的醫療機構或在教育局轄下的特殊學校寄宿
Admission to a government/subvented residential institution/medical residential institution under the Hospital Authority or Boarding in a special school under the Education Bureau

第五部分 Part 5 旅遊證件
Travel document

第六部分 Part 6 申請人/監護人/受委人/代理人的銀行帳戶資料
Applicant's / Guardian's / Appointee's / Agent's account particulars

第九部分 Part 9 聲明及保證
Declaration and undertaking

2. 請準備「公共福利金計劃申請指引」第 19 頁至 20 頁中所應遞交之文件副本，連同填妥的申請表一併以郵遞方式或親自交回社會保障辦事處。已填妥的申請表及證明文件一經遞交，恕不退回。如有需要，請你自行保存一份副本以備查閱。
Please prepare copies of all relevant supporting documents (Please refer to page 23 and 24 of the 'Application for Social Security Allowance Guidance Notes') and return together with the completed application form to social security field unit by post or in person. Completed application form and supporting documents, once submitted, are not returnable. If necessary, please retain one copy for your own reference.

此欄供本署填寫 For office use

收表格日期蓋印
Official chop for receipt of application form

調查員簽名
Signature of Investigating Officer _____

調查員姓名及職級
Name & rank of Investigating Officer _____

調查完成日期
Date of completion of investigation _____

社會福利署
Social Welfare Department

綜合社會保障援助計劃 Comprehensive Social Security Assistance Scheme

申請表 Application Form

檔案編號 *Casefile ref.*　　調查員 *Investigating Officer*

1. 申請人的個人資料 Applicant's personal data

中文姓名 *Name in Chinese*　　英文姓名 *Name in English*
中文姓名電碼 *Name in CCC*
身份證明文件號碼 *Identity document no.*　　身份證明文件類別 *Type of identity document*
身份證明文件簽發日期 *Date of issue of identity document*　　身份證明文件首次簽發日期 *Date of first issue of identity document*
取得香港居民身份日期 *Date of acquiring Hong Kong resident status*　　婚姻狀況 *Marital status*
性別 *Sex*　　出生地點 *Place of birth*
出生日期 *Date of birth*　　年齡 *Age*
銀行帳戶資料(自動轉帳用) *Bank account particulars (for auto-payment)*
帳戶名稱 *Account name*
銀行 *Bank code*　　分行 *Branch code*　　帳戶號碼 *A/C no.*
電話號碼 *Telephone no.*
住址 *Residential address*

通訊地址 *Correspondence address*

2. 家庭成員的個人資料 Family members' personal data

中文姓名 Name in Chinese / 中文姓名電碼 Name in CCC	英文姓名 Name in English	身份證明文件號碼 Identity document no./ 身份證明文件類別 Type of identity document	身份證明文件簽發日期 Date of issue of identity document/ 身份證明文件首次簽發日期 Date of first issue of identity document	取得香港居民身分日期 Date of acquiring Hong Kong resident status	性別 Sex	出生日期 Date of birth	年齡 Age	與申請人關係 Relationship with applicant	婚姻狀況 Marital status

3. *監護人／受委人的個人資料 *Guardian's / Appointee's personal data

中文姓名 *Name in Chinese*　　英文姓名 *Name in English*
中文姓名電碼 *Name in CCC*
身份證明文件號碼 *Identity document no.*　　身份證明文件類別 *Type of identity document*
與申請人關係 *Relationship with applicant*
電話號碼 *Telephone no.*
通訊地址 *Correspondence address*

4. 受託人的個人資料 Agent's personal data

中文姓名 *Name in Chinese*　　英文姓名 *Name in English*
中文姓名電碼 *Name in CCC*
身份證明文件號碼 *Identity document no.*　　身份證明文件類別 *Type of identity document*
與申請人關係 *Relationship with applicant*
電話號碼 *Telephone no.*
通訊地址 *Correspondence address*

5. 資產 Capital assets

(a) 現金 Cash in hand

姓名 Name	金額 (元) Amount ($)	日期 Date

(b) 銀行儲蓄 Bank savings

帳戶名稱 Account name	帳戶號碼 Account no.	最近期結餘 (元) Last balance ($)	日期 Date of last balance

(c) 股票及股份的投資及易於變換現金的財產 Investments in stocks and shares and readily realizable assets

姓名 Name	金額 (元) Amount ($)	日期 Date

(d) 貴重財物 Valuable possessions

姓名 Name	金額 (元) Amount ($)	日期 Date

*申請人/監護人/受委人 *簽名/指模 *Signature / Thumbprint of *applicant/guardian/appointee		見證人 *簽名/指模 *Signature / Thumbprint of witness		見證人姓名 Name of witness		日期 Date

(e) *土地／自住物業／非自住物業(包括在香港、澳門、內地及海外國家／地區所擁有) *Land/owner occupied property /non-owner occupied property(including those in Hong Kong, Macau, the Mainland or overseas countries/territories)

姓名 Name	金額 (元) Amount ($)	日期 Date

(f) 其他 Others

姓名 Name	資產資料 Description of assets	金額 (元) Amount ($)	日期 Date

總金額 (元) *Total amount ($)*

6. 住屋開支 Accommodation expenses

(a) 租金／自住樓宇按揭還款開支 Rent/Mortgage payment for self-owned flat

日期 Period: 由 From –至 To	每月 (元) Monthly amount ($)	每月其他開支 (元) Monthly other payment ($)	租金包括水費 Including water charges	樓房類別 Type of accommodation

(b) 水費／排污費 Water charges/Sewage charges

日期 Period: 由 From – 至 To	共用水錶人數 No. of persons sharing a water meter

(c) 電話費 Telephone charges

日期 Period: 由 From – 至 To	電話公司名稱 Telephone Company Name	共用人數 Shared By	類別 Type	每月費用 (元)(非標準收費適用) Monthly amount ($) (For non standard charges)

7. 教育／幼兒中心繳費資料 Education/Child care centre expenses

(a) 學校日常開支 General expenses

姓名 Name	幼兒中心／幼稚園／學校名稱 Name of child care centre/kindergarten/ school	就學程度 Level of education	就讀班級（如適用） Class (if applicable)	全日制 Full day / 半日制 Half day /夜校 Evening	每月學費(元) School fee per month ($) 每月堂費(元) Tong fee per month ($)	繳費期間 Period covered 由 From-至 To	向學生資助辦事處申請有關津貼 Application for Financial Assistance from Student Financial Assistance Agency

(b) 全日制學生的午膳津貼 Meal allowance for full-day student

姓名 Name	日期 Period: 由 From – 至 To	上學模式 School attendance

(c)幼兒中心供應的膳食 Meals provided by child care centre

姓名 Name	日期 Period: 由 From – 至 To	膳食餐數 Meal pattern

8. 交通費用 Travel expenses

姓名 Name	目的 Purpose	日期 Period: 由 From – 至 To	路線 Route	每月次數 No. of trips per month	單程費用 Fare per trip	每月支出(元) Total amount per month ($)

9. 其他支出 Other expenses

姓名 Name	項目 Items	日期 Period: 由 From – 至 To	金額 (元) Amount ($)

10. 申請人及其家庭成員從所有來源的收入 Income of applicant and household members from all sources

(a) 從就業所得的收入 From employment

從申請前就業所得的收入 From previous employment

姓名 Name　　僱主姓名 Name of employer

職業 Occupation

離職日期 Date of termination of last employment

最後支薪日期 Date of payment of last pay　　最後支薪金額（元） Amount of last pay ($)

代通知金付款日期 Date of payment of in lieu of notice　　代通知金額（元）Amount of payment in lieu of notice ($)

退休金付款日期 Date of payment for Retirement Benefit　　退休金額（元） Amount of payment for retirement benefit ($)

從現時就業所得的收入 From current employment

姓名 Name　　僱主姓名 Name of employer

職業 Occupation

開始工作日期 Date of commencing work　　每月平均收入 Average income per month

每月工作日數 Working days per month

每月工作時數 Working hours per month

離職日期 Date of termination of last employment

最後支薪日期 Date of payment of last pay　　最後支薪金額（元） Amount of last pay ($)

代通知金付款日期 Date of payment in lieu of notice　　代通知金額（元）Amount of payment in lieu of notice ($)

退休金付款日期 Date of payment for Retirement Benefit　　退休金額（元） Amount of payment for retirement benefit ($)

*申請人/監護人/受委人 *簽名/指模 *Signature / Thumbprint of *applicant/guardian/appointee		見證人 *簽名/指模 *Signature / Thumbprint of witness		見證人姓名 Name of witness		日期 Date

Income Detail

日期 Period (MM/YYYY)	每月金額 (元) Monthly Amount ($)	強積金扣減金額 (元)MPF Deduction Amount ($)	其他扣減金額 (元) Other Deduction Amount ($)	淨金額 (元) Monthly Net Amount ($)	類別 Type

(b) 從庇護工作獲得的收入 From sheltered work

從現時就業所得的收入 From current employment

姓名 Name
日期 (由) Period from (MM/YYYY)
開始工作日期 Date of commencing work

庇護工場名稱 Name of workshop
日期 (至) Period to (MM/YYYY)
每月平均薪金(元) Average wage per month ($)
每月平均獎勵金(元) Average incentive payment per month ($)
每月平均交通津貼 (元) Average transportation allowance per month ($)
每月其他平均津貼 (元) Average other allowance per month ($)
農曆新年花紅 (元) Chinese New Year bonus ($)

離職日期 Date of termination of last employment
最後支薪日期 Date of payment of last pay
代通知金付款日期 Date of payment in lieu of notice

最後支薪金額（元） Amount of last pay ($)
代通知金額（元）Amount of payment in lieu of notice ($)

退休金付款日期 Date of payment for retirement benefit

退休金額（元） Amount of payment for retirement benefit ($)

(c) 親友的津助 Contributions from relatives and friends

收款人姓名 Name of recipient	親友姓名 Name of relative/friend	關係 Relationship	日期 Period: 由 From – 至 To	每月金額 (元) Amount per month ($)

(d) 退休金／長俸 Retirement benefits/Pensions

姓名 Name	日期 Period: 由 From – 至 To	每月金額 (元) Amount per month($)

(e) 慈善基金 Charitable fund

收款人姓名 Name of recipient	慈善基金名稱 Name of charitable fund	收取日期 Date of receipt	金額 (元) Amount ($)

(f) 其他來源 Other sources

收款人姓名 Name of recipient	項目 Items	日期 Period: 由 From – 至 To	金額 (元) Amount ($)

11. 健康狀況 Health condition

姓名 Name	健康狀況 Health condition	疾病 / 傷殘性質 Nature of Illness / disability

12. 入住院舍或醫院管理局轄下的醫療機構或被拘禁 Admission to residential institution/medical residential institution under the Hospital Authority/Imprisonment

(a) 入住醫院記錄 Record of Hospitalization

姓名 Name	醫院名稱 Name of hospital	入院日期 Date of admission	出院日期 Date of discharge

(b) 入住院舍記錄 Record of Institutionalization

姓名 Name	院舍名稱 Name of institution	日期 Period: 由 From – 至 To	院費 Home Charge Amount	院租 Home Rent Amount

(c) 被拘禁記錄 Record of Imprisonment

姓名 Name	懲教院所名稱 Name of correctional institution	由 From	至 To

13. 旅遊證件及離港記錄 Travel document and record of absence from Hong Kong

(a) 旅遊證件 Travel document

姓名 Name	證件類別及號碼 Document type & number	簽發日期 Date of issue	有效日期至 Date of expiry

(b) 申請前一年內的離港記錄 Absence from Hong Kong during the year immediately before application

(i) 顯示在旅遊證件上的離港記錄 Record of absence as shown in the travel document

姓名 Name	離港日期 Date of departure	抵港日期 Date of arrival	日數 No. of days

(ii) 沒有顯示在旅遊證件上的離港日數 Number of days of absence not shown in the travel document

姓名 Name	日數 No. of days	此欄由本署填寫 For Office use only
		Total no. of days of absence from Hong Kong [(b)(i)+(b)(ii)] (reset the date of eligibility, where necessary)

14. 福利服務的需要 Welfare needs

姓名 Name	福利需要 Welfare needs

*申請人/監護人/受委人 *簽名/指模 *Signature / Thumbprint of *applicant/guardian/appointee		見證人 *簽名/指模 *Signature / Thumbprint of witness		見證人姓名 Name of witness		日期 Date

15. 其他資料 Other information

16. 聲明及保證 Declaration & undertaking

本人（即下方簽署人）現聲明據本人所知，本表以上所列各項有關*本人/申請人*及本人/及申請人的其他家庭成員的家庭狀況（已向本人宣讀，本人亦完全明白）是正確無訛。

I, the undersigned, DECLARE that to the best of my knowledge and belief, the information and statement given in the above sections (which has been read over to me and well understood by me) is true and is a complete and accurate statement of * my/the applicant's circumstances *and those of the other members of * my/the applicant's household.

如以上表內所列的資料有任何改變（不論屬永久性或暫時性），或*本人/申請人*或本人/或申請人的任何家庭成員離開香港，本人將從速向社會福利署申報。

I undertake to report immediately to the Social Welfare Department any changes (being permanent or temporary) in the particulars contains herein. I further undertake to report immediately to the Social Welfare Department if * I/ the applicant *or any member of * my/the applicant's household leave Hong Kong.

本人完全明白並同意社會福利署因爲*本人/申請人申請綜合社會保障援助及社會福利署提供的其他服務而需要索取有關資料。本人亦同意該等記錄及資料可以被提交社會福利署轄下其他單位、有關的政府部門及其他非政府機構，以方便*本人/申請人向社會福利署提出的各項申請。本人亦明白可以向社會福利署查閱該等資料及作出修改。

I fully understand the purpose and agree to the Social Welfare Department obtaining information from me for the purpose of applying for Comprehensive Social Security Assistance. I agree that these data and other related information contained in subsequent case records or social enquiry reports can be shared with other Social Welfare Department offices or government departments or related non-governmental organizations to facilitate *my/the applicant's application for assistance and service from the Social Welfare Department. I understand that I can approach the Social Welfare Department on personal data access and data correction matters.

本人承諾會通知*本人/申請人的家庭成員及其他有關人士，他們的個人資料已提供予社會福利署作本申請用途。

I undertake to inform the other members of * my/the applicant's household and other relevant persons that their personal data have been provided to the Social Welfare Department for the purpose of this application.

本人同意社會福利署就*本人/申請人領取綜合社會保障援助事而進行有關的調查，包括向入境事務處、各政府部門、銀行及其他團體、人士索取*本人/申請人*及本人/及申請人的其他家庭成員的個人資料及記錄（例如*本人/申請人*及本人/及申請人的其他家庭成員的出入境電腦資料）用來進行資料核對程序。本人亦同意該等政府部門、銀行及其他團體、人士將所需資料及記錄提供予社會福利署。

I consent to any investigations into the circumstances relating to * my/the applicant's receipt of Comprehensive Social Security Assistance being carried out by the Social Welfare Department, including but not limited to asking the Immigration Department, other government departments, banks and other parties to match * my/the applicant's personal data relating to * my/the applicant's receipt of Comprehensive Social Security Assistance with * my/the applicant's personal data held by such other departments or such other parties (such as travel records held on the computer) *and those of the other members of * my/the applicant's household. I also consent to such government departments, banks and parties providing the requested data and records to the Social Welfare Department.

*本人/申請人*及本人/及申請人的任何家庭成員並無向社會福利署申請或領取*綜合社會保障援助/公共福利金。

No application for *Comprehensive Social Security Assistance/Social Security Allowance has been made by *me/the applicant/or any other member of *my/the applicant's household nor *am I /is the applicant/or is any other member of *my/the

*申請人/監護人/受委人 *簽名/指模 *Signature / Thumbprint of *applicant/guardian/appointee		見證人 *簽名/指模 *Signature / Thumbprint of witness		見證人姓名 Name of witness		日期 Date

applicant's household receiving *Comprehensive Social Security Assistance/Social Security Allowance from the Social Welfare Department.

如*本人/申請人*或本人/或申請人的任何家庭成員入住或離開住宿院舍或醫院管理局轄下的醫療機構或被拘禁，本人將從速向社會福利署申報。

I undertake to report immediately to the Social Welfare Department * my/the applicant's admission to or discharge from a residential institution or medical residential institution under the Hospital Authority or imprisonment *and those of the other members of * my/the applicant's household.

本人*同意/不同意援助金直接存入申請人的銀行帳戶。(只適用於十五歲至十七歲心智健全的申請人而其申請須由監護人或受委人簽署)。

I *agree/do not agree that the assistance be paid directly into the applicant's bank account (applicable only to mentally sound applicants aged 15-17 whose applications have to be signed by guardian/appointee).

本人明白社會福利署有權從*本人／申請人*及本人／及申請人的任何家庭成員每月可得的援助金中扣除經社會福利署核實的多領款項。

I understand that the Social Welfare Department has the right to deduct from *my/the applicant's monthly entitlements *and those of the other members of * my/the applicant's household any amount certified by the Social Welfare Department as overpayment.

本人同意社會福利署從*本人/申請人/受託人的銀行帳戶_____取回任何多領款項。本人亦同意_____(銀行名稱)從*本人/申請人/受託人上述的銀行帳戶，扣除經社會福利署核實的多領款項。

I agree to the Social Welfare Department to recover any overpayment received by *me/the applicant from *my/the applicant's/the agent's bank account no._____held for *my/the applicant's use and benefit. I also agree to _____ (name of bank) to debit *my/the applicant's/the agent's bank account as specified above from time to time with any amount certified by the Social Welfare Department as overpayment.

本人明白如本人蓄意或存心提供不正確資料或隱瞞任何事項，或錯誤引導社會福利署，以圖獲得現金援助，將有被檢控的可能。

I understand that if I knowingly or wilfully make any false statement or withhold any information, or otherwise mislead the Social Welfare Department for the purpose of obtaining payments, it will render me liable to prosecution.

以上聲明，已向本人宣讀，本人亦完全明白。

The above statement has been read over to me and well understood by me.

*申請人/監護人/受委人 *簽名/指模 *Signature / Thumbprint of *applicant/guardian/appointee		調查員簽名 Signature of investigating officer	
見證人 *簽名/指模 *Signature / Thumbprint of witness		調查員姓名及職級 Name and rank of investigating officer	
見證人姓名 Name of Witness		日期 Date	

17. 鄭重聲明 Solemn declaration

本人_____ 鄭重聲明，本份申請表格上的資料全屬正確。本人明白凡蓄意提供虛假資料或漏報資

料以**騙取**綜合社會保障援助（**綜援**）乃屬**刑事行爲**，除可導致*本人/申請人喪失領取綜援的資格外，本人可能因觸犯盜竊罪條例(香港法例第 **210** 章)而被起訴。任何觸犯盜竊罪的人士，一經定罪，**最高可被判入獄十年**。

I, _____ , solemnly and sincerely declare that all the information on this application form is correct. I understand that the deliberate provision of false information or omission of information in order to obtain Comprehensive Social Security Assistance (CSSA) by **deception** is a **criminal offence**. In addition to the consequence of being ineligible for CSSA, I am liable on conviction to **imprisonment for a maximum of 10 years** under the Theft Ordinance, Chapter **210**.

*申請人/監護人/受委人 *簽名/指模
*Signature / Thumbprint of *applicant/guardian/appointee _____

見證人 *簽名/指模
*Signature / Thumbprint of witness _____

見證人姓名
Name of witness _____

日期
Date _____

*請刪去不適用字句 Delete whichever is inappropriate