## THE UNIVERSITY OF HONG KONG



I wish to apply for deferment of repayment of the following loan(s) –

Amount awarded





Repayment

amount overdue

Amount outstanding

but not yet due



Name of Loan Fund

Campus Life 校園生活

Next due date

## APPLICATION FOR DEFERMENT OF UNIVERSITY FINANCIAL ASSISTANCE LOAN REPAYMENT (DUE TO FINANCIAL HARDSHIP / ILLNESS)

Year

		awarded	(if any) and last due date *							
* please enter "nil" if	you do not have any over	due repayment								
Part A Personal Part	iculars									
Full name in English:			Univers	ity no.:						
Residential address:										
Residential telephone no.: Mobile no.:										
Email address:										
Correspondence addre	ess (if different from the a	above resident add	ress):							
Date of graduation/leaving the institution (month/year): Course of study:										
Part B Justifications	for your application*									
Repayment Plan:										
Part C Financial Circ	cumstances*									
	Your employn	nent history (for th	ne past 12 months up	to present	:)					
Name of company	Position / Job nature	Period of employment			Monthly	income				
		From month / y	year To month	ı / year						
				-						

\*Please use separate sheet if necessary

Prese	ent employment of your fami	ly membe	r(s)							
	Name	Age	Relationship with applicant	Occupat	ion Name of company	Monthly income				
Othe	r sources of income (e.g. ren	tal, contril	oution from relatives/siblings	, allowance	from Social Welfare Departs	ment etc.)				
Natu	re / Amount:									
Mon	thly expenditure for necessit	ies								
Nece	Necessity expenses (e.g. housing expenses, medical expenses, tuition fee, etc.)				Monthly expenditure					
Part	D									
I her	eby declare that the informat	ion stated	above is true and correct.							
			Signatu	re of applic	cant:					
			2-8							
				1	Date:					
Pleas	se submit the following doc	umentary	proofs with this application	n -						
(i)	A copy of all the bank pass	book(s)/st	atements (including the payr	oll bank acc	ount) in your possession sho	wing the transaction				
	details for the past 6 month records;	s. If "NET	FBACK" item(s) is/are inclu	ded, please a	apply to the bank(s) for detail	ls of the transaction				
(ii)	Source(s) of income which	supports	your living at the moment;							
(iii)	A copy of the medical certificate(s) issued by a hospital/clinic/registered medical practitioner certifying your health condition									
	and the period of sick leave	e granted (	if appropriate)							
Wer	nay approach you for further	informati	on, if necessary.							

Jan 2020