

To : Student Financial Assistance Agency
(Attn.: FASP – Application Processing Unit)
Room 1208, 12/F., Cheung Sha Wan Government Offices
303 Cheung Sha Wan Road
Kowloon



Fax No. : 2157 9520

Financial Assistance Scheme for Post-secondary Students 2007/08
Provision of
Supplementary Information / Documentary Proofs

Name	:	_____
HKID No.	:	_____ () Application No. (if known) : _____
Institution	:	_____

I enclose the following supplementary documentary proofs / information (please specify) in connection with my application:

1. _____
2. _____
3. _____
4. _____

(Total : _____ page(s) including this cover page)

Signature : _____
Date : _____

For Official Use
Date received: _____
To: ACO(PS) _____ on _____

致：學生資助辦事處
[經辦：專上學生資助計劃 (申請處理組)]
九龍長沙灣道 303 號
長沙灣政府合署 12 樓 1208 室



傳真號碼：2157 9520

二〇〇七 / 〇八年度專上學生資助計劃
補交證明文件 / 資料

姓名	:	_____ (英文)	_____ (中文)
香港身份證號碼	:	_____ ()	申請編號(若已知道): _____
院校	:	_____	

我現在補交下列證明文件 / 資料。(請註明)

1. _____
2. _____
3. _____
4. _____

(共_____頁，包括此頁)

簽署 : _____

日期 : _____

For Official Use
Date received: _____
To: ACO(PS) _____ on _____