



收入證明書 INCOME CERTIFICATE

(不適用於自僱人士、獨資經營人士或合夥業務的合夥人。)(Not applicable to self-employed person, sole proprietor or partner of partnership business.)

學校名稱
Name of School _____

申請學生姓名
Name of Student-applicant _____

注意：以下各表必須由僱主填寫。請填報該職員由2010年4月1日至2011年3月31日期間的總收入（包括僱員公積金供款）。如有塗改，請僱主在旁加簽。

Note: The following tables are to be completed by Employer. Please provide the total income (including Provident Fund) of the staff during the period from 1 April 2010 to 31 March 2011. Employer's initial is required against any amendment.

申請人的收入 Income of Applicant # 請把不適用者全句刪除 / Please delete the whole sentence as appropriate

茲證明_____ (香港身份證號碼_____)乃本公司職員。在 1/4/2010 – 31/3/2011 期間(如不足十二個月，請刪除及填上實際受僱日期_____)，其薪金、津貼、僱員公積金及其他收入(但不包括僱員的強積金供款)的總和為港幣_____元。

該職員每月工作時數為_____小時 / 該職員於本公司擔任全職工作（每月工作120小時或以上）（只適用於 0 至 3 歲幼兒中心/幼稚園暨幼兒中心組別全日班學費減免申請）。

This is to certify that _____ (Hong Kong I.D. Card No. _____) is employed in this company. During the period from 1/4/2010 to 31/3/2011 (if the employment period is less than 12 months, please delete and put down the correct employment period _____), the total salary, allowance, Provident Fund and other income (excluding Mandatory Provident Fund contributions by employee) is HK \$ _____.

This employee is working _____ hours per month / is employed full-time by this company (working for at least 120 hours per month) (Only applicable to whole-day fee remission application from children aged between 0 and 3 attending child care centre or kindergarten-cum-child care centre.)

公司蓋章 Company Chop	僱主簽名 Signature of Employer	僱主姓名 Name of Employer	聯絡電話 Contact Tel. No.	日期 Date
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配偶的收入 Income of Spouse # 請把不適用者全句刪除 / Please delete the whole sentence as appropriate

茲證明_____ (香港身份證號碼_____)乃本公司職員。在 1/4/2010 – 31/3/2011 期間(如不足十二個月，請刪除及填上實際受僱日期_____)，其薪金、津貼、僱員公積金及其他收入(但不包括僱員的強積金供款)的總和為港幣_____元。

該職員每月工作時數為_____小時 / 該職員於本公司擔任全職工作（每月工作120小時或以上）（只適用於 0 至 3 歲幼兒中心/幼稚園暨幼兒中心組別全日班學費減免申請）。

This is to certify that _____ (Hong Kong I.D. Card No. _____) is employed in this company. During the period from 1/4/2010 to 31/3/2011 (if the employment period is less than 12 months, please delete and put down the correct employment period _____), the total salary, allowance, Provident Fund and other income (excluding Mandatory Provident Fund contributions by employee) is HK \$ _____.

This employee is working _____ hours per month / is employed full-time by this company (working for at least 120 hours per month) (Only applicable to whole-day fee remission application from children aged between 0 and 3 attending child care centre or kindergarten-cum-child care centre.)

公司蓋章 Company Chop	僱主簽名 Signature of Employer	僱主姓名 Name of Employer	聯絡電話 Contact Tel. No.	日期 Date
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同住未婚子女的收入 Income of unmarried child residing with the family

茲證明_____ (香港身份證號碼_____)乃本公司職員。在 1/4/2010 – 31/3/2011 期間(如不足十二個月，請刪除及填上實際受僱日期_____)，其薪金、津貼、僱員公積金及其他收入(但不包括僱員的強積金供款)的總和為港幣_____元。

This is to certify that _____ (Hong Kong I.D. Card No. _____) is employed in this company. During the period from 1/4/2010 to 31/3/2011 (if the employment period is less than 12 months, please delete and put down the correct employment period _____), the total salary, allowance, Provident Fund and other income (excluding Mandatory Provident Fund contributions by employee) is HK \$ _____.

公司蓋章 Company Chop	僱主簽名 Signature of Employer	僱主姓名 Name of Employer	聯絡電話 Contact Tel. No.	日期 Date
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收入聲明 SELF-DECLARED INCOME STATEMENT

(只適用於沒法提供任何收入證明的人士。For those who cannot provide any income proofs.)

(必須填寫下列所有項目) (Please fill in all of the following items)

- 注意：(1) 自僱人士、獨資經營人士或合夥業務的合夥人，應遞交2010-11財政年度營業損益表(見申請指引丁部的樣本)及個人入息課稅通知書(如適用)。
 Note: Self-employed person, sole proprietor or partner of partnership business should forward a Profit & Loss Account (Please refer to sample at Part D of the Guidance Notes) and Personal Assessment Notice (if applicable) of the 2010-11 financial year
 (2) 每份收入聲明只可填寫一位家庭成員的收入資料。如不敷應用，可自行影印或向幼稚園/幼兒中心索取。
 Each Self-declared Income Statement should contain information about the income of ONE family member only. Please photocopy the Form or approach the kindergarten/child care centre for additional copy if more than one family member has to report his/her income using this form.

警告： 本聲明內提供的個人資料必須是完整真確。任何人士透過欺詐手段獲得財物/金錢利益，即屬違法。根據《盜竊罪條例》(香港法例第210章)，任何人如觸犯上述罪行，一經定罪，最高可被判監禁十年。
WARNING: The personal data given in this statement should be true and complete. Any person who obtains property/pecuniary advantage by deception is liable, on conviction, to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

(I) a) 申請學生姓名 Name of Student-applicant _____ b) 學校名稱 Name of School _____

(II) 從事下述行業的家庭成員姓名 Name of the family member engaged in the following industry _____

(III) 此家庭成員與申請人的關係：#申請人/申請人配偶/申請人子女 (#請圈一項)
 The relationship between this family member and the applicant：#Applicant/Spouse/Child (#please circle as appropriate)

(IV) a) 行業(例：建造業) Nature of Industry (e.g. Construction) _____ b) 職位(例：三行工人) Position (e.g. construction worker) _____

(V) 收入(如該月份沒有收入，請填上\$0，切勿漏空任何月份。)
Income (If you do not have any income in a specific month, please fill in \$0. Do not leave any month blank.)

<u>2010</u>		<u>2011</u>	
4月 : HK\$ _____	9月 : HK\$ _____	1月 : HK\$ _____	_____
April _____	September _____	January _____	_____
5月 : HK\$ _____	10月 : HK\$ _____	2月 : HK\$ _____	_____
May _____	October _____	February _____	_____
6月 : HK\$ _____	11月 : HK\$ _____	3月 : HK\$ _____	_____
June _____	November _____	March _____	_____
7月 : HK\$ _____	12月 : HK\$ _____		
July _____	December _____		
8月 : HK\$ _____			
August _____			
	全年合共		
	Total Annual Income HK\$: _____		

(VI) 支取薪金方法 (請圈以下適當方格，可選擇多項)
 Payment method (Please circle the appropriate box. More than one box may be selected.)
 A 現金/現金支票
 By Cash/Cash cheque
 B 劃線支票/自動轉賬 (請提供銀行存摺副本連戶口持有人姓名頁以茲證明。)
 By Cheque/direct credit (please provide a copy of the transaction record together with the page showing the name of the bank account holder for verification.)

(VII) 未能提供收入證明文件的原因 (請圈以下適當方格)
 Reason for not being able to provide income proof (Please circle the appropriate box.)
 A 沒有固定僱主。
 I have no fixed employer.
 B 前受僱的公司已倒閉，未能向前僱主索取證明文件。
 The company I worked for has wound up and I cannot obtain documentary proof from the ex-employer.
 C 其他，請註明：
 Others, please specify : _____

(VIII) 每月工作時數 (只適用於0至3歲幼兒中心/幼稚園暨幼兒中心組別全日班學費減免的申請)
 Monthly Working Hours (Only applicable to whole-day fee remission application from children aged between 0 and 3 attending child care centre or kindergarten-cum-child care centre.)
 每月工作 _____ 小時。
 The working hours are _____ hours per month.

(IX) 聲明：本人謹此聲明，以上資料均屬完整真確。
 Declaration : I declare that the above information is true and complete.
 申請人香港身份證號碼 _____ 申請人簽名 _____
 Applicant's HKID No. _____ Signature of Applicant _____
 日期 _____ 申請人姓名 _____
 Date _____ Name of Applicant _____