

THE UNIVERSITY OF HONG KONG

香港



大學



cedars

Centre of Development and Resources for Students
學生發展及資源中心

Campus Life
校園生活

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

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

Name of Loan Fund	Amount awarded	Year awarded	Repayment amount overdue (if any) and last due date *	Amount outstanding but not yet due	Next due date

* please enter "nil" if you do not have any overdue repayment

Part A Personal Particulars

Full name in English: _____ University no: _____

HKID card no.: _____ Sex: _____

Residential address: _____

Residential telephone no.: _____ Other contact telephone no.: _____

Email address: _____

Correspondence address (if different from the above resident address): _____

Date of graduation/leaving the institution (month/year): _____ Course of study: _____

Part B Justifications for your application*

Part C Financial Circumstances*

Your employment history (for the past 12 months up to present)

Name of company	Position / Job nature	Period of employment		Monthly income
		From month / year	To month / year	

*Please use separate sheet if necessary

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Rm 303 Meng Wah Complex, The University of Hong Kong, Pokfulam Road, Hong Kong
http://cedars.hku.hk Email: cedars@hku.hk Tel: 2859 2305 Fax: 2546 0184

Present employment of your family member(s)

Name	Age	Relationship with applicant	Occupation	Name of company	Monthly income

Other sources of income (e.g. rental, contribution from relatives/siblings, allowance from Social Welfare Department etc.)

Nature / Amount: _____

Monthly expenditure for necessities

Necessity expenses (e.g. housing expenses, medical expenses, tuition fee, etc.)	Monthly expenditure

Part D

I hereby declare that the information stated above is true and correct.

Signature of applicant: _____

Date: _____

Please submit the following documentary proofs with this application -

- (i) A copy of all the bank passbook(s)/statements (including the payroll bank account) in your possession showing the transaction details for the past 6 months. If "NET BACK" item(s) is/are included, please apply to the bank(s) for details of the transaction records;
- (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 granted (if appropriate)

We may approach you for further information, if necessary.

April 2011

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