



此欄供本署填寫 For office use

檔案編號 Casefile Reference	<input type="text"/> - S - <input type="text"/>
申請日期 Date of Application	<input type="text"/> 年 <input type="text"/> 月 <input type="text"/> 日 Year Month 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/申請人所申請的津貼，選擇下列其中一項。Please select one in accordance with the type of allowance you/the applicant would like to apply.

- 長者生活津貼 Old Age Living Allowance       普通傷殘津貼 Normal Disability Allowance
- 高齡津貼 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	<input type="checkbox"/> 香港身份證 HK Identity Card	<input type="checkbox"/> 香港出生證明書 HK Birth Certificate
性別 Sex	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female		<input type="checkbox"/> 其他(請註明) Others(Please specify) _____	
出生日期 Date of birth	____年 Year	____月 Month	____日 Day	出生地點 Place of birth	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 內地 Mainland
國籍 Country of origin	<input type="checkbox"/> 中國 China	<input type="checkbox"/> 其他(請註明) Others(Please specify) _____		<input type="checkbox"/> 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	<input type="checkbox"/> 廣州話 Cantonese <input type="checkbox"/> 其他(請註明) Others(Please specify) _____
婚姻狀況 Marital status	<input type="checkbox"/> 從未結婚 Never married	<input type="checkbox"/> 已婚 Married	<input type="checkbox"/> 離婚 Divorced	<input type="checkbox"/> 分居 Separated	<input type="checkbox"/> 喪偶 Widowed <input type="checkbox"/> 同居 Cohabited
教育程度 Education level	<input type="checkbox"/> 未受教育 No schooling		<input type="checkbox"/> 幼稚園 / 幼兒中心 Kindergarten / child care centre	<input type="checkbox"/> 小學 Primary	<input type="checkbox"/> 中學 * 1-3 / 4-5 / 6-7 年級 Secondary * 1-3 / 4-5 / 6-7
	<input type="checkbox"/> 專業教育(完成*中三 / 中五後入讀) Technical / vocational training / commercial school (post *F.3 / F.5)			<input type="checkbox"/> 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	<input type="checkbox"/> 自置 Self-owned	<input type="checkbox"/> 租住 Rented	<input type="checkbox"/> 其他(請註明) Others(Please specify) _____		住宅電話號碼 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。 \* 請刪去不適用字句。  
Tick as appropriate. Delete whichever is inappropriate.

### 申請人配偶的個人資料(只適用於長者生活津貼申請人)

#### Spouse's personal data(for Old Age Living Allowance applicant 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	<input type="checkbox"/> 香港身份證 HK Identity Card <input type="checkbox"/> 其他(請註明) Others(Please specify) _____
性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Date of birth	年 _____ 月 _____ 日 Year Month Day
住址 Residential address	*香港/九龍/新界 *HK/KLN/NT		
<small>(如與申請人住址不同, 始須填寫) (Only if different from applicant's residential address)</small>			
住宅電話號碼 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	<input type="checkbox"/> 香港身份證 HK Identity Card <input type="checkbox"/> 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	<input type="checkbox"/> 香港出生證明書 HK Birth Certificate <input type="checkbox"/> 其他(請註明) Others(Please specify) _____
住址 Residential address	*香港/九龍/新界 *HK/KLN/NT		
住宅電話號碼 Telephone number	_____	流動電話號碼 Mobile phone number	_____

### 代理人的個人資料(只適用於本署接納為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	<input type="checkbox"/> 香港身份證 HK Identity Card <input type="checkbox"/> 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
住宅電話號碼 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.	申請人在申請日期前是否已成為香港居民最少七年? Has the applicant been a Hong Kong resident for at least seven years before the date of application?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
2.	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.		
	<input type="checkbox"/> 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.		
	<input type="checkbox"/> 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.		
	<input type="checkbox"/> 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。 \* 請刪去不適用字句。

Tick as appropriate.

Delete whichever is inappropriate.

**第三部分 申請人及其配偶的入息及資產(只適用於長者生活津貼申請人，詳情請參閱「公共福利金計劃申請指引」第 10 頁註三)**  
**Part 3 Monthly income and assets value of the applicant and spouse(for Old Age Living Allowance applicant only, please refer to Note 3 on Page 13 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.	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____
2. 退休金/長俸 Retirement benefits/pensions	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____
3. 從收租所得的淨收益 Net income on rentals collected	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____
總入息 Total income	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**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 10 頁註三)**

**B. Assets (including those in Hong Kong, Macau, the Mainland or overseas) (See definition of 'assets' at Note 3 on Page 13 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	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____
2. 現金 Cash in hand	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____
3. 銀行儲蓄 Bank savings	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____
4. 股票及股份的投資(包括債券、基金及累算退休權益) Investments in stocks and shares (including bonds, trust fund and accrued retirement benefits)	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____
5. 金條及金幣等 Gold bars and gold coins, etc.	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 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	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____
總值 Total value	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

見證人 \*簽名/指模 \_\_\_\_\_  
 \*Signature/Thumbprint of witness \_\_\_\_\_

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

**第四部分 入住受政府資助的院舍/醫院管理局轄下所有的公立醫院及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 residential institutions subsidized by the government/all public hospitals and institutions under the Hospital Authority or Boarding in special schools under the Education Bureau (for Higher Disability Allowance applicant only)**

甲. 申請人是否已入住受政府資助的院舍(包括津助/合約院舍及參與不同買位計劃院舍的資助宿位)/醫院管理局轄下所有的公立醫院及機構接受住院照顧或教育局轄下的特殊學校寄宿?

A. Whether the applicant has been admitted into residential institutions subsidized by the government (including subsidized places in subvented/contract homes and residential care homes under various bought place schemes) / all public hospitals and institutions under the Hospital Authority for receiving care or special schools under the Education Bureau for boarding service?

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

院舍/公立醫院及機構/特殊學校名稱 Name of institution/public hospital and 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受政府資助的院舍(包括津助/合約院舍及參與不同買位計劃院舍的資助宿位)/醫院管理局轄下所有的公立醫院及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 residential institutions subsidized by the government (including subsidized places in subvented/contract homes and residential care homes under various bought place schemes) / all public hospitals and institutions under the Hospital Authority or boarding in special schools under the Education Bureau?

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

院舍/公立醫院及機構/特殊學校名稱 Name of institution/public hospital and 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)?

否 No  是 (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 \_\_\_\_\_ 日期 \_\_\_\_\_  
 \*Signature/Thumbprint of \*applicant/guardian/appointee \_\_\_\_\_ Date \_\_\_\_\_

見證人 \*簽名/指模 \_\_\_\_\_  
 \*Signature/Thumbprint of witness \_\_\_\_\_

請在適當方格內填上「√」號。 \* 請刪去不適用字句。  
 Tick as appropriate. 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	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																						

**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	_____		
住宅電話號碼 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 \_\_\_\_\_ 日期 \_\_\_\_\_  
 \*Signature/Thumbprint of \*applicant/guardian/appointee \_\_\_\_\_ Date \_\_\_\_\_

見證人 \*簽名/指模 \_\_\_\_\_  
 \*Signature/Thumbprint of witness \_\_\_\_\_

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

SWD307 (Rev.) (2/2017)

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/申請人入住受政府資助的院舍或醫院管理局轄下所有的公立醫院及機構，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 residential institutions subsidized by the government or all public hospitals and institutions under the Hospital Authority, or boarding in special schools 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（以書面通知為準）。本人明白如不申報，將有被檢控的可能（只適用於長者生活津貼申請人）。

I undertake to notify the Social Welfare Department (in writing) if, from \_\_\_\_\_(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 Living Allowance applicant 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 \_\_\_\_\_



## 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/申請人的申請。  
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/the applicant's application.

### ✧ 長者生活津貼申請人應填妥以下部分：

#### Old Age Living 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 asset values 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

### ✧ 高齡津貼申請人應填妥以下部分：

#### 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	入住受政府資助的院舍/醫院管理局轄下所有的公立醫院及機構或在教育局轄下的特殊學校寄宿
Part 4	Admission to residential institutions subsidized by the government / all public hospitals and institutions under the Hospital Authority or Boarding in special schools 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 21 頁至 23 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 26 - 28 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／申請人提供你／申請人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／申請人提供援助／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：

- 其他涉及評定你的申請，或向你／申請人提供服務／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
- 由法律授權或法律規定須向其披露資料的有關方面；或
- 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於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。

## 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/the applicant's 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/the applicant.

### 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 :-

- 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/the applicant;
- Where such disclosure is authorized or required by law; or
- 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.

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