

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.

請根據你所申請的津貼，選擇下列其中一項，並參閱此表格的第 8 頁填妥相關部分。

Please select one in accordance with the type of allowance you would like to apply and refer to page 8 of this form to complete the relevant parts.

- 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／申請人同居人士／監護人／受委人／代理人的個人資料

Part 1 Personal data of Applicant / Applicant's Spouse / Applicant's Cohabiting Partner / Guardian / Appointee / Agent

甲、申請人的個人資料 A. 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 <input type="checkbox"/> 其他(請註明) Others(Please specify) _____
性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生地點 Place of birth	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 內地 Mainland <input type="checkbox"/> 其他(請註明) Others(Please specify) _____
出生日期 Date of birth	_____年 _____月 _____日 Year Month Day	國籍 Country of origin	<input type="checkbox"/> 中國 China <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 _____月 _____日 Year Month 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"/> 未婚 Never Married <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 同居(註) Cohabiting(Note) <input type="checkbox"/> 分居 Separated <input type="checkbox"/> 離婚 Divorced <input type="checkbox"/> 喪偶 Widowed		

註：只適用於符合以下條件的申請個案：(i) 申請人與同居人士同居於同一處所；(ii) 申請人與同居人士共同分享經濟來源；和 (iii) 申請人同意向社會福利署提供其同居人士的個人資料和經濟狀況，姑勿論其同居人士有否正領取長者生活津貼／其他津貼。有關申請將以「夫婦經濟來源限額」進行經濟審查，以評核申請人領取長者生活津貼的資格。

Note: Only applicable to cases where the applicant (i) is currently living with a cohabiting partner in the same household; (ii) is living on shared resources with the cohabiting partner; and (iii) agrees to provide the personal and financial information of the cohabiting partner to the Social Welfare Department, regardless of whether the applicant's cohabiting partner is / is not currently receiving the Old Age Living Allowance / other allowance. Such application will be subject to the means test assessment based on the "Financial Resource Limits for Married Couples".

*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.

甲、申請人的個人資料 (續)

A. Applicant's personal data (cont'd)

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 Home 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)				

乙、申請人配偶／申請人同居人士的個人資料 (只適用於長者生活津貼申請人而其婚姻狀況為「已婚」或「同居」)

B. Personal data of the spouse or cohabiting partner (only applicable to an Old Age Living Allowance applicant whose marital status is "Married" or "Cohabiting")

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		
(如與申請人住址不同，始須填寫) (Only if different from applicant's residential address)			
住宅電話號碼 Home telephone number	_____	流動電話號碼 Mobile phone number	_____

*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.

丙、*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申請人）

C. *Guardian / Appointee's personal data (only applicable to an applicant aged under 18 or who is unable to make application by himself / herself)

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 Home telephone number	_____	流動電話號碼 Mobile phone number	_____

丁、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）

D. Agent's personal data (only applicable to an applicant who is accepted for requiring a third party to act as an agent)

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 Home 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 (only applicable to an applicant aged 18 or above)

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 90 天。 The applicant has been absent from Hong Kong for not more than 90 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／同居人士（只適用於長者生活津貼申請人而其婚姻狀況為「已婚」或「同居」）的入息及資產（詳情請參閱「公共福利金計劃申請指引」第 10 頁註三）

Part 3 Income and asset value of the applicant and his / her spouse / cohabiting partner (only applicable to an Old Age Living Allowance applicant whose marital status is “Married” or “Cohabiting”) (please refer to Note 3 on pages 13 and 14 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／同居人士 Cohabiting Partner
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 \$ _____
4.	從年金計劃所得的固定年金 Payout from the annuity scheme(s)	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____
	a) 「香港年金計劃」 HKMC Annuity Plan	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____	<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes \$ _____
	b) 其他年金計劃 Other Annuity Scheme(s)	<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, Macao, the Mainland or overseas) (see definition of “assets” at Note 3 on pages 13 and 14 of “Application for Social Security Allowance Guidance Notes”)

		申請人 Applicant	*配偶 Spouse／同居人士 Cohabiting Partner
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／作投資用途的車輛（例如的士及公共小巴）及其營業牌照 Vehicle for commercial use / 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
*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 subsidised by the government / all public hospitals and institutions under the Hospital Authority or Boarding in special schools under the Education Bureau (only applicable to a Higher Disability Allowance applicant)

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 subsidised by the government (including subsidised 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 subsidised by the government (including subsidised 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 Home 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、遭監禁或合法羈留，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, imprisonment or detention in legal custody.

— 本人已閱讀最後頁「收集個人資料聲明」，並明白其內容。
 I have read the "Personal Information Collection Statement" at the last page and understand its content.

— 本人已經通知*本人／申請人的家庭成員及本表格所提及的其他有關人士並獲得他們同意將他們的個人資料提供予社會福利署作本申請及相關的追收債項（如日後有需要）用途。
 I have informed and obtained the consents of the other members of *my/the applicant's household and other relevant persons mentioned in this form to provide their personal data to the Social Welfare Department for the purpose of this application and the relevant debt recovery if later the circumstances warrant it.

*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.) (9/2023)

- 本人同意社會福利署就*本人／申請人領取公共福利金一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／和配偶或同居人士（只適用於長者生活津貼申請人而其婚姻狀況為「已婚」或「同居」）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 *my/the applicant's travel records held on the computer) and those of *my/the applicant's spouse or cohabiting partner (only applicable to an Old Age Living Allowance applicant whose marital status is "Married" or "Cohabiting"). 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.

- (只適用於高額傷殘津貼申請人) 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。

(For Higher Disability Allowance applicant only) I undertake to report immediately to the Social Welfare Department *my/the applicant's admission to residential institutions subsidised by the government or all public hospitals and institutions under the Hospital Authority, or boarding in special schools under the Education Bureau.

- (只適用於長者生活津貼申請人) 在寬限期過後，如*本人／申請人／和配偶或同居人士（只適用於婚姻狀況為「已婚」或「同居」的申請人）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。

(For Old Age Living Allowance applicant only) I undertake to notify the Social Welfare Department (in writing) if, after the grace period, the monthly income or assets of *myself/the applicant/and spouse or cohabiting partner (only applicable to an applicant whose marital status is "Married" or "Cohabiting") 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.

- (只適用於十五歲至十七歲心智健全的申請人，本申請須由監護人或受委人簽署) 本人*同意／不同意津貼金直接存入申請人的銀行帳戶。

(For applicants who are mentally sound and aged 15-17, this application shall be signed by guardian/appointee) I *agree/do not agree that the allowance be paid directly into the applicant's bank account.

- 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／代理人為*本人／申請人的用途和利益而持有的銀行帳戶
取回任何多領款項。本人亦同意

(銀行名稱)，不時從*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 _____

社會福利署定期／按需要與其他政府部門和有關機構進行資料核對程序。為免觸犯法律，申請人或其監護人／受委人務必提供真確及完整資料。

The Social Welfare Department conducts data matching periodically / on need basis with other government departments and relevant organisations. To avoid violating the law, applicants or their guardians / appointees must provide true and complete information.

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

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 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／申請人同居人士／監護人／受委人／代理人的個人資料
Part 1	Personal data of Applicant / Applicant's Spouse / Applicant's Cohabiting Partner / 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／同居人士（只適用於長者生活津貼申請人而其婚姻狀況為「已婚」或「同居」）的人息及資產
Part 3	Income and asset value of the applicant and his / her spouse / cohabiting partner (only applicable to an Old Age Living Allowance applicant whose marital status is "Married" or "Cohabiting")
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／申請人同居人士／監護人／受委人／代理人的個人資料
Part 1	Personal data of Applicant / Applicant's Spouse / Applicant's Cohabiting Partner / 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／申請人同居人士／監護人／受委人／代理人的個人資料
Part 1	Personal data of Applicant / Applicant's Spouse / Applicant's Cohabiting Partner / 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／申請人同居人士／監護人／受委人／代理人的個人資料
Part 1	Personal data of Applicant / Applicant's Spouse / Applicant's Cohabiting Partner / 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 subsidised 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. 請準備所須遞交的證明文件副本（詳情請參閱「公共福利金計劃申請指引」第 22 頁至 24 頁），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，請自行保存一份副本以備查閱。

Please prepare copies of all relevant supporting documents (please refer to pages 28 to 30 of the “Application for Social Security Allowance Guidance Notes” for details) 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

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。

收集資料的目的

1. 社會福利署（社署）及／或獲社署提供津助／資助的非政府機構，或由社署委託的非政府機構，將會使用你所提供的個人資料，向你／申請人及／或你／申請人的家人提供你／申請人及／或你／申請人的家人所需要的及由社署及／或上述非政府機構提供的援助或服務，包括（但不限於）用於監察和檢討各項服務、處理有關你／申請人及／或你／申請人的家人所獲得服務的投訴、進行研究及調查、製備統計數字、履行法定職責等，以及追收與你／申請人及／或你／申請人的家人所獲得的援助／服務相關的債項。向社署提供個人資料純屬自願。不過，如果你未能提供所要求的個人資料，本署可能無法處理你的申請或向你／申請人及／或你／申請人的家人提供援助／服務。

可能獲轉移資料者

2. 你所提供的個人資料，會按需要知道的原則提供給在本署工作的職員。除此之外，該等個人資料亦可能會為上文第 1 段所述的目的而向下列機構／人士披露，或在下列情況下披露：
 - (a) 其他機構／人士（例如政府決策局／部門、醫院管理局、非政府機構、公用事業公司等），如該等機構／人士有參與以下事項：
 - (i) 審批及／或評估你／申請人及／或你／申請人的家人就上文第 1 段所提及社署及／或非政府機構向你／申請人及／或你／申請人的家人提供服務／援助而提出的任何申請；
 - (ii) 上文第 1 段所提及社署及／或非政府機構向你／申請人及／或你／申請人的家人所提供的服務／援助；或
 - (iii) 監察和檢討上文第 1 段所提及社署及／或非政府機構所提供的服務，或製備統計數字；
 - (b) 處理投訴的機構（例如申訴專員公署、個人資料私隱專員公署、社會工作者註冊局、立法會等），如果這些機構正在處理有關社署向你／申請人及／或你／申請人的家人所提供的服務或援助的投訴；
 - (c) 法律授權或法律規定須披露資料；或
 - (d) 你曾就披露資料給予訂明同意。

查閱個人資料

3. 按照《個人資料（私隱）條例》（第 486 章），你有權就社署所持有的有關你的個人資料提出查閱及改正要求。本署提供個人資料複本將須收取費用。如需查閱或改正社署收集的個人資料，請向有關社會保障辦事處主任提出（有關各區社會保障辦事處的地址及電話號碼，請參閱申請指引第 25 至 27 頁）。

*根據《個人資料（私隱）條例》（第 486 章），個人資料指符合以下說明的任何資料 —

- (a) 直接或間接與一名在世的個人有關的；
- (b) 從該資料直接或間接地確定有關的個人的身份是切實可行的；及
- (c) 該資料的存在形式令予以查閱及處理均是切實可行的。

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) and/or those non-governmental organisations (“NGOs”) which receive subventions or subsidies from or which are commissioned by SWD to provide you/the applicant and/or your/the applicant’s family members with assistance or service from SWD and/or the aforementioned NGOs which is relevant to the needs of you/the applicant and/or your/the applicant’s family members, including but not limited to monitoring and reviewing of services, handling complaints related to the services provided to you/the applicant and/or your/the applicant’s family members, conducting research and surveys, preparing statistics and discharging statutory duties, as well as recovering debt related to the assistance/service provided to you/the applicant and/or your/the applicant’s family members. The provision of personal data to SWD is voluntary. However, if you fail to provide the personal data requested of you, we may not be able to process your application or provide assistance/service to you/the applicant and/or your/the applicant’s family members.

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 be disclosed to the parties or in the circumstances listed below for the purposes mentioned in paragraph 1 above -
 - (a) Other parties such as government bureaux/departments, the Hospital Authority, NGOs and public utility companies if they are involved in:
 - (i) processing and/or assessing any application from you/the applicant and/or your/the applicant’s family members for the provision of service/assistance to you/the applicant and/or your/the applicant’s family members by SWD and/or the NGOs mentioned in paragraph 1 above;
 - (ii) the provision of service/assistance to you/the applicant and/or your/the applicant’s family members by SWD and/or the NGOs mentioned in paragraph 1 above; or
 - (iii) monitoring and reviewing of the services provided by SWD and/or the NGOs mentioned in paragraph 1 above or preparing statistics;
 - (b) Complaint handling authorities such as the Office of the Ombudsman, the Office of the Privacy Commissioner for Personal Data, the Social Workers Registration Board, the Legislative Council, etc. if they are handling complaints about the services or assistance provided to you/the applicant and/or your/the applicant’s family members by SWD;
 - (c) Where such disclosure is authorised or required by law; or
 - (d) Where you have given your prescribed consent to such disclosure.

Access to Personal Data

3. You have the right to request access to and correction of your personal data held by SWD in accordance with the Personal Data (Privacy) Ordinance, Cap. 486. A fee is charged for supplying copies of personal data. Requests for access to and correction of personal data collected by SWD should be addressed to the supervisor of the respective social security field units (please refer to pages 31-33 of the Guidance Notes for addresses and telephone numbers of social security field units).

Under the Personal Data (Privacy) Ordinance, Cap. 486, personal data means any data -

- (a) relating directly or indirectly to a living individual;
- (b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
- (c) in a form in which access to or processing of the data is practicable.

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 _____