

(Total income for the last three months)

This section is applicable to employed persons. It should be filled in by the employer or the person in charge of the institution.					
Name of the employee				Resident ID No.	
Name of the institution				Tel No.	
Institution address					
Post		Date of employment	____ / ____ / ____ year month day	Social security beneficiary card No.	
Name of the employer or person in charge of the institution					
Employee's total income		MOP Between ____ / ____ / ____ and ____ / ____ / ____ year month day year month day			
(Total income includes salary, double pay, commission and various allowances.)					
I hereby declare that the information filled in this section is true and correct, and I shall bear the responsibility for providing false information.					
Date		____ / ____ / ____ year month day		Signature of the employer or person in charge of the institution and seal of the institution	

This section is applicable to business owners, self-employed persons, hawkers, part-time workers or casual workers etc. It should be filled in by the declarant.					
Name				Resident ID No.	
Occupation	<input type="checkbox"/> Business owner, please fill in the name of the company _____				
	<input type="checkbox"/> Others, please specify _____				
Taxpayer ID No.		Industry type		Number of employees	
Social security beneficiary card No.			Tel No.		
Workplace address					
Total income		MOP Between ____ / ____ / ____ and ____ / ____ / ____ year month day year month day			
(Total income includes business profits, rewards and commission etc.)					
I hereby declare that the information filled in this section is true and correct, and I shall bear the responsibility for providing false information.					
Date		____ / ____ / ____ year month day		Signature	

Note: This declaration form is used for applying for Student Welfare Fund only, if the declarant works for several companies simultaneously or has transferred to other fields during the period of application, please fill in the corresponding number of declaration forms.

(The photocopies of this form are valid.)