

Application for Educational Technical Support

Information of Applicant					
Name					
Contact telephone number	E-mail address				
Identity document	Macau Resident Identity Card Number Teacher's Card* Staff Card of Educational Organisation Other (please fill in)				
Details of educational technical support applied for					
Purpose/Usage					
Beneficial subje	ect				
Remarks					
Information of applicant's belonging organization					
Name of organizatio	n Person in charge				

Date _____ / ____ / ____

year	month	day	Signature of person in charge and chop		
For DSEDJ Use Only					

Person in charge

Recipient and Date