

The HKICPA CHARITABLE TRUST

**Application for financial assistance for
HKICPA loan or grant**

Private and Confidential

Please complete, as appropriate, and return the form and supporting documents marked "private and confidential" on the envelope for the attention of the Administrator, HKICPA Charitable Trust, Hong Kong Institute of Certified Public Accountants, 37/F., Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong. **If your application relates to payment of your membership fee, please submit your application by 15 December in the year immediately preceding the year of the membership fee.**

Please only use this form if application forms (i) and (ii) are not relevant to your circumstances (see Note 2 below)

Name of applicant: _____ **(English)** _____ **(Chinese)**

Applicant should be experiencing poverty i.e. severe financial hardship.

Status of applicant: member (membership no. _____) of the Institute; or
 dependant of a deceased person who was an HKICPA or HKSA member at the time of death (membership no. _____)

Contact address: _____

Telephone No.: _____ Email address: _____

Age: _____ Marital status: _____

Current occupation/ business: _____

The Trust Fund is able to provide assistance in cases of poverty where the applicant is necessitous through bereavement, old-age, ill-health unemployment, accident or other circumstances. Please describe the circumstances relating to your application including your state of health, finances and any other relevant information.

- Please give
- a) applicant and spouse's tax returns and tax assessment notices for the past 2 years.
 - b) if applicant or spouse is running a business, details of the financial position of the business including financial statements, tax returns and tax assessment notices for the past 2 years.

Applicant's employment history:

Applicant's present monthly expenditure:

a) Rent/rates/gas/electricity, etc.	_____
b) mortgage repayment	_____
c) educational expenses	_____
d) normal housekeeping expenses	_____
e) others	_____
Total	_____

Applicant's present monthly income and the sources from which it is derived:

a) Wages/Salary	_____
b) Other earnings	_____
c) Allowances from government	_____
d) Pension	_____
e) Any other source (including investment income)	_____
Total	_____

State if applicant or spouse has assets and savings:

<u>Estimated market value</u>	<u>Self</u>	<u>Spouse</u>	<u>Joint</u>
Property	_____	_____	_____
Securities	_____	_____	_____
Other investments	_____	_____	_____
Bank savings	_____	_____	_____

State if applicant has any debts e.g. mortgage, bank loan, overdraft, credit cards and hire-purchase, etc.:

Please give details of immediate and dependent family members:

<u>Name</u>	<u>Age</u>	<u>Married (Y/N)</u>	<u>Relationship</u>	<u>Occupation</u>	<u>Assistance given to the family member</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please specify the form and amount of financial assistance requested:

Form of assistance

Amount

* Grant/ Loan (please delete as appropriate)

\$ _____

Payment of the Institute's annual membership fee and/or practicing certificate fee (where 3 consecutive payments have already been made by the HKICPA Charitable Trust, formerly known as HKICPA Trust Fund between 2012 to 2024)

Membership fee \$ _____

Repayment schedule with details of how repayments will be sourced: (for loan application only)

Declaration

I declare that all the information provided by me on this form and documents provided for assessment are true and correct.

I have attained _____ CPD hours in the past 12 months

Signed by: _____

Date : _____

Action may be taken by the Institute if this declaration is falsely made.

Notes:

1. The Trustees may require further information from the applicant in support of this application.
2. Applicants should use application form (i) if they have less than 3 consecutive years of severe financial hardship through unemployment and application form (ii) in circumstances of severe financial hardship through unemployment as a result of ill health. This application form should be used in all other circumstances.
3. "Unemployed" means not in paid work, whether under a contract of employment or otherwise.
4. Applicant must disclose his/ her financial status in full. All fields in relation to financial status must be completed and supporting documents (e.g. 3 months of bank accounts / investment account statements, recent letter from Inland Revenue Department or Social Welfare Department, medical report and hospital appointment slips if any etc.) must be enclosed. Failing of which may result in rejection of application.

Personal data

Personal data collected from the application form and process will be used for the purpose of the administration of the application. The provision of the personal data by means of this form is voluntary. However, insufficient information may result in an inability to process your application. Data collected may be accessible by the Institute's officers, persons or committees processing the application and related matters. In addition, the Institute may use the collected data for statistical research and analysis and for other uses internally.

Unless otherwise agreed, hard copies of any documents containing your personal data that you provide to the Institute will become the property of the Institute and will not be returned to you. The Institute will destroy any documents it holds in accordance with its internal policy and applicable laws. Please refer to the Institute's privacy policy on its website at: <http://www.hkicpa.org.hk/en/Tools/Privacy-policy>.

Under the Personal Data (Privacy) Ordinance, applicants have a right to request access to and correction of their personal data kept by the Institute. If you wish to exercise these rights, please email to privacyofficer@hkicpa.org.hk or contact the Corporate Communications Department at (852) 2287-7228..