

(For Office Use)

Bursary Application No. 助學金申請編號: _____

HKMU Student No 學生編號: _____

HKMU Student Financial Assistance Scheme

香港都會大學學費資助計劃

Return of Employee's Remuneration 僱員薪酬表

If applicants and their household members are employed but cannot produce salary statement, tax return, bank statements, please use this form to provide income proof. 如受僱申請人及其住戶成員無法提供糧單、稅單、銀行月結單，請使用此表格以提交入息證明。

- Name of employee 僱員姓名: _____
- Hong Kong Identity Card Number 香港身份證號碼: _____
- Capacity in which employed 受僱職位: _____ (*Full-time 全職/ Part-time 兼職)
- Period of employment from 1 April 2021 to 31 March 2022: 2021年4月1日至2022年3月31日之受僱時期:
From 由 _____ to 至 _____
- Particulars of Income accruing during the year from 1 April 2021 to 31 March 2022:
由2021年4月1日至2022年3月31日該僱員所獲得之入息明細表:

Particulars 細則	Period 期間							Amount 款額 (HKD/港幣)^
	Day 日	Month 月	Year 年		Day 日	Month 月	Year 年	
(A) Salary/Wages 薪俸/工資				to 至				\$
(B) Commission/Bonus 佣金/花紅				to 至				\$
(C) Overtime Pay/Leave Pay 超時工作工資/假期工資				to 至				\$
(D) Back Pay/Double Pay 補發薪金/雙糧				to 至				\$
(E) Allowances (Meals/Travelling/Living/Housing/Education, etc.) 津貼 (膳食/交通/生活/房屋/教育等等) Nature 性質: _____				to 至				\$
(F) Terminal Awards, Gratuities 退休或終止服務時之獎賞或報酬				to 至				\$
(G) Others 其他 Nature 性質: _____				to 至				\$
(H) Employee's payment to Occupational Retirement Scheme (ORS)/Mandatory Provident Fund Scheme(MPF) (if any) 由僱員支付的公積金/強積金供款 (如有)				to 至				\$
Total Income after deduction of employee's payment to ORS/MPF 扣除由僱員支付的公積金/強積金供款後的總收入	[Total sum of items (A) to (G)] – Item (H) [(A) 至 (G) 項總和] 減去 (H) 項							\$

^Please state the currency paid other than HK dollars 如非用港幣支付工資，請註明。

- Method of paying remuneration: **Cash/Cash Cheque/Cheque/Direct Credit to Account (i.e. Bank transfer)^/Others*** (Please specify) _____
支付僱員薪酬方法: 現金/現金支票/支票/直接存入僱員帳戶(即過戶)^/其他*(請註明): _____

#Employee's Bank account no. 僱員銀行帳戶號碼: _____

I certify that according to my/our records, the above information is true and correct. 根據本人/本公司紀錄，本人茲證明上述資料全部正確無誤。

Employer's Official Chop
僱主/公司/店行印鑑

Signature of Employer

僱主或負責人簽署: _____

Name of Employer (in block letters)

僱主或負責人姓名(正楷): _____

Designation 僱主或負責人職位: _____

Date 日期: _____

Name of Employer/Firm

僱主/公司/店行名稱: _____

Address 地址: _____

Telephone No. 電話號碼: _____

*Delete where inapplicable 刪去不適用者