

## **Confidential**

Information on this form is strictly confidential and be used for application proposes only.

For internal used only							
Application:no.							

2021.03

## **Catiline School Fees Remission Programme**

Part 1: Student's information		(Please put a 🗹 in an appropiate plac
1. Studying/ will study at Shatin	Fanling Whampoa	N1
2. Chinese Name (if applicable)		
3. English Name		
art 2: Parents' information		
1. Applicant's Chinese Name (if applicable)		
2. Applicant's English Name		
3. HKID number		
4. Occupation		
5. Contact number	Email	
Spouse		
6. Chinese Name (if applicable)		
7. English Name		
8. HKID number		
9. Occupation		
10. Mobile number	Email	
11. Home number		
12. Home address (please fill in BLOCK LETTE	ER)	
	oor         Block	
		HK KLN N.T.
art 3: Expected % of Remission (from		
art 4: Reason for application (can be	continued on additional sheet	<u> </u>
art 5: Please attach any bank statments, s		
1. Account's name		/ account number:
2. Account's name		account number:
3. Account's name		/ account number:
4. Account's name	Bank/ Investment/ Company	y account number:
art 6: Declaration and signature		
have read and agreed to the above terms a		
ny consent for Catiline Educational Organ Programme and I understand the Board of I		
ny appeals and explanations.	A COLOR OF THE THE THE THE COLOR OF THE	application recuits and there will flot i
Applicant:	Date:	