

For Change of Correspondence Address

To : Student Finance Office
Working Family and Student Financial Assistance Agency
Tsim Sha Tsui P.O. Box No. 96824
(Fax no. : 3622 3321 / 3622 3322)

2025/26 Household Application for Student Financial Assistance Schemes

Change of Correspondence Address

I would like to inform the Student Finance Office that my new corresponding address (*) will be/has been changed effective from _____ (Day/Month/Year) as follows :

					Flat						Floor					Block	
																	Name of Building
																	Estate / Village
																	No. and Name of Street
																	District
Please ✓ ☐ HK ☐ KLN ☐ NT					Area												

Signature of Applicant : _____

Name of Applicant : _____

Application No. / HK ID No. :

Date : _____

(*) Please delete inappropriate

For Change of Residential Address

To : Student Finance Office
Working Family and Student Financial Assistance Agency
Tsim Sha Tsui P.O. Box No. 96824
(Fax no. : 3622 3321 / 3622 3322)

2025/26 Household Application for Student Financial Assistance Schemes **Change of Residential Address (Applicable for Student Travel Subsidy Scheme)**

I would like to inform the Student Finance Office (SFO) that my new residential address
(*)will be/has been changed effective from _____ (Day/Month/Year) as follows :

Flat	Floor	Block
Name of Building		
Estate / Village		
No. and Name of Street		
District		
Please✓ ☐ HK	☐ KLN	☐ NT
Area		

Enclosed please find the following address proof copy showing name of applicant or spouse for reference
(one type of proof only is required)

- | | | |
|--|--|---|
| ☐ Lease / Tenancy agreement | ☐ Mortgage payment record | ☐ Bank statement |
| ☐ Water bill | ☐ Electricity bill | ☐ Gas / liquefied petroleum gas bill |
| ☐ Telephone bill | ☐ Mobile phone bill | ☐ Others : _____ (Please specify) |

I understand that the Student Travel Subsidy will be re-calculated with reference to my old and new address as submitted. If the re-calculated assistance is more than that has been released, the SFO will arrange the balance to me. In case the re-calculated assistance is less than that has been released, I have to refund the overpayment to the SFO.

Signature of Applicant : _____
Name of Applicant : _____
Application No. / HK ID No. : _____
Date : _____

(*) Please delete inappropriate