ENLS/IDM/INFO/E Form

To: Student Finance Office (Attn.: Extended Non-means-tested Loan Scheme (Application Processing Unit)) Working Family and Student Financial Assistance Agency 11/F, Cheung Sha Wan Government Offices,

303 Cheung Sha Wan Road, Kowloon

Tel : 2150 6223 Fax No. : 2802 9153 Email : wg_sfo@wfsfaa.gov.hk

Extended Non-means-tested Loan Scheme ("ENLS") Notification of Change of Indemnifier's Personal Particulars

Part A – Information of indemnifier (The following items are mandatory)	
English Name:	Hong Kong Identity Card No. / Other Identity Document No.*:
Part B – Change of Personal Particula	ars (Please fill in the relevant section(s))
	first and then other name. e the photocopy of <u>Deed Poll and new Hong Kong Identity Card</u> . If necessary, the Student ay require you to produce these documents in originals.)
Chinese Name:English Name:	
(2) Residential and correspondence a	showing your address in Hong Kong in the past 3 months. Documentary evidence showing your address in Hong Kong in the past 3 months. Documentary evidence of address should be letter issued by government bureaux/departments, public organisations/utilities or commercial organisations. Post Office Box numbers, Public Letter Boxes, care of address or student hostels will not be accepted as valid address. If necessary, you may be required to produce the documentary evidence in originals. Note 2: Please complete in block letters.)
Correspondence address (if different with t	the residential address provided above):
(3) Contact telephone number(s)	
Home: Office	e: Mobile phone / Pager* :
*Please delete as appropriate	
(including Tertiary Student Finance S Tertiary Students, Financial Assistanc	applied for any financial assistance schemes for post-secondary studies from the SFO cheme - Publicly-funded Programmes, Non-means-tested Loan Scheme for Full-time e Scheme for Post-secondary Students, Non-means-tested Loan Scheme for Post-racts as the indemnifier in any of these loan schemes, the personal particulars of ated accordingly.
Signature of Indemnifier:	Date:

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