

To : Student Finance Office [Attn.: Application Processing Unit (NLSPS)]
 Working Family and Student Financial Assistance Agency
 Room 1204, Cheung Sha Wan Government Offices,
 303 Cheung Sha Wan Road, Kowloon.

Non-means-tested Loan Scheme for Post-secondary Students (NLSPS) (2021/22)

Application for a Second NLSPS Loan

Only applicable for the application of the **difference** between the maximum amount of loan that the applicant may borrow and the loan that the applicant has already accepted in the **same academic year**

Name : _____ (English)		_____ (Chinese)	
HKID No. : _____ ()		Application No. : _____	
Institution : _____			
NLSPS Loan Amount Accepted on Your First NLSPS Application:			HK\$ _____
Amount of Second NLSPS Loan Applied: (The maximum amount of second NLSPS loan that you may borrow is equivalent to difference between the maximum amount of the NLSPS loan that you may borrow and the amount of NLSPS loan you have already accepted in your first application.) ⁴			
			HK\$ _____

- Notes: 1. Please attach to this application the original customer copy of the bank pay-in slip bearing the machine-print of a teller machine or the original automatic teller machine transaction advice for the administrative fee paid (Administrative Fee Payable should be \$180);
2. If there is any change in your institution, course of study and/or personal data (such as address, telephone no.) since your first NLSPS application, you should report these changes by completing the FASP/C/1A(2021) and/or FASP/C/1B(2021) forms and submit together with this application form. Please attach photocopy of relevant documents, including student ID Card and letter from institution indicating your change of institution data/course data.
3. Please refer to the SFO Course Coding Sheet for your annual tuition fees payable.
4. If you have also applied for financial assistance under the Financial Assistance Scheme for Post-secondary Students (FASP), the maximum amount of NLSPS loan you may receive will be further deducted by the amount of FASP financial assistance offered to you.

For Office Use						
Unit		DA/P*	Signature	Post Title	Date	Admin Fee Paid
APU (NLSPS)	1 st checked by					Y/N*
	2 nd checked by					Y/N*
OCNU						

Signature of Applicant : _____

Date : _____

* DA : Data amended

P : Already passed to data input