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)

Household Application for Student Financial Assistance Schemes
For 2026/27 School Year
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)

Household Application for Student Financial Assistance Schemes
For 2026/27 School Year
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