

附加團隊成員資料 Supplementary team member information											
每位團隊成員均須填寫。如表格不敷應用，請填寫【附加團隊成員資料】。 Each member is required to submit. Please use the "Supplementary team member information" if the form provided is not sufficient.											
與申請人關係： Relationship with applicant:		<input type="checkbox"/> 合夥人 Proprietor/ Partner			<input type="checkbox"/> 其他 (請註明) Other (Please specify)						
姓名 Name	中文： In Chinese:			身份證號碼： HKID No.:							
	英文： In English:										
性別： Gender:		<input type="checkbox"/> 男 Male		<input type="checkbox"/> 女 Female		年齡： Age:		出生日期： Date of Birth:			
住宅地址： Residential Address		室 Flat/Room 樓 Floor 座 Block		大廈/屋苑名稱 Name of Building / Estate				門牌號數及街道 (或鄉村) 名稱 Number and Name of Street (or Village)			
以英文填寫 In English		地區 District		<input type="checkbox"/> 香港 Hong Kong Island		<input type="checkbox"/> 九龍 Kowloon		<input type="checkbox"/> 新界 New Territories			
電郵地址： Email:											
聯絡電話： Contact No.:		手提電話 Mobile Phone									
請按任職日期順序列出截至目前為止的就業詳情 (包括兼職在內)								@請在適當的方格內加上✓號。			
Full Employment Record (including part-time Job) to date (in chronological order)								@Please ✓ the appropriate box			
	機構名稱 Name of Firm	全職@ Full Time	兼職/臨時@ Part-time/ Temporary	最後擔任職位 Last Position	薪金 Salary	由 (日/月/年) From (D/M/Y)	至 (日/月/年) To (D/M/Y)				
1											
2											
3											
4											
5											
教育/學歷 (按就讀/考獲資格日期順序列出)								Education/Academic Attainment (in chronological order)			
	就讀班級/學系/學歷/專業資格 Class/Department Attended/ Academic/Professional Qualifications	就讀學校/ 頒發機構 School Attended/ Issuing Authority	就讀日期/考獲日期 Period of Study/ Date Attained		如持學歷/專業資格，請註明合 格的科目及成績 For Academic/Professional Qualifications, please specify: Subjects Passed and Grade/ Level Attained						
			由 (月/年)或考獲日期 From (M/Y) or Date Attained	至 (月/年) To (M/Y)							
1											
2											
3											
4											
5											
6											
是否有創業經驗？								<input type="checkbox"/> 是 (請詳述)		<input type="checkbox"/> 否	
Do you process any entrepreneurial experience?								Yes (Please describe)		No	

請詳述 (請註明目前是否營運) Please describe (Please indicate whether it is still under operation)

是否已經持有效商業登記牌照? 是 (請註明及提供副本) 否
 With valid Business Registration Certificate? Yes (Please specify and provide photocopy) No

	1	2	3
業務/公司名稱: Name of Business/ Company			
登記證號碼: Certificate No.:			
屆滿日期: Date of expiry:			
業務性質: Nature of business:			
現況: Company status:	<input type="checkbox"/> 已結業 Closed down <input type="checkbox"/> 正在營運 In operation <input type="checkbox"/> 尚未開始營運 Not yet started operating	<input type="checkbox"/> 已結業 Closed down <input type="checkbox"/> 正在營運 In operation <input type="checkbox"/> 尚未開始營運 Not yet started operating	<input type="checkbox"/> 已結業 Closed down <input type="checkbox"/> 正在營運 In operation <input type="checkbox"/> 尚未開始營運 Not yet started operating

聲明 Declaration

本人確認上述「尚未開始營運」之業務/公司在撥款日期前不會以任何形式營運任何業務。
 I declare the above "Has not yet started operating" Business/ Company does not and will not operate any business in any form prior to the funding period.

利益申報 Declaration of interest

本人明白，如在申請本計劃時與東華三院健康理財家庭輔導中心或其職員出現直接或間接利益衝突情況，須向工作小組及評審委員會申報。

I understand that if I have any direct or indirect interest with Tung Wah Groups of Hospitals Healthy Budgeting Family Debt Counselling Centre or its staff while I apply this project, I shall make a declaration to the Assessment Board and Working Group.

本人沒有利益衝突情況需要申報
I would like to report that there is no existing or potential conflict of interest situation.

本人遇到現有或可能出現的利益衝突情況，現申報如下：
I would like to report the following existing or potential conflict of interest situation:

與本人有公事往來/直系親屬關係的人士 Persons with whom I have official dealings/lineal relative relationships
本人與上述人士的關係 My relationship with the persons
上述人士在本中心的職位 Position of the regarding persons

聲明及條款 Declaration and Provision

<input type="checkbox"/>	本人確認已閱讀、完全明白並同意本申請受【「創業共融」 - 青年創業計劃 申請須知及條款】的有關條款及細則約束。否則本申請將不會被處理。 I confirm that I have read, understood and agreed that my application is governed by the terms and conditions of the "Application Guide and Terms"; otherwise my application will not proceed.
<input type="checkbox"/>	本人確認已閱讀、完全明白並同意本申請受【「創業共融」 - 青年創業計劃 個人資料收集聲明】的有關條款及細則約束。否則本申請將不會被處理。 I confirm that I have read, understood and agreed that my application is governed by the terms and conditions of the "Personal Information Collection Statement"; otherwise my application will not proceed.
<input type="checkbox"/>	本人確認於本部份所提供的資料真實無訛，並無缺漏。 I declare to my best knowledge that the information in this part is true and correct.

注意：請使用黑色、藍色原子筆簽署。本文件不接受電子簽署。
Attention: Please use BLUE OR BLACK BALL PEN to sign.
Electronic signature will not be accepted.

<p>團隊成員簽署 Team member signature</p>

姓名：
Name: _____

日期：
Date: _____

日 D	月 M	年 Y