

# 2020年香港中學文憑考試

# Hong Kong Diploma of Secondary Education Examination 2020

減免覆核成績費用申請

Application for Waiving Rechecking and Remarking Fees

#### 注意

請用正楷填寫。

NOTE

Please complete this form in BLOCK letters.

- 申請日期為2020年7月22日至27日(星期六及星期日除外)。郵遞申請恕不接受。
- The application period for Fee Waiver is from 22 to 27 July 2020 (Saturday and Sunday will be excluded). Postal applications will not be accepted.
- 考生遞交減免覆核成績費用申請時,必須填妥此申請表格並出示有關證明文件之正本及副本予考評局(遞交地址:灣仔軒尼 詩道 130 號修頓中心 12 樓)。未能提供足夠證明文件的申請將不獲處理。
  - Candidates applying for Fee Waiver in Rechecking and Remarking MUST submit this application form and present the original and photocopy of the supporting document(s) to the HKEAA (Submission address: 12/F, Southorn Centre, 130 Hennessy Road, Wan Chai). Applications without sufficient supporting document(s) will not be processed.
- 如欲申請減免覆核成績費用,不論覆核結果,考生必須先於限期或以前全數繳付申請費用。本局可按個別情況酌情考慮減免 部分費用,如減免申請獲批准,將於覆核成績發放後另函通知,並於九月中旬以支票形式退回相關的申請費用。

The full amount of the Rechecking and Remarking application fees MUST be settled on or before the deadline, regardless of the outcome of the application. The HKEAA may consider waiving part of the rechecking/remarking fees on a case by case basis. Applicants will be notified of the application results after the release of the Rechecking and Remarking results. Successful applicants will be refunded the application fees by cheque in mid-September.

本局一般不會考慮考生以合資格獲得學生資助處的公開考試費用減免/學校書簿津貼或其家庭成員現正領取社會福利署公 共福利金計劃下的傷殘津貼為理由,而申請減免覆核成績費用。

The Authority will normally not consider the applications from candidates who are eligible for examination fee or school fee remission administered by the Student Finance Office (SFO) or whose family members are recipients of Disability Allowance

under the Social Security Allowance (SSA) Scheme.												
	身分證明文件號碼 Identity Document No.	Name in English		考 生 編 號 Candidate No.								
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更改通訊地址 (如與報考登記時不同): Change in Correspondence Address: (If different from that provided during the registration for admission)		日間聯絡電話 Day-time Contact Tel. No. :				_						
申請	原因 Reason(s) for Application:											
附上□	M上之證明文件 Supporting document(s) provided:  □ 考生之有效身分證明文件正本或副本。 Candidate's identification document (original copy or photocopy).											
	考生(及其家庭成員)現正領取綜合社會保障援助計劃(簡稱「綜援」)之有效證明文件 <b>正本及副本</b> ,例如 <u>綜接申請獲准通知書(*須出示完整信件包括附頁有關受助人豁免醫療費用安排</u> )。 Documentary proof (original copy and photocopy) of candidate (with family member(s)) currently in receipt of the Comprehensive Social Security Assistance (CSSA) Scheme, e.g. the notification letter of successful application sent to the CSSA applicant (*This document should include an annex of the medical fee waiving arrangement for the CSSA recipients). *注意:此完整信件必須能夠顯示考生的全名,證明考生為綜接受助人及有效期涵蓋 2020 年 7 月份。[見信 件樣本附頁] *Note: The full name of the candidate must be shown on this notification letter in order to certify that the candidate is in receipt of the CSSA in July 2020. [See the attached letter sample]						t <u>ll</u> g					
	如綜合社會保障援助計劃(簡稱「綜援」)的申請人為考生的家庭成員,請提供 <u>出生登記紀錄</u> 正本及副本, 以證明考生與申請人的關係。 If the applicant of the Comprehensive Social Security Assistance (CSSA) Scheme is the family member of the candidate, please also provide <u>the Certificate of an Entry in a Register of Births</u> (original copy and photocopy) as a proof of relationship with the candidate.					e						
	□ 其他:(必須附上有關證明文件 Relevant supporting document(s) MUST be provided)											
	Others:										_	
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	ecking ication received and document checked	2 <sup>nd</sup> checking Payment Status & Per	rsonal particulars	3 <sup>rd</sup> checking Final checking (AC	)-I	E <b>A/(</b> /	)-Е	l <b>A a</b> r	nd S	O-E	(A)	ı

收據 Receipt (由考評局職員填寫 To be completed by the HKEAA staff)

2020/ DSE

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# 申請減免覆核成績費用的考生(及其家庭成員)如屬綜合社會保障援助計劃(「綜援」)之受助人, 須出示完整的綜接申請獲准通知書。以下為該信件的樣本:

For candidates applying for waiving rechecking and remarking fees who (and their family member(s)) are in receipt of the CSSA, this notification letter should be provided as a proof. Below please find a letter sample for reference.

信件樣本 Letter Sample

[綜援申請人姓名] [申請人地址]

第1頁

檔案編號: CCC-Y-0123 電話: 3628 8860

社會保障辦事處名稱

[綜援申請人姓名]

### 申請獲准通知書

現特此通知你,關於你申請綜合社會保障援助〔綜援〕一事,已獲批准,本署將發放綜援金6個月,由2020年7月1日開始計算,每月的款項將會存入你指定的銀行戶口。期滿時再行覆查。

你通常會在每月的 01/02 日收到援助, 現將你每月可得金額列出如下, 給你參考:

1. 由 2020 年 7 月 1 日至 7 月 31 日,該月可得的款項為 2000 元,包括:

有效期必須涵蓋 2020年7月份

 標準金額
 1000 元

 租金
 1000 元

合計 2000 元

檔案編號: CCC-Y-0123

請注意:

附頁

有關綜接受助人豁免醫療費用安排

你/申請人/符合資格家庭成員在領取綜援期間前往公立診所或醫院〔包括急症室〕求診時可獲豁免醫療費用。

此日期起生效:2020年7月1日

符合資格的人士		申請綜援時使用的身份證明文件	有效日期至			
	姓名1	香港身份證	31/12/2020			
	姓名2	香港身份證	31/12/2020			

- 1. 考生的名字須列於此表格內
- 如符合資格的申請人為考生的家庭成員, 必須提供出生登記紀錄正本及副本, 以證明考生與申請人的關係

[Name of applicant of the CSSA Scheme] [Address]

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Annex

Our reference: CCC-Y-0123

Tel No.: 3628 8860

Name of Social Security Field Unit (SSFU)

Dear [Name of applicant],

# Notification of Successful Application

With reference to your application for Comprehensive Social Security Assistance (CSSA), I would like to inform you that assistance for a period of 6 months, commencing on 1 July 2020, has been approved. The monthly payment will be credited to your designated bank account. We shall review your case upon expiry of payment

You will receive the assistance normally on the 01/02 day of each month. The monthly payments are listed below for your reference:

1. \$2000 per month from 1 July to 31 July 2020 including:

The period should cover the month of July 2020

STANDARD RATE \$1000 RENT ALLOWANCE \$1000

Our reference: CCC-Y-0123

Note:

Waiver of Medical Charges for CSSA Recipients

You/Applicant/Eligible family member(s) is/ are entitled to the waiver of medical charges at a public clinic or hospital (including the Accident & Emergency Department) during the eligibility period of CSSA.

Valid from: 1 July 2020

[Name 1] [ID type] 31/12/2020 [Name 2] [ID type] 31/12/2020	Eligible members	Identity document which used for CSSA application	Valid Until	
[Name 2] [ID type] 31/12/2020	[Name 1]	[ID type]	31/12/2020	
[14th 2] [15 type] 51/12/2020	[Name 2]	[ID type]	31/12/2020	

The full name of the candidate should be shown in the box
 If the applicant of the CSSA Scheme is the family member of the candidate, please provide the Certificate of an Entry in a Register of Births (original copy and photocopy) as a proof of relationship with the candidate.