

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 NOTE
1. 請用正楷填寫。 Please complete this form in BLOCK letters.
2. 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。
3. 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...
4. 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。
5. 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。

Table with 4 columns: 身分證明文件號碼, 中文姓名, Name in English, 考生編號. Includes a grid for Candidate No. with '20' in the first two cells.

更改通訊地址 (如與報考登記時不同): Change in Correspondence Address:
日間聯絡電話: Day-time Contact Tel. No.:

申請原因 Reason(s) for Application :

附上之證明文件 Supporting document(s) provided:

- 考生之有效身分證明文件正本或副本。
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」) 之有效證明文件正本及副本, 例如綜援申請獲准通知書。
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, 請提供出生登記紀錄正本及副本。
其他: (必須附上有關證明文件 Relevant supporting document(s) MUST be provided)

考生簽署 Candidate's Signature: 日期 Date:

Table for office use with 3 columns: 1st checking, 2nd checking, 3rd checking. Includes descriptions like 'Application received and document checked'.

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

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，須出示完整的綜援申請獲准通知書。以下為該信件의 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：

有關綜援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

附頁

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
2. 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]

PAGE 1

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
TOTAL	\$2000

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

Annex

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

1. The full name of the candidate should be shown in the box
2. 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.