



防疫抗疫基金 — 零售業資助計劃

Anti-epidemic Fund – Retail Sector Subsidy Scheme

申請編號

Application number: _____

(只供內部使用 For internal use only)

申請表格(適用於社會企業營運的零售店鋪)

Application Form (For Use by Retail Stores of Social Enterprises)

申請機構在填寫此「零售業資助計劃」(下稱「計劃」)的申請表格前，須先參閱申請須知(包括收集個人資料聲明)。申請機構在作出及遞交申請時，須遵守申請須知上的規定。

The Applicant shall read the Guidance Notes (including Personal Information Collection Statement) before completing this application form for the Retail Sector Subsidy Scheme ("the Scheme"). The Applicant shall observe the requirements specified in the Guidance Notes in filing and submitting the application.

第一部分 申請機構資料 Part One Particulars of the Applicant

機構名稱 Name of Organisation

稅務局檔案號碼(如屬根據《稅務條例》第 88 條獲豁免繳稅的機構) / 商業登記證號碼(必須提供)*

I.R. File No. (for organisations exempt from tax under section 88 of the Inland Revenue Ordinance) / Business Registration Number (mandatorily required)*

符合申請資格的零售店鋪總數

Number of eligible retail stores

(*) 請刪去不適用者 Please delete as appropriate

符合申請資格的社會企業零售店鋪資料 Information of eligible Social Enterprise retail stores:

	社企零售店鋪名稱 Name of SE retail store	社企零售店鋪地址 Address of SE retail store
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

如本頁不夠填寫，申請人可另行夾附有關資料。

Please provide the information on a separate sheet to be attached to this form if there is insufficient space.

以上社企零售店舖符合以下條件(可選多項)：

The above retail store(s) meet(s) the following criteria (more than one choice allowed)：

- ☐ 載列於香港社會服務聯會編製的《社企指南》
listed on the Social Enterprise Directory maintained by the Hong Kong Council of Social Service
- ☐ 獲香港社會企業總會頒發社企認證
accredited under the Social Enterprise Endorsement Mark administered by the Hong Kong General Chamber of Social Enterprises
- ☐ 受惠於政府資助，如社會創新及創業發展基金、「伙伴倡自強」社區協作計劃和「創業展才能」計劃
supported by government grants, such as the Social Innovation and Entrepreneurship Development Fund, Enhancing Self-Reliance Through District Partnership Programme and Enhancing Employment of People with Disabilities through Small Enterprise Project

第二部分 聯絡人資料 Part Two Contact Details

姓名 Name (中文 Chinese) _____

(英文 English) _____

職位 Position _____

地址 Address _____

電話號碼 Telephone No _____

電郵地址 Email Address _____

第三部分 付款資料 Part Three Payment Information

賬戶名稱 (英文) ^
Account Name (English) ^ _____

銀行名稱 Bank Name _____

帳戶號碼 Account Number

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(銀行編號 Bank code) (賬戶號碼 Account number)

(^) 賬戶名稱須與申請機構名稱相同。

The name of the bank account for receiving payment shall tally with that of the applicant.

第四部分 聲明

Part Four Declaration

(必須細閱以下事項 Please read all the conditions carefully)

(請在適當方格內加上“√”號。Please “√” as appropriate.)

☐ 本人明白 I understand:

- 本計劃的申請須知 (包括收集個人資料聲明) 及本申請表格內容。
the content of the Guidance Notes (including the Personal Information Collection Statement) and the content of this form.
- 在遞交本申請表後，防疫抗疫基金秘書處 (秘書處) 及 / 或委託機構並不保證或承諾本申請中任何本計劃下的資助最終均會獲批。
that the submission of this form does not constitute any guarantee or undertaking by the Secretariat of Anti-Epidemic Fund (the Secretariat) and/or appointed agency in respect of the eventual approval of any subsidy under the Scheme covered in this application.
- 秘書處對本申請有最終決定權，並保留調整資助額度和拒絕申請的權利，而無須提供原因及對任何人承擔任何責任。
that the decisions of the Secretariat and/or appointed agencies in respect of this application are final, and that the Secretariat reserves the right to adjust the amount of allowance and subsidy and reject the application without giving any reason and without incurring any liability of whatever nature to any person.

☐ 本人同意 I agree:

- 如秘書處及 / 或委託機構要求就本申請提交補充資料及文件，本人會配合有關要求於指定期間內遞交有關資料，以作秘書處及 / 或委託機構審批、評估、覆核和日後監察之用。
that if the Secretariat and/or appointed agencies request(s) for supplementary information and document(s) for this application, I shall accede to the request by submitting the relevant information within the prescribed period to the Secretariat and/or appointed agencies for approval, assessment, review and future monitoring.
- 授權秘書處及 / 或委託機構就核對或澄清本申請表及附夾的文件 (包括補充資料及文件 (如有)) 內所載的資料聯繫政府部門或其他相關機構或人士，以作申請審批、評估及覆核之用，並用以監察及統計用途；以及應秘書處及 / 或其委託機構合理要求提供任何補充資料或文件。
to authorise the Secretariat and/or appointed agencies to contact government departments or other relevant institutions or persons for verification or clarification of the information contained in this form and the attached document(s) (including supplementary information and document(s) (if any)) for the purposes of approval, assessment and review of applications as well as monitoring and statistical use; and to provide any additional information or documents on the Secretariat and/or its appointed agencies' reasonable request.
- 受收集個人資料聲明約束以及授權秘書處及 / 或其委託機構收集本人的資料，包括個人資料 (私隱) 條例所指的個人資料，用於本計劃的守則及條款 (包括收集個人資料聲明) 中所述之其他用途。
to be bound by the Personal Information Collection Statement and to authorise the Secretariat and/or appointed agencies to collect my information, including the personal data as defined under the Personal Data (Privacy) Ordinance. The use of the data is related to the purposes as stated in the Guidance Notes (including the Personal Information Collection Statement) of the Scheme.
- 自願授權秘書處及 / 或其委託機構以批核、評估、審閱和監控本人的申請為目的，將本人已被收集的個人資料與相關政府局方 / 部門 / 組織的數據庫進行配對程序。
to authorise voluntarily that the the Secretariat and/or its appointed agencies to conduct matching procedure on my personal data collected against the database of relevant Government bureaux/departments/organisations for the purposes of approval, assessment, review and monitoring of my application.

☐ 本人確認 I confirm:

- 本申請表內填報的資料及附夾的文件 (包括補充資料及文件 (如有)) 均完整及真確無訛。而本申請表和附夾的文件 (包括補充資料及文件 (如有)) 如有任何不正確 / 不準確的資料，均可導致本申請無效。申請者或須退還全部或部分資助。如作出虛假陳述、虛報、隱瞞或提供虛假文件以欺騙秘書處及 / 或其委託機構屬刑事罪行，可能因此而被檢控。
that the information provided in this form and the attached document(s) (including supplementary information and document(s) (if any)) are true, complete and correct. Any incorrect/inaccurate information provided in this form and the attached document(s) (including supplementary information and document(s) (if any)) may render this application invalid. Full or partial refund of the subsidy shall be required. Making any false statement, misrepresentation and concealment of facts, or furnishing false documents in an attempt to deceive the Secretariat and/or appointed agencies constitutes a criminal offence and may be subject to prosecution.

申請機構獲授權代表簽署

Signature of the Authorised Person of the applicant

申請機構獲授權代表姓名

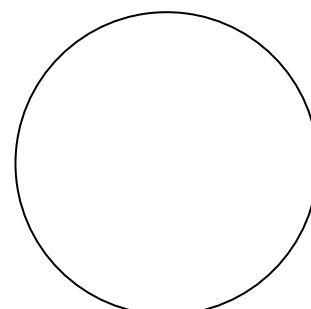
Name of Authorised Person of the applicant

申請機構獲授權代表職位

Post of Authorised Person of the applicant

日期 (日 / 月 / 年)

Date (dd/mm/yyyy)



印鑑

第五部分 香港社會服務聯會認證書

Part Five Certification by the Hong Kong Council of Social Service

(本部分僅供香港社會服務聯會使用 This part is for use by the Hong Kong Council of Social Service only)

(請在適當方格內加上“√” 號。 Please “√” as appropriate.)

香港社會服務聯會**確認**申請機構在第一部分的所列之零售店舖：

We **certifies** that the retail store(s) listed in Part I by the applicant is(are):

- ☐ 符合計劃申請須知列載的申請資格
Eligible for the Scheme in accordance with the Guidance Notes
- ☐ 不符合計劃的申請資格
Not eligible for the Scheme

簽發人簽署

Signature of the issuer

簽發人姓名

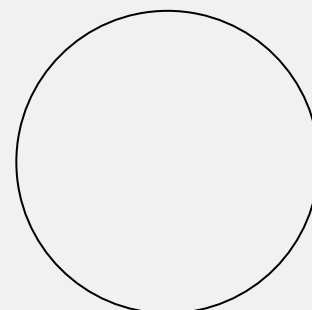
Name of the issuer

簽發人職位

Post of the issuer

日期 (日 / 月 / 年)

Date (dd/mm/yyyy)



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