

2024年香港中學文憑考試

Hong Kong Diploma of Secondary Education Examination 2024

減免覆核成績費用申請

Application for Waiving Rechecking and Remarking Fees

注意

請用下楷填寫。

NOTE

Please complete this form in BLOCK letters.

2. 申請日期為 2024 年 7 月 17 日至 22 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 17 to 22 July 2024 (Saturday and Sunday will be excluded). **Postal applications will**

NOT be accepted.

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(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.

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。本局可按個別情況酌情考慮<u>減免</u> 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 <u>waiving part of the rechecking/remarking fees</u> 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.

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。

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.

	under the Social Security Allows	ance (SSA) Scheme.	, , , , , , , , , , , , , , , , , , , ,						- 3				
	身分證明文件號碼 Identity Document No.	中文姓名 Name in English				考 生 編 號 Candidate No.							
	-				2	4							
更改通訊地址 (如與報考時不同): Change in Correspondence Address: (If different from that provided during the registration)		日間聯絡電話: ————————————————————————————————————											
申請	原因 Reason(s) for Application:												
附上口	 之 證明文件 Supporting docume 考生之有效身分證明文件 正本及 Candidate's identification docum	2/或副本。	and/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 正本及副本 ,例如 <u>綜援申請獲准通知書(*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 2024 年 7 月份。 *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 2024.												
	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 the Certificate of an Entry in a Register of Births (original copy and photocopy) as a proof of relationship with the candidate.												
	其他:(必須附上有關證明文件 Relevant supporting document(s) MUST be provided)												
	Others:											_	
	生 簽 署 lidate's Signature:	日 期 Date:											
	ffice use 由考評局填寫			T -									_
	ecking ication received and document checked	2 nd checking Payment Status & Per	sonal particulars	3 rd checking Final checking (A	O-]	EA /	/O-	EA	an	d SC	D-E	(A)	

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