Support Measure 3.0

The Government of the Hong Kong Special Administrative Region Support for Engineering, Architectural, Surveying, **Town Planning and Landscape Sectors 3.0**

Date of Receipt	
Serial Number	

(for internal use)

		Suj	oport Measure 3.0 – Claim Form		(for internal use)
Part A	A Details of Claim				
Each	item below should be provided v	with supporting documents (i.e. payroll/ N	MPF records/ bank statements) to prove that	salary has been paid to the employee conce	rned during the subsidy period.
			d payment amount should be clearly shown		
			mitted on a quarterly basis (cut-off dates of	quarters: 31 March, 30 June, 30 September	r and 31 December) and within
one m	onth after the cut-off dates of the	e respective quarter.			
We.		(name of com	pany), with Applicant Reference No	wish to	o claim subsidy in respect of
the A	pproved Graduate/Assistant Pro	ofessional employee(s) below.		,	y craim succeedy in respect of
		• • • •			
No.	Subsidy place reference no.	Validity period of subsidy place	English name of approved employee	Subsidy period of subject claim	Amount claimed (HK\$)
		(dd/mm/yyyy)	on HKID card	(dd/mm/yyyy)	[round to 2 decimal places]
		to		to	
		to		to	
		to		to	
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		to		to	
		to		to	
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		to		to	
				Total subsidy claimed	
				Total Suesitay Claimica	
	B Payment Information	to			(00
rieas	e sena me cheque for the subsid	y to			(company address)
and th	ne payee should be			(company name).	
	1 / " " " " " "				

CF (Dec 2022)

Part C De	<u>claration</u>					
Please indic	ate full understanding of the conten	t of the following and agreement to which by tickin	g the relevant boxes. The claim will be processe	d only if all boxes are ticked.		
(a) We dec	are that during the subsidy period of	of each claim in Part A –				
*	• the approved employee has not been assigned to work on Government projects with the relevant salary reimbursed by the Government.					
•	the approved employee was our e	employee and worked on a full-time basis.				
•						
•	the subject claim is solely for the	salary paid to the approved employee.				
	• •	s the authorised person of the company (i.e. the app				
(c) We agree	ee to abide by the requirements set of	out by the Government, including but not limited to	those in the following, whichever applicable, and	the relevant privacy policy –		
•	Support Measure 3.0 – Guide to A	Application Support Measure 3.0 – Application Form				
(d) The am		pject to verification by the Government and its agen	nte.			
	•	and the supporting documents provided are true, or			\exists	
	•	of the Support Measure 3.0 – Application Form, su	•	n to the applications and payments		
		of receipt of the subsidy in full. We shall provide the documents where the originals have been subm		nment or its agents forthwith upon		
Name of authorised signatory of the company (in Block Letters) Phone		Position of signatory of the company	Signature of signatory of the company			
		Email	Date	Company Chop		
	Development Bureau (Works Bra Development Bureau (Works Bra 2/F Entrance, East Wing, Central 2 Tim Mei Avenue, Tamar, Hong (Please mark "Support Measure")	nnch)'s Drop-in Box Government Offices Kong 3.0 – Claim Form" on the envelope.)		he following address–		
Tor enquirie	s in relation to claim for substay, pr	lease contact the Development Bureau at 2848 6230	J.			