| (This sample form is for reference only)  | APP (CIVIL) 1   |
|---|---|
| Application For Legal Aid<br>(Civil)  | Official Use AN : AD :  |
| Legal Aid Department Tick $\bigcirc$ or $\square$ as appropriate  | PLAR :  |
| PART 1 YOUR PERSONAL PARTICULARS  |   |
| Mr Name in Block Letters (Surname First) as Printed on Your Name in Hong Kong Identity Card / Passport Name in  | Chinese   |
| O Miss     CHAN SIU MING  | 陳小明   |
| VHKID Card No.       O Passport / Travel Document No.       Date of B   | lirth   |
| <u> </u>  | $\begin{array}{c c c c c c c c c c c c c c c c c c c $  |
| Marital Status: O Single Married O Divorced O Widowed O Separated since Ye  | ar Month  |
| Telephone Residential Address   |   |
| Home 2345 6789  | 4 1 Floor 8 Block   |
| Office <u>2468 1357</u>   |   |
|   | B     L     D     G     Building / Estate Name       G     R     O     A     D     Street No. and Name                        |
| Email Address       1       0       1       A       1       W       0       N         C       H       A       I       W       A       N       I                               |   |
| Residing there since $0$ $3$ $0$ $3$ $H$ $O$ $N$ $G$ $K$ $O$ $N$ $G$ Year       Month   | O N.T.           City / Region / Country  |
| Quarters provided by Employer O Yes   | oor       Block         Building / Estate Name         District         District         N.T.         City / Region / Country |
| PART 2 NATURE OF PROCEEDINGS  | Chy/ Kegion/ Country  |
| <ul> <li>○ Divorce Proceedings</li> <li>○ Enforcement of Maintenance Order</li> <li>○ Variation of Maintenance Order</li> <li>○ Judicial Review</li> <li>○ Wages O</li> </ul> | n of Custody Order<br>Claim O Money Disputes<br>onal Negligence   |
| Accident Place  |   |
| Others To get back the ownership of the land  |   |
| Opposite Party(ies) (name(s) of person(s) / organization(s) / company(ies) in the proceedings           1         LEE Tai Keung           2         NIL                       |   |
| 3 NIL   |   |
| Court Action No(s)         1         NIL         2         NIL  | 3 NIL   |

| PART 3A Y                             | OUR OCCUPA  | TION                                 |  | nd/or without<br>xed employer  |  |  |                                |
|---------------------------------------|---|--------------------------------------|--|--|--|--|--------------------------------|
|                                       | rincipal Employmer<br>er's Name / Address<br>N/A              |                                      | Io.  | Position   |  | N/A  |                                |
|                                       |   |                                      | /  | Employed sinc  | e  |  |                                |
| · · ·                                 | Part-time OC<br>er's Name / Address                           |                                      |  | Position   | Year<br>N/A  | Month  |                                |
|                                       | N/A   |                                      |  | Employed sinc  | e Year   | Month  |                                |
| □ Not Employe<br>○ Unen               | d<br>nployed () Retire  | d 🔿 Student                          | () Housewi                                     | Unemployed /   | Retired since  | Year N   | Month                          |
| Las                                   | t Employment  | N/A                                  |  | Monthly Incon  | ne from Last Employr   | nent \$ N/   | Ά                              |
|                                       | d Person / Owner o<br>ete a separate Form B                   |                                      |  | Number of Bu   | siness(es)   | 1  |                                |
| Nature of                             | of Work / Name of I   | Business Tr                          | riple Fat Co. Lt                               | d. in a priva  | es sole proprietor, bus<br>ate company. (i.e. if yc<br>pany or if you run and                      | u hold 51% or more   | of the shares                  |
| PART 3B YO                            | UR SPOUSE'S   | INFORMA                              | TION Not                                       | e 3 👞  | You need not inclu   | Ide YOUR SPOUSE  | E'S information                |
| Name in Block Let<br>HC               | ters (Surname First<br>) Miu Ling                             | )                                    |  | Name in Chinese<br>何妙玲   | <ul> <li>and income if your<br/>proceedings to wh</li> </ul>                                       | spouse is the oppo<br>ich your intended a<br>spouse are divorced | phent in the pplication relate |
| Employed (Prin<br>Employer's          | cipal Employment)<br>s Name / Address / '                     |                                      |  | Position   | Clerk  |  |                                |
| <u>&gt;</u>                           | (X Company  |                                      |  | - /  |  |  |                                |
| $\Box$ Employed ( $\bigcirc$ ]        | Prince Edward Roa<br>Part-time O Ca<br>s Name / Address / '   | sual Worker)                         | Note 1   | Employed since Position  | 2 0 0 6<br>Year<br>N/A   | 0 1<br>Month   |                                |
| N                                     | N/A   |                                      |  | Employed since   | Year   | Month  |                                |
| •                                     | loyed   | ◯ Student N/A                        |  | Unemployed / Re  | tired since  |  | onth                           |
| □ Self-employed I<br>(Please complete | Person / Owner of a<br>a separate Form B for                  |                                      | e 2  | Number of Busine   | ess(es)  | N/A  |                                |
| Nature of V                           | Work / Name of Bu   | siness                               | N/A  |  |  |  |                                |
| PART 4 INC                            | COME Note 4   | You should make                      | e full and frank c                             | lisclosure of all income early and a statement of all income early and a statement of | arned by YOU AND YO  | <b>UR SPOUSE</b> in this   | PART                           |
| 🖌 Income from Prin                    | ciple Employment  | (per month)                          | Self \$  | NIL  | Spouse \$  | 6,000  |                                |
| Note 5                                |   | allowance, bonus<br>stated in PART 6 | s, commission etc                              | our and/or your spouse's g<br>. Contribution to pension /<br>TEMS. Income derived fro  | retirement scheme / mar<br>m being the Director of a c   | datory provident fund  | etc, if any, should            |
| □ Income from othe<br>Note 6          | er Employment (per  | month)                               | Self \$<br>It includes the g<br>piece-work bas | NIL<br>ross income from part-tim<br>is. You should state your a<br>the past 12 months. Cont  | Spouse \$<br>e employment as well as<br>and/or your spouse's aver<br>ribution to provide / softice | NIL<br>gross income from job<br>age monthly income from          | paid on a casual<br>om such    |
|                                       | □ Allowance<br>□ Commission                                   | Bonus 🖌                              | etc, if any, shou                              | Ild be stated in PART 6 DE   | EDUCTIBLE ITEMS.<br>(i) Bo   | onus: \$3,000 ÷ 12 =   |                                |
|                                       | <ul><li>✓ Year End Payme</li><li>✓ Benefits-in-kind</li></ul> | ent<br>Note 7                        |  | Payment paid by Con<br>8,000   |  | ear End Payment:<br>000÷ 12 = \$500                              |                                |
| □ Income from Othe                    |   |                                      | It me  | ans the cash value of any as provision of quarters, h  | benefits-in-kind provided  | by your and/or your sp   | ouse's employer                |
|                                       |   |                                      | Self \$_                                       | NIL  | Spouse \$  | NIL  |                                |
| Monthly Pension                       |   | ``                                   |  |  | <b>1</b>   | · · · ·  |                                |
| 2                                     | tion from Family M  | embers                               |  |  |  |  |                                |

| space is insufficient, please provide extra                     | a information in PAR17 procee  | dings to which your inte                         | ets owned by your sp<br>ended application rel  | pouse if your spouse is the olates or if you and your spo             | opponent in the<br>use are divorced |
|---|--|--|--|---|-------------------------------------|
| PART 5A CAPITAL ASSE  | <b>TS Note 9</b> You should make full a  |  | all assets owned by                            | y YOU AND YOUR SPO  | USE in this PAF                     |
| Money in Bank (Including all Join                               | at Accounts) Note 10   | Kong including time of                           | leposits and deposit                           | nts both in and outside Hon<br>s in foreign currencies. Plea          | g<br>ase write down                 |
| Name of Bank  | "NIL" if you have no such item.<br>A/C Holder's Name   |  | Latest Balar                                   | nce   |                                     |
| (1) XX Bank   | 123456789  | CHAN SI  | U MING   | \$8,000   |                                     |
| (2) YY Bank   | 234567890  | HO MIU   | LING   | \$  |                                     |
| (3) ZZ Bank   | 1357924680   | <u>CHAN Siu Ming</u>                             | /HO Miu Ling_                                  | \$5,000   |                                     |
| (4) NIL   | NIL  | NIL  |  | \$NIL   |                                     |
| (5) <u>NIL</u>  | <u>NIL</u>   | NIL  |  | s NIL   | K                                   |
| Property Owned Note 11  | You should give details of al<br>including the property owner<br>name of a company, of whic<br>"NIL" if you have no such ite<br>Property 1         | d under your name and<br>th you and/or your spou | l/or your spouse's na                          | ame as well as that owned u   | under the                           |
| Address   | Flat B, 41/F, Block 8, Hong  | g Kong Building                                  | Flat G, 50/F, I                                | No. 500 Shenzhen Stre   | et,                                 |
|   | No. 10 Tai Wong Road, Cha  | ai Wan, HK                                       | Shenzhen, Ch                                   | ina   |                                     |
| Name of Owner(s)  | CHAN Tai Man / HO M  | iu Ling  | Chan Siu M                                     | ing / HO Miu Ling   |                                     |
| Present Market Value  | \$ <u>2,000,000</u>  |  | \$ <u>RMB</u>                                  | 150,000   |                                     |
| Amount of Outstanding Mortgage                                  | \$1,000,000  |  | \$   | NIL   |                                     |
| Share Owned (%)   | <u>Self NIL % Spouse</u>   | <u>50 %</u>                                      | <u>Self 50</u>                                 | <u>%</u> Spouse 50  | %                                   |
| Self-occupied   | Yes 🔿 No   |  | 🖌 Yes 🔿  | No  |                                     |
| Main Dwelling Note 12   | 🖌 Yes 🔿 No   |  | 🔿 Yes 💰  | No  |                                     |
|   | If you have indicated that you further indicate which of the p   |  |  | g.  |                                     |
| Shares and other Investments<br>Name of Shares /<br>Investments | Number of Shares /<br>Investments  | Total Pr<br>Market V                             |  | Share Owned<br>Self S   | (%)<br>pouse                        |
| (1) (4321) AA Company 🛓   | 1000   | \$ <u>10,000</u>                                 |  | <u>   100    %</u>  | NIL_%                               |
| (2) (6543) BB Company   | 1000   | \$ <u>5,</u> 000                                 |  | <u>NIL</u> %  | <u>100 </u> %                       |
| (3) NIL   | NIL  | \$ <u></u> NIL                                   |  | <u>NIL</u> %  | NIL_%                               |
| Please fill in "NIL" if y such item.                            | you have no It means the max the life assurance  | imum amount which yo<br>or endowment policies    | ou could readily borro<br>s. You may contact y | ow on the security of<br>your insurance agent or<br>ve no such item.  |                                     |
| Life Assurance or Endowment Pol                                 |  |  |  |   |                                     |
| Name of Insurance Company                                       |  |  |  | Aaximum Loan Value N  | Note 13                             |
| (1) <u>CC Insurance Co. Lt</u>                                  |  |  |  |   |                                     |
| (2) NIL   | NII  |  | \$NIL  |   |                                     |
| (3) <u>NIL</u>  | NII  | L  |  | NIL<br>efers to the present<br>rket value of the car net              | ]                                   |
| Motor Vehicle<br>Nature of U                                    | Jse  | Net Value  | Note 14  | any outstanding loan.<br>ase fill in "NIL" if you<br>ve no such item. |                                     |
| (1) Vehicle 1 Self use  | ○ *Business \$_  | 10, 000  |  | _   |                                     |
| (2) Vehicle 2 $\bigcirc$ Self use (                             | ○ *Business \$   | NIL  |  | _   |                                     |
| ( *If for business purpose, please complete a s                 | separate Form B)   |  |  |   |                                     |
|   | valuable assets includ<br>jewellery, antiques and<br>assets of intangible<br>nature such as goodwi<br>copyrights, patent and<br>other intellectual | d<br>ill, Total F                                | Present Market Va                              | alue  |                                     |
| (1) Gold  | properties. Please fill i<br>"NIL" if you have no<br>such item.  |  | 000  |   |                                     |
| (2) Gold watch  | L  | \$20,  | 000  |   |                                     |
| <b>Cash</b> (excluding the balance in the                       | above mentioned hank accounte)   | \$ 5 (   | 100  |   | 2                                   |

 $\bigcirc$ 

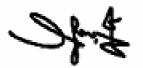
○ If space is insufficient, please provide extra information in PART 7

| Debts Recoverable \$  | NIL   | Please fill in "I<br>have no such                  | NIL" if you<br>item.   |   |  |  |  |
|---|---|--|--|---|--|--|--|
| Are you and/or your spouse a shareholder/director of any company registered in or outside Hong Kong and not included above? |   |  |  |   |  |  |  |
| No OYes Name o  | f Company   |  |  |   |  |  |  |
| Shares of   | owned No. of Shares _   |  | Value \$   |   |  |  |  |
| Director  | r's Remuneration \$   |  |  |   |  |  |  |
| above?  | <b>bold other bank accounts or own</b>  |  |  |   |  |  |  |
|   |   |  |  |   |  |  |  |
| included above ?  | d other bank accounts or own any or ovide details in PART 7   | other property or assets j                         | ointly with others in or o   | utside Hong Kong not                            |  |  |  |
| ⊖ No ♥ Yes II yes, pi   | rovide details in PART /  |  |  |   |  |  |  |
|   | ASSETS HELD IN YOUR N<br>e full and frank disclosure of all assets he                                       | eld by YOU AND YOUR SPO                            | OUSE on behalf of others in th   |   |  |  |  |
| •   |   | L  | bank accounts both in and outs<br>gn currencies. Please fill in "NI    | •   |  |  |  |
| Name of Bank  | A/C Number  | A/C Holder's Name                                  | Owner of the money<br>CHAN Siu Man                                     | Latest Balance                                  |  |  |  |
| (1) EW BANK   | 987654321   | CHAN Siu Ming                                      |  | \$ <u>3, 000</u>                                |  |  |  |
| (2) <u>NIL</u>  | NIL   | NIL  | NIL  | \$ <u>NIL</u>                                   |  |  |  |
| Property  | Prope   | erty 1   | Proper   | rty 2   |  |  |  |
| Address   | <u>Flat A, 1/F, No. 10</u>  | 00 Fa Hui Street,                                  | NIL  |   |  |  |  |
|   | Kowloon   |  |  |   |  |  |  |
| Name of Registered Owner(s  | s)Chan Siu Ming / Ho  | o Miu Ling   | NI   | L   |  |  |  |
| Name of Person on whose<br>behalf you hold the property   | Chan Siu Man(Young  | ger brother)                                       | NIL  |   |  |  |  |
| Present Market Value  | \$ 1,000,000  | ·  | \$ NIL   |   |  |  |  |
| Tresent Munet Value   | +, ,  |  |  |   |  |  |  |
| Other Valuable Assets Not   |   |  |  |   |  |  |  |
|   | Ire of Asset  | Owner of the As                                    | resent Market Value  |   |  |  |  |
|   |   |  |  | 0, 000  |  |  |  |
| (2) <u>NIL</u>  |   | NIL  | \$   | NIL   |  |  |  |
|   | ASSETS DISPOSED OF RE<br>the full and frank disclosure of all assets  |  |  | EGAL AID  |  |  |  |
|   | ome aware that you would have to ta   |  |  | his application?                                |  |  |  |
| -   | -   |  |  | ins upprication.                                |  |  |  |
| <u> </u>  |   | $\sim$   |  |   |  |  |  |
| any life insurance, en  | se transferred, sold, or given any mo<br>dowment policies or bank account<br>in Part 2 of this application? | oney, property or possessions since you became awa | ons to any person, compan<br>re that you would have                    | y or body or cancelled<br>to take or defend the |  |  |  |
| (a) cash  | ⊖ Yes   | No   | $\mathbf{i}$   |   |  |  |  |
| <ul><li>(b) landed properties</li><li>(c) life insurance or en</li></ul>  | dowment policies O Yes  | No<br>No   | $\sim$   |   |  |  |  |
| <ul><li>(d) bank accounts</li><li>(e) other valuable asse</li></ul>   | Yes   | ○ No   | $\sim$   |   |  |  |  |
|   | ts Note 15  | ○ No   | Valuable assets incluin jewellery, antiques an                         | de<br>d   |  |  |  |
|   |   |  | assets of intangible<br>nature such as goodw<br>copyrights, patent and | zill  |  |  |  |
|   |   |  | other intellectual properties.   | 4   |  |  |  |

|                                   |  |                     |   |          | Please fill in "NIL"<br>have no such item | if you<br>I.          |                            |  |  |
|-----------------------------------|--|---------------------|---|----------|---|-----------------------|----------------------------|--|--|
| 3. If y                           | ou have answere  | ed YES to any       | of the above questions,                     | please   | give full details bel                     | low:-                 |                            |  |  |
|                                   | Date   |                     | Particulars of Asset                        |          | Value / Am                                | ount                  |                            | Person to whom<br>asset is transferred etc   |  |
| <u>17.</u>                        | .9.2009  |                     | y bank account in XX<br><u>C No. 654321</u> |          | At that tim<br>\$ <u>20,000</u>           | ne                    |                            | NIL  |  |
| 17.                               | .9.2009  | One Gold            | Bangle                                      |          | \$ <u>15,000</u>                          |                       | As weddi                   | ng to my younger sister  |  |
|                                   | NIL  |                     | NIL   |          | \$ NIL                                    |                       |                            | NIL  |  |
|                                   |  | · 1                 |   |          |   |                       |                            | Where your application relates to a claim for  |  |
| PART                              | 6 DEDUCT   | TIBLE ITE           | MS  |          |   |                       |                            | relates to a claim for<br>damages arising from<br>personal injury to you and<br>you have received monies<br>under an insurance policy in<br>respect of the injury,<br>deductions may be allowed<br>for the care, medical   |  |
| Compe                             | nsation or Dona  | tion Received       | in respect of the Accid                     | lent ref | ferred to in Part 2                       |                       |                            | under an insurance policy in respect of the injury,  |  |
| ⊖ Traf                            | fic Accident Vict  | tims Assistance     | e payment                                   |          | \$  | NIL                   | _                          | for the care, medical  |  |
| ⊖ Crim                            | ninal and Law En   | forcement Inju      | ries Compensation                           |          | \$ <u>NIL</u>                             |                       |                            | treatment and equipment<br>reasonably required by you<br>as a result of the injury for a<br>3-year period from the date<br>of your application. Please<br>fill in "NIL" if there is no such  |  |
| ⊖ Emp                             | loyees' Compens  | sation              |   |          | \$ <u>NIL</u>                             |                       |                            | 3-year period from the date  |  |
| ODona                             | ation or value of  | gift                |   |          | \$  | NIL                   | _                          | item.  |  |
| ⊖ Mon                             | eys received und   | ler insurance p     | olicy                                       |          | \$  | NIL                   | _                          | Note 16  |  |
| The Mo                            | neys were depos  | ited in the follo   | owing bank accounts:                        |          |   |                       |                            |  |  |
| Bank A/                           | /C No  | NIL                 |   |          | Bank A/C No.                              |                       |                            | NIL  |  |
| Dentinal                          | (D)  |                     |   |          |   |                       |                            |  |  |
| Particu                           | lars of Dependa  | nts Note 17<br>Name | •   | I        |   | Age                   |                            | Relationship   |  |
| (1)                               | CHAN Mir   |                     |   |          | 13  |                       |                            | Son  |  |
|                                   | particulars of person who is   |                     |   |          | 65  |                       |                            |  |  |
|                                   | NIL         Dependent means the person's living is wholly depended on you. Tryou just contribute part of the person's living expenses, such person |                     |   |          |   |                       |                            | Mother   |  |
| (3)                               |  |                     |   |          | NIL                                       |                       |                            | NIL  |  |
| (4)                               | 4) NIL would not be considered as<br>your dependant. Please fill in<br>"NIL" if there is no such item.   |                     |   | in       | NIL                                       |                       |                            | NIL  |  |
| (5)                               | NIL  |                     |   |          | NIL                                       |                       |                            | NIL  |  |
| (6)                               | NIL  |                     |   |          | NIL                                       |                       |                            | NIL  |  |
| Claim f                           | or Deduction of  | Monthly Out         | goings in respect of M                      | lain Dv  | velling                                   |                       |                            | If you are a householder, you may  |  |
| (1)                               | Rent Morta   | age Payment         | ○ Cost of Living Acco                       | ommod    | ation Note 18                             | \$                    | 8,000                      | If you are a householder, you may<br>claim deduction in respect of rent or<br>mortgage payment of your main<br>dwelling. However, if you sublet part<br>of your main dwelling, the amount of<br>net rent payable by you shall be<br>claimed as deduction. If you are not a<br>bouseholder, you may claim |  |
|                                   | C  | age i ayment        |   | Jiiiiou  |   |                       | ,                          | of your main dwelling, the amount of<br>net rent payable by you shall be   |  |
| (2) Ma                            | nagement Fee   |                     |   |          |   | \$ <u> </u>           | 500                        | <ul> <li>claimed as deduction. If you are not a<br/>householder, you may claim<br/>deduction in respect of cost of living</li> </ul>   |  |
| (3) Rat                           | es and Governm   | ent Rent            |   |          |   | \$ <u> </u>           | 300                        | accommodation.   |  |
| (4) Insurance Premium on dwelling |  |                     |   |          |   | \$ <u></u>            | 200                        | deducible amount would not be over<br>half of the total income of you.<br>Please fill in "NIL" if there is no such   |  |
|                                   |  |                     |   |          |   |                       |                            | item.  |  |
| Claim f                           | or Deduction of  | Monthly Exp         | enses for Care of Depe                      | endants  | 5 <b>K</b>                                |                       |                            |  |  |
| 🗆 Infan                           | t Dependant  | Dependar            | nt who is unable to take                    | care of  | himself by reason                         | of his m              | ental or phys              | ical condition   |  |
|                                   | \$ N   | IL                  |   |          |   |                       | \[                         |  |  |
|                                   |  |                     |   |          |   |                       |                            | hen you have incurred expenses to<br>ovide for the care of a dependant   |  |
| Monthl                            | y Contribution   | to Pension / R      | etirement Scheme or M                       | Mandat   | ory Provident Fu                          | nd                    | ca                         | are of himself by reason of his<br>ental or physical condition during  |  |
| Self                              | \$ <u>N</u>  | IL                  | Spouse                                      | \$       | 300                                       |                       | _ th                       | in is an infant or unable to take<br>are of himself by reason of his<br>ental or physical condition during<br>e time that you are at work, such<br>penses is deductible, if it is<br>asonable to do so. Please fill in   |  |
| a • •                             | T  |                     |   |          |   |                       | "N                         | IIL" if there is no such item.   |  |
| Salaries                          | s Tax  |                     |   |          |   |                       |                            |  |  |
| Self                              | \$ <u>N</u>  | IL                  | Spouse                                      | \$       | NIL                                       |                       | _                          |  |  |
| Claim f                           | or Doduction :   | rosport of NT.      | intononco Doid Note                         | 10       |   |                       |                            |  |  |
|                                   |  | -                   | aintenance Paid Note                        | ™ ▼      | Deduction r<br>reasonably                 | nay be al<br>made for | lowed where<br>the mainten | payment is actually and<br>ance of a spouse living   |  |
|                                   | \$ <u>N</u>  | IL                  |   |          | dependant a<br>no such iter               | as stated             | in PART 6.                 | Please fill in "NIL" if there is   |  |
|                                   |  |                     |   |          |   |                       |                            |  |  |

(1) Own a piece of land worth \$600,000 with my younger brother CHAN Siu Man in France.

(2) My spouse Ho Miu Ling has a joint named property with her younger sister Ho Chiu Ling at No. 1234, Ching KaiVillage, Guangdong Province, China, worth ¥20,000



Signature of Applicant

29/9/2010 Date of Submission