(This sample form is for reference only) APP (CIVIL) APP (CIVIL)			
	Civil)	Official Use	
	$r \square$ as appropriate	AN :	
		AD :	
Legal Aid Department		PLAR :	
PART 1 YOUR PERSONAL PARTICULARS As p	printed on your Hong Kong Identity Ca	rd / passport	
O Mr Name in Block Letters (Surname First)	Name ir	a Chinese	
Ø Ms TSANG YIN YIN		燕燕	
	Date of	Birth	
H888999 (5)			
Marital Status: 🔿 Single 🗹 Married 🔿 Divorced 🔿 Wid		Year Month	
Home 22334444 Office NIL Mobile 5678 9777 Email Address tsang@email.com Residing at the above address since 9 9 Year 0 1 Month Reside Officer N/A Image: Correspondence Address N/A	NG KONG City ence provided by Employer Yes Floor Block Building / Estat Building / Estat Street No. and N Street No. and N District H.K. KLN N.T. City / Region / Country City / Region / Country	Building / Estate Name Street No. and Name ict O H.K. VKLN O N.T. / Region / Country V No	
O DivorceO Enforcement of Maintenance OrderO Judicial ReviewO Wages Claim		Variation of Maintenance Order Land / Property Disputes	
O Employees' Compensation and Personal Injuries		Personal Injuries Professional Negligence	
Date of Incident Day Month Ye Place of Incident			
() Others			
Opposite Party(ies) (name(s) of person(s) / organisation(s) / company(ies) 1 CHAN YAU SUM 2	NIL		
Court action no(s) should be provided if proceedings have been commence Court Action No(s) 1 NIL	ed in court 2NIL		
(September 2021)		1	

O If there is insufficient space, please provide extra information i					
Application in a representative or fiduciary capacit					
(i) next friend / guardian ad litem of a person under disability (including minors under the age of 18 or mentally incapacitated persons);					
(ii) trustee;(iii) personal representative (administrator / exect	utar) af tha astata a	fo decourd may			
(iii) personal representative (administrator / exect (iv) attorney appointed pursuant to a duly execute			18011;		
Application in a representative or fiduciary capacity					
If yes, provide only the information of the person yo			rson") in the parts	below	
		` •	<i>,</i>		
PART 3A OCCUPATION (Your occupation	on or the relev	ant person's	occupation)		
□ Full-time □ Part-time □ Casual Worker Note	1	Position	N/	٨	
Employer's Name / Address / Telephone No.	1 -		11/.	A	
N/A					
	I	Employed since			
			Year	Month	
□ Not Employed	τ	Unemployed / R	etired since		
Unemployed Retired Student				Year	Month
Last Employment <u>N/A</u>		Monthly Income	e from Last Employ	ment \$	N/A
\Box Self-employed / Owner of a Business Note 2					
(Please complete a separate Form B for each business)		Number of Busin	ness(es)	N/A	
Nature of Work / Name of Business	N/A				
Comprehensive Social Security Assistance (CSSA)	Recipient -	Please tie	ck at CSSA Recipient.		
PART 3B SPOUSE'S INFORMATION N	ote 3 (Vour sn	ouse or the i	elevant nersor	i's snouse)	
	· -		che vante per son	i s spouse)	
Name in Block Letters (Surname First)	N	ame in Chinese			
CHAN TAI MAN		陳ノ	大文		
□ Full-time □ Part-time □ Casual Worker Note 1	1				
Employer's Name / Address / Telephone No.		osition		N/A	
N/A	E	mployed since			
		1 5	Year	Month	
			1 cai	WIOIIII	
□ Not Employed	U	nemployed / Re	tired since		
\bigcirc Unemployed \bigcirc Retired \bigcirc Student \bigcirc	Housewife			Year	Month
Last Employment N/A					
\Box Self-employed / Owner of a Business Note 2					
(Please complete a separate Form B for each business)	Nı	umber of Busine	ess(es)	N/A	
	N/A				
Nature of Work / Name of Business	$1N/\Lambda$				
PART 4 INCOME Note 4 You should make	full and frank disala	ours of all incom	a correct by VOU A	ND VOUD SDC	USE/THE RELEVANT
	IS/HER SPOUSE in		e earned by YOU A	ND YOUK SPC	USE/THE KELEVANT
A Income from Full-time Employment (per	applicant/relevant	person \$	N/A	spouse \$	N/A
month) Note 5	appricant/relevant	person §	•	spouse $\phi_{}$	- ···
B 🗌 Income from Non Full-time, Part-time or					
Casual Work Employment Note 6	applicant/relevant	nerson \$	N/A	spouse \$	N/A
Custur Work Employment 1000 0				•	· · · · · · · · · · · · · · · · · · ·
C Monthly Average \Box Allowance \Box Bonus			for yourself and/or your oyalty, and income from		ccuved by you and/ ncluding disability or old age
	allowance re-	ceived by you and/or	r your spouse and regula		inancial assistance provided
\Box Year End Double Pay	to you and/or	r your spouse by oth	er people.		
\square Benefits-in-kind Note 7	applicant/relevar	it person \$	N/A	spouse \$	N/A
		1 .		1 .	
D Monthly Pension	applicant/relevar	it person \$	N/A	spouse \$	N/A
	11	· ·		· ·	
$E \square$ Income from Other Sources Note 8					
Monthly Contribution from Family Members					
or Other Sources (Please specify nature)	applicant/relevar	t person \$	NIL	spouse \$	NIL
F 🗹 You/your spouse/the relevant person/his or	r her spouse have	/has been rece	iving		
\checkmark CSSA \Box Portable Comprehensive	-		since	2021.2	2.1
The amount received last month was \$					
The amount received last month was \$		The COOA K		WIN-2021-0	00012 2

If there is insufficient space, please provide		plication relates or if you		spouse is the opponent in e divorced or separated bec	
PART 5A ASSETS Note 9	You should make full and trank THE RELEVANT PERSON A	disclosure of all assets		AND YOUR SPOUSE	7
Money in Bank (Including all Join	Accounts) Note 10 You should g	ive details of all bank acco	ounts both in and ou	utside Hong Kong (includi	
Name of Bank	A/C Number Name of A/C			Latest Ba	
(1) XX BANK	123456789	TSANG YI	IN YIN \$ 3,000		
YY BANK (2) (SHENZHEN BRANCH)	234567890			\$ <u>RMB 2,</u>	000
(3) XX BANK	1357924680			\$5,000	
(4) <u>NIL</u>		ails of all the properties wholly or partly owned by you both			
(5) NIL	Mainland China or other countries), inc owned under the name of a company, o Please write down "NIL" if there is no	f which you and/or your sp			
Property Owned Note 11		such nem.		Duon ontre 2	
	Property 1			Property 2	
Address	NIL			NIL	
Name of Owner(s)	NIL			NIL	
Current Market Value	\$NIL		\$	NIL	
Amount of Outstanding Mortgage	\$NIL		\$	NIL	
	1 1		1. (1		
Share of automskin $(0/)$	applicant / relevant person NIL %	spouse NIL %	applicant / rel		ipouse IL %
Share of ownership (%)					<u>1L</u> %
Self-occupied	() Yes () No		⊖ Yes	() No	
Main Dwelling Note 12	have indicated that you reside in more than o	one property, please furthe	r indicate which of	the properties you reside in	n is your main dwelling
Shares and other Investments Name of Shares / Investments (1) (2) NIL (2) NIL (3)	Number of Shares / Investments NIL \$	Current Total Market Value NIL NIL NIL	appl	Shares Held icant/relevant person NIL NIL NIL NIL	
(3) / Please write down "NIL" if there is no such	may contect your incurance egent or			the life assurance or endo	wment policies. You
Life Insurance or Endowment Poli Name of Insurance Company	cies	1 0		aximum Loan Value	Noto 13
	NIL	miller	o Current Ma	NIL	Note 15
(1) NIL (2) NIL	NIL		\$ \$	NIL	
(3) NIL	NIL		\$\$	NIL	
Motor Vehicle			· ·		
Nature of Use (1) V 1 (1)	· ۲۰۱۰ ، ۲۰	nark NIL		Net Value No NIL	te 14
	Business Vehicle registration n	NIII	\$_	NIL	
		de jewellery, antiques and		le nature	
(*If used for business purpose, please comple Other Valuable Assets Note 15	such as good will, co	byrights, patent and other is NIL" if there is no such ite		es.	
	f Asset(s)	Current	Total Market V	alue	
(1) ONE GOLD RING		\$ <u>8,000</u>			
(2) NIL		\$ NIL			
· /		· • •			
Cash excluding the balance in the	above-mentioned bank account(s) <u>\$ 2,000</u>			3

◯ If there is insufficient space, please provi	de extra information in PART 7			
Debts Recoverable \$ NIL		Please write down "NIL" if		
Estate: Is the applicant/relevant p of a will?	erson and/or spouse going to	inherit to any estate of	the deceased on intes	tacy or under the provisions
Ø No ○ Yes If yes, please pro Save as disclosed above, is the app Hong Kong?	vide details in PART 7 plicant/relevant person and/o	r spouse a shareholder	/director of any com	oany registered in or outside
Ø No ○ Yes Name of Company	/			
	o. of Shares			
Director's Remun	eration \$			
Save as disclosed above, does the in or outside Hong Kong? 𝒞 No ○ Yes If yes, please prov		d/or spouse hold other	· bank accounts or ov	on other properties or assets
Save as disclosed above, does the jointly with others in or outside H Ø No ○ Yes If yes, please prov	ong Kong? vide details in PART 7	should give details of all bank	accounts both in and outside time deposits and deposits in	vn other properties or assets Hong Kong (including Mainland foreign currencies held by you &
PART 5B ASSETS HELD IN 7 You should make full and frank disclosure of all	THE APPLICANT'S/REL	EVANT PERSON'S	NAME ON BEHA	
Money in Bank (Including all Join Name of Bank	/	Name of A/C Holder(s)	Owner of the mone	
(1) NIL	NIL	NIL	NIL	s NIL
(2) NIL	NIL	NIL	NIL	s NIL
Property				φ
	Propert	y 1		operty 2
Address	NIL		N	IL
Name of Registered Owner(s)	NIL		N	IL
Name of Person on whose behalf the property is held	NIL	NIL		IL
Current Market Value	\$NIL		\$ <u>NI</u>	L
Other Valuable Assets Note 15 Nature of Ass	દેશ(હ)	Owner of Asset	(s) Cur	rent Total Market Value
(1)NIL		NIL	\$	NIL
(2) <u>NIL</u>		NIL	\$	NIL
PART 5C ASSETS DISPOSED You should make full and frank disclosure PART	OF PRIOR TO APPLICA of all assets disposed of by YOU	TION FOR LEGAL	<u>, AID</u> ΓΗΕ RELEVANT PERS	SON AND HIS/HER SPOUSE in this
1. When did you first become av	vare that you would have to tak	or defend the proceedi	ings referred to in Part	2 of this application? / To the bes
of your knowledge and belief	when did the relevant person (or his/ her spouse first b	ecome aware that the r	elevant person would have to take relevant person to take or defend
those proceedings?	2021.01.05			
	s to any person, company or bo y to the above question?		e insurance, endowmen	spouse) transferred, sold, or giver nt policies or bank accounts since
 (b) landed properties (c) life insurance or endowme (d) bank accounts (e) others (including but not li 	nt policies ((mited to gold, jewellery (Yes ØN Yes ØN Yes ØN Yes ØN Yes ØN Yes ØN Yes ØN	Io Valuable assets includ intangible nature such other intellectual propo	
and / or other valuable asso	,		Please write down "NI	L" if there is no such item.
3. If you have answered YES to Date	any of the above questions, ple Particulars of Asset(s)	vase give full details belo Value/Amou	unt Person(s) to whom the asset(s) vere given/transferred
NIL	NIL	\$NIL		NIL
NIL	NIL	\$NIL		NIL
NIL NIL	NIL	\$NIL		NIL4
Please write down "NIL" if there is no such item				4

\frown	
() If there is insufficient space, please provide extra information in PART 7
\sim	⁷ If there is insufficient space, prease provide extra information in FART 7

	Please write down "NIL" if there is no such item.]			
PART 6 DEDUCTIBLE ITEMS		Where your application relates to a claim for damages arising from personal injury to you and you have			
Compensation or Donation Received in respect of the Incident referred to in Part 2	\downarrow	personal injury to you and you nave received monies under an insurance policy in respect of the injury, deduction may be allowed for the care, medical treatment and equipment			
○ Traffic Accident Victims Assistance payment	\$NIL	reasonably required by you as a result of the injury for a 3-year period from			
○ Criminal and Law Enforcement Injuries Compensation	\$ <u>NIL</u>	the date of your application. Please fill in "NIL" if there is no such			
○ Employees' Compensation	\$ <u>NIL</u>	item.			
\bigcirc Donation or value of gift	\$ <u>NIL</u>				
O Money received under insurance policy	\$NIL	Note 16			
The Moneys were deposited in the following bank accounts:					
Bank A/C No NIL	Bank A/C No NIL				
(CSSA recipients do not need to complete the rest of this pa Particulars of Dependents Note 17	nge. Please go to Part 7)				
Name	Age	Relationship			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
Claim for Deduction of Monthly Outgoings in respect of Self-occupied Property/Main Dwelling		/			
(1) O Rent O Mortgage Payment O Cost of Living Accomm	odation Note 18 §				
(2) Management Fee	\$				
(3) Rates and Government Rent	\$				
(4) Building Insurance Premium	\$				
Claim for Deduction of Monthly Expenses by the applicant/relevant person and/or his/her spouse for Care of Dependents with Special Needs excluding general living expenses					
□ Infant Dependant □ Dependant unable to take care of hir \$	nself/herself by reason of his/her mental	or physical condition			
Monthly Contribution to Pension / Retirement Scheme or Mandat	tory Provident Fund				
applicant/relevant person \$	spouse \$				
Salaries Tax					
applicant/relevant person \$	spouse \$				
Claim for Deduction of Maintenance Paid Note 19					
\$					

PART 7 EXTRA INFORMATION Note 20

You could write down in this PART answers to earlier questions if the space provided there is not enough or any other matters which you think are relevant to your financial circumstances or your application with copies of relevant documents attached.



Signature of Applicant

1-5-2021

Date of Submission