

Sample I: Income Certificate

(For salaried employed person who cannot provide items 1-4 of income proof as listed in Paragraph 13.4 (viii) of the "Notes on How to Complete the Form")

**(Can be filled in directly)**

**WARNING :** The personal data given in this statement should be true and complete. Any person who obtains property / pecuniary advantage by deception is liable on conviction to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

**INCOME CERTIFICATE**

This is to certify that \_\_\_\_\_ (HKID Card No. \_\_\_\_\_) is employed by this company as \_\_\_\_\_. His / Her total salary (including allowance, bonus, double pay, leave pay and other income (including Hong Kong, the Mainland and overseas), **but excluding Mandatory Provident Fund / Provident Fund contribution by employee, in actual figure**) during the period from 1 April 2024 to 31 March 2025 (please specify the exact employment period within the above-mentioned period if it was less than 12 months: \_\_\_\_\_ to \_\_\_\_\_) is \*HK\$ \_\_\_\_\_.

# The above employee works \_\_\_\_\_ hours per month / full-time in this company (120 working hours or above per month) (only applicable to application of whole-day kindergarten / child care centre fee remission for the group aged 0-3).

Signature of Employer : \_\_\_\_\_ Name of Employer : \_\_\_\_\_

Company Chop : \_\_\_\_\_ Telephone No. : \_\_\_\_\_

Company Address : \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

(Note: The original copy of this Certificate must bear the company chop and telephone number of the employer. Employer's initial is required against any deletion / amendment.)

\* Please specify the currency if salary paid is not in Hong Kong dollars.

# Please delete the inappropriate sentence.

## INCOME CERTIFICATE

This is to certify that \_\_\_\_\_ (HKID Card No. \_\_\_\_\_) is employed by this company as \_\_\_\_\_. His / Her total salary (including allowance, bonus, double pay, leave pay and other income (including Hong Kong, the Mainland and overseas), **but excluding Mandatory Provident Fund / Provident Fund contribution by employee, in actual figure**) during the period from 1 April 2024 to 31 March 2025 (please specify the exact employment period within the above-mentioned period if it was less than 12 months: \_\_\_\_\_ to \_\_\_\_\_) is \*HK\$ \_\_\_\_\_.

# The above employee works \_\_\_\_\_ hours per month / full-time in this company (120 working hours or above per month) (only applicable to application of whole-day kindergarten / child care centre fee remission for the group aged 0-3).

Signature of Employer : \_\_\_\_\_ Name of Employer : \_\_\_\_\_

Company Chop : \_\_\_\_\_ Telephone No. : \_\_\_\_\_

Company Address : \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

(Note: The original copy of this Certificate must bear the company chop and telephone number of the employer. Employer's initial is required against any deletion / amendment.)

\* Please specify the currency if salary paid is not in Hong Kong dollars.

# Please delete the inappropriate sentence.