



## Authorization Form

To: Scholarships & Financial Assistance Section (Financial Assistance)  
 Student Affairs Office  
 Room A0626, Block A, the Main Campus,  
 Hong Kong Metropolitan University,  
 Ho Man Tin, Kowloon, Hong Kong

I, \_\_\_\_\_, holder of HKID No. \_\_\_\_\_, hereby authorize  
 the person named below to complete the procedures of application submission for financial assistance; and/or\* handle  
 financial-assistance-related matters on my behalf.

### Authorized Person's Information

<b>Title</b>	Mr. / Ms. *
<b>Full Name</b>	
<b>HKID Number</b>	
<b>Telephone Number</b>	
<b>E-mail Address</b>	

A photocopy of my identification proof is attached for verification purposes.

Thank you for your attention.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please delete as appropriate

**Applicant's HKID copy**

(please attach or affix the Applicant's HKID copy here)