

THE UNIVERSITY OF HONG KONG**Application for Certification of Advanced Level Examination Results**

Name of Applicant: Dr./Mr./Mrs./Ms./Miss _____
(in block letters)

Date of Birth (day-month-year): _____ HKID Card/Passport No.: _____

Address: _____

Telephone: (Home) _____ (Office) _____ Email : _____

1. Please list below the year of Advanced Level results that you are applying for. Advanced Level Examinations held in or after 1980 were administered by the Hong Kong Examinations and Assessment Authority (HKEAA) and applications for such results should be addressed to the HKEAA direct.

2. Please submit a copy of your HKID Card/Passport. The document will be destroyed after the application has been processed.

3. Application Fee and Methods of Payment:

(a) The application fee per copy is HK\$50. The fee, once paid, is not refundable.

(b) Please pay the appropriate amount of the application fee using one of the methods listed below:

Local applicants residing in Hong Kong should pay to the University of Hong Kong's Hongkong Bank account 002-222834-012 by

either (i) using the Hongkong Bank's Account Deposit Form. Fill in the Account Number and the cash amount and pay at any branch of the Hongkong Bank;

or (ii) using the ETC machine to transfer the exact amount into the University's account.

Overseas applicants should pay by a Hong Kong dollar bank draft drawn on a Hong Kong bank and payable to "The University of Hong Kong". Money orders are not accepted.

(c) Please attach to your application the **original** customer copy of the Account Deposit Form or the **original** ATM transaction advice or the bank draft as appropriate. You are reminded to retain a photocopy of the receipt as your **proof of payment of the application fee**.

4. The completed application form, together with the documents required in 2. and 3. above, should be submitted to the Examinations Office (Room 1026, Knowles Building, the University of Hong Kong, Pokfulam Road, Hong Kong). Applications must **NOT** be submitted by fax.

<u>Year of Examination</u>	<u>Examination No.</u>	<u>Number of copies</u>
_____	_____	_____
_____	_____	_____

Total amount (\$50 per copy): \$ _____

The certificate(s) will be sent to your address provided by you at the first part of this application when available, but if you wish to send it/them to another address, or to another university, please state below details of *the name and address* of the recipient:

Signature of applicant: _____

Date: _____