

Dr. Timothy Kai-ching Liu Memorial Fund

Application Form

Name of applicant/organization : _____

For individual applicant

ID No _____

Address _____

Tel (Office) _____ (Home) _____

Fax (Office) _____ (Home) _____

Member of HKOS Yes / No

Fellowship of COHK Yes / No

Fellowship of HKAM Yes / No

For Organization

Contact Person _____

Title _____

Address _____

Tel _____

Fax _____

Name of Activity/Project

Expected duration of Activity/Project

Purpose and Description of Activity/Project *(Please use supplementary sheets if space is inadequate)*

I certify that the above statement concerning my/our application is true and I agree to abide by the Rules and Regulations of the Fund.

Signature

Date

For Official Use

Approved / Not approved

Signature

Date