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| **香港特別行政區政府** The Government of the Hong Kong Special Administrative Region | Date of Receipt:  **(for official use)** |

**Testing and Certification Sector Job Creation Scheme (TCJS)**

**Claim Form**

Please submit your claim with the supporting documents:

1. by email to [**tcjs@itc.gov.hk**](mailto:tcjs@itc.gov.hk), or
2. by post to

**Secretariat, Hong Kong Council for Testing and Certification**

**Units 801-04, 8/F, The Hub**

**23 Yip Kan Street**

**Wong Chuk Hang, Hong Kong**

Enquiry Tel: 2127 4864

1. **Information of Claim**

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| **Applicant Employer** | | | | | | |
| Name of Organisation: | (English) | | | | | |
|  | (Chinese) | | | | | |
| Contact Person: | Name: |  | | Position: |  | |
|  | Tel. No.: |  | | Email: |  | |
| **Applicant Employee** | | | | | | |
| Name of Employee: | (English) | | | | | |
| Surname Other names | | | | | |
|  | (Chinese) | | | | | |
| Application Ref. No.: | |  |  |  |  |  | | --- | --- | --- | --- | --- | | TCJS - |  |  |  |  | | | | | | |
| Period of Claim  (dd/mm/yyyy): | From / / to / / | | | | | |
| Batch of Claim: | First Claim | | Second Claim | Third Claim | | Fourth Claim |
| Monthly Salary: | HK$ | | | | | |
| Amount Claimed: | HK$ | | | | | |
| **Payment Information** | | | | | | |
| Account Holder Name: |  | | | | | |
| Bank Name: |  | | | | | |
| Bank Account No.: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     Bank No. Branch No. Account No. | | | | | |

1. **Supporting Documents**

Before the submission, an Applicant Employer must ensure that ALL the required documents listed below are included in the application:

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| 1. Duly completed Claim Form |  |
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| 1. **Authority for Payment to a Bank (Application Form GF179A)** |  |
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| 1. Proof of bank account (a copy of bank statement or paying-in slip, etc) |  |
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| 1. Proof of salary payment (receipt signed by the employee or supporting record from bank showing the payment of salary to the employee, etc.) |  |

***Note:*** *Innovation and Technology Commission* ***(****ITC) may request additional supporting documents for vetting purpose.*

1. **Declaration**

I declare/certify that:

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| 1. I am authorised by the Applicant Company to complete this Claim Form and make such declaration. |  |
| 1. I have read, understood, accepted and agreed to be bound by all the terms and conditions set out in the Application Guide and this form, and related policies and rules. |  |
| 1. I understand and agree that in case ITC finds or suspects that the Applicant Employer has breached or is likely to have breached any terms and conditions of the Application Guide and/or this form and/or any other policies or rules relating to TCJS as may be imposed by ITC from time to time, the Applicant Employer shall return to the HKSAR Government all the disbursed subsidy as required, and ITC shall have the right to take any actions it deems appropriate, including but not limited to refusal to make further disbursement of the subsidy to the Applicant Employer or recovering any disbursed subsidy already made to the Applicant Employer. |  |
| 1. The salary of the Applicant Employee in this Application Form has not been and will not be funded by any other funding scheme whether provided by the HKSAR Government or otherwise. |  |
| 1. All the information and documents provided in this Claim Form is true, accurate and complete. |  |

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|  |
| (Authorised Signature with Company’s Stamp) |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  |  | Position: |  |  | Date: | / / |