

Hong Kong Housing Authority
Sale of Home Ownership Scheme Flats 2024 (HOS 2024)

Declaration
(Applicable for the applicant and family member(s) aged 18 or above)

Priority No: _____

To: Hong Kong Housing Authority (HA):

In connection with the application to purchase a flat under HOS 2024, I/we hereby declare that the occupation status of me and my family member(s) **one calendar month prior to the date of signing the Agreement for Sale and Purchase** is/are:

	Applicant	Family Member	Family Member	Family Member
Name:				
Hong Kong Identity Card (HKIC) No.:				
Position:				
Name of employer /company:				
Address of Employer / Company:				
Telephone Number of Employer / Company:				

I/ We agree that when assessing my/ our eligibility to apply and purchase, staff of the HA, the HD and the HKHS may compare and match the personal data provided in the application form with the relevant personal data collected (manually or otherwise) for other purposes in order to ascertain whether such information is false or misleading, and may take appropriate action against the person(s) concerned on the basis of the result of the data comparison and matching. I/ We also authorise the HA, the HD and the HKHS to disclose, verify and match the information concerned with other government departments, public/ private organisations/ companies (including but not limited to URA, the Mandatory Provident Fund Schemes Authority (MPFA), banks and financial institutions), or the employers concerned. Furthermore, I/ we agree that any government departments, public/ private organisations/ companies (including but not limited to URA, the MPFA, banks and financial institutions), or the employers concerned may disclose my/ our personal data (including but not limited to marital status and MPF contribution records) in their possession to the HA, the HD and the HKHS for the purpose of comparing and matching the information provided in this application form. The personal data provided may also be used by the HA, the HD, the HKHS and relevant Government bureaux/departments for conducting statistical surveys and researches. I/ We also agree that the HA, the HD and the HKHS may pass this application form and the supporting document(s) submitted by me/ us to the HA's data processing service contractor for data processing in connection with my/ our application under this sale exercise, and that the information provided will be passed to the HA Hotline/ HA Sales Hotline/ 1823 for answering my/ our enquiries.

	Name	HKIC No.	Signature	Date
Applicant:				
Family member:				
Family member:				
Family member:				