

**By Hand/By Post**

HOS / WSM Unit (Address: PL 1, HKHA Customer Service Centre, 3 Wang Tau Hom South Road, Kowloon)

**Hong Kong Housing Authority ‘Sale of Home Ownership Scheme Flats 2025’ (HOS 2025) (White Form)**

**Hong Kong Housing Authority ‘White Form Secondary Market Scheme 2025’ (WSM 2025)**

**Apply for amendment of submitted information –**

**Applicable for application period only and must submit on or before application deadline**

**Applied Scheme Type: (Please choose one of the following only and put a "✓" in appropriate box)**

- HOS 2025 (White Form)  
 WSM 2025  
 HOS 2025 (White Form) and WSM 2025

You may apply for amending more than one item, please put a "✓" in appropriate box(es).

**Please note: All applications are subject to approval from the Housing Department. The Housing Department may require applicants to submit relevant supporting documents and undertakings.**

**(I) Change of Hong Kong Address**

- Updated residential address : \_\_\_\_\_  
 Updated correspondence address : \_\_\_\_\_

**(II) Change of Contact Information**

- Updated “HK mobile Tel. No.” (for receiving SMS issued by the HA): \_\_\_\_\_  
 Updated “Other HK Contact Tel. No.”: \_\_\_\_\_  
 New email address (applicable to online application only): \_\_\_\_\_

**(III) Youth Scheme (Must fulfill the requirements listed in Application Guide)**

- |  |   |
|--|---|
| <input type="checkbox"/> Opting to join the Youth Scheme (HOS 2025 (White Form))     | <input type="checkbox"/> Opting to join the Youth Scheme (WSM 2025)     |
| <input type="checkbox"/> Opting not to join the Youth Scheme (HOS 2025 (White Form)) | <input type="checkbox"/> Opting not to join the Youth Scheme (WSM 2025) |

**(IV) Flat Selection Priority Scheme (Only applicable to HOS) (Must fulfill the requirements listed in Application Guide)**

- |   |   |
|---|---|
| <input type="checkbox"/> Opting to join the Priority Scheme for Families with Elderly Members     | <input type="checkbox"/> Opting to join the Families with Newborns Flat Selection Priority Scheme     |
| <input type="checkbox"/> Opting not to join the Priority Scheme for Families with Elderly Members | <input type="checkbox"/> Opting not to join the Families with Newborns Flat Selection Priority Scheme |

**(V) Change of Applicant**

- Request to change the Applicant from \_\_\_\_\_ (name) HKIC No.: \_\_\_\_\_ ( )  
to \_\_\_\_\_ (name) HKIC No.: \_\_\_\_\_ ( )

**(must be the family member listed on the application form)**

Reason: \_\_\_\_\_

Signature of prospective applicant: \_\_\_\_\_

**(VI) \*Addition/ Deletion of family member (Must fulfill the requirements listed in Application Guide)**

**(signature is required for the family member aged 18 or above who intends to be added/ deleted)**

- Name: \_\_\_\_\_ HKIC No.: \_\_\_\_\_ ( ) Relationship with Applicant: \_\_\_\_\_

Reason: \_\_\_\_\_

Signature of family member intended to be \*added/ deleted: \_\_\_\_\_

(\*Please delete inapplicable)

**(VII) Others**

- Other amendment item: \_\_\_\_\_

Reason: \_\_\_\_\_

Signature of Applicant : \_\_\_\_\_ HKIC No. : \_\_\_\_\_ ( )

**(Signature must be the same as that on the application form)**

Name of Applicant : \_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HOS 2025 (White Form) Application No. : \_\_\_\_\_ **(Date of this form should be within the application period, otherwise your application will not be processed)**

WSM 2025 Application No : \_\_\_\_\_

Daytime Contact Tel. No. : \_\_\_\_\_