

11. Ethnicity
 - ◆ Please fill in the appropriate number. (Chinese=1 ; Pakistani=2 ; Nepalese=3 ; Others=4) (This information is used for statistical purpose)
12. Other Ethnicity (if applicable)
 - ◆ If you have chosen “Others” as the choice of your ethnicity, please specify your ethnicity starting from box 280.

Part B – Application for Reimbursement of Fees

Part I

1. Name of Institution / Course Provider
 - ◆ Please fill in the name of the institution or course provider of the course as published in the “Reimbursable Course List”.
2. CEF Institution / Course Provider Code
 - ◆ Please fill in the code of the institution or course provider as published in the “Reimbursable Course List”.
3. CEF Course Code
 - ◆ Please fill in the course code as published in the “Reimbursable Course List”.
4. CEF Course Title
 - ◆ Please fill in the course title as published in the “Reimbursable Course List”.
5. Course Commencement Date
 - ◆ Please fill in the commencement date of the course for which reimbursement of fees is to be made.
6. Date of Course Completion
 - ◆ Please fill in the completion date of the course for which reimbursement of fees is to be made.
7. Date of 1st instalment of Tuition Fees Paid
 - ◆ Please fill in the date you paid the 1st instalment of tuition fees.
8. Actual Amount of Tuition Fees Paid
 - ◆ Please fill in the actual amount of tuition fees paid for the course. Please round down the amount to the nearest dollar and be right-justified.

Part II (if applicable)

1. Name of Benchmark Test / Examination
 - ◆ Please fill in the name of the benchmark test / examination that you have taken.
2. Date of Benchmark Test / Examination
 - ◆ Please fill in the date of the benchmark test / examination that you have taken.
3. Date of Test / Examination Fee Paid
 - ◆ Please fill in the date you paid test / examination fee.
4. Benchmark Test / Examination Fee Paid
 - ◆ Please fill in the amount of benchmark test / examination fee paid.

Part III

1. Certification by the Institution / Course Provider (To be completed by the institution / course provider)
 - ◆ Applicants should submit the CEF Application Form to the institution / course provider for certifying that the course information provided in Part B (I) is correct before submitting it to the Office of the Continuing Education Fund (OCEF).
2. Course 2/3
 - ◆ If you intend to apply for reimbursement of fees for more than one reimbursable course, please provide the details under Course 2 and 3, as appropriate. If you intend to claim for reimbursement of fees for more than three courses within one application, please download an extra copy of the “CEF Application Form” [SFO 313 (2020)] from the CEF website (<https://www.wfsfaa.gov.hk/cef>).

Part C – Additional Information of Applicant

- ◆ Please input additional information within the box provided.

Part D – Declaration

1. Signature of Applicant
 - ◆ Please read the declaration carefully before you sign.
2. Date
 - ◆ Please fill in the date you sign this form.

◇ Should there be any discrepancy between the English and Chinese versions of this Note, the English version shall prevail.

(如欲索取中文版本，請與持續進修基金辦事處聯絡。)