

Raimondi College Primary Section
Fee Remission Scheme
Letter of Consent for Income Verification
(Completed and signed by the applicant's family member)

PRIVATE & CONFIDENTIAL

- A signature is required against amendments.

Employee's Information (During the period 1/4/2024-31/3/2025)

Name (*Mr./Ms.*)* : _____ (As printed on the HKID Card)
HKID card no. : _____
Mobile phone no. : _____
Office/Other contact no. : _____
Job position : _____
Department/Branch : _____
Period of employment : From _____ to _____

Employer's Information

Company name : _____
Contact person (*Mr./Ms.*)* : _____ (As printed on the HKID Card)
Job position : _____
Department/Branch : _____
Contact phone no. : _____
Contact email : _____
Correspondence address : _____

*Please delete where appropriate.

Dear Sir/Madam,

RE: Letter of Consent for Income Verification

For the application of the Raimondi College Primary Section Fee Remission Scheme (2025-2026), I give consent to the school to obtain information and conduct necessary verification regarding my income during the period 1/4/2024-31/3/2025. I hereby confirm my agreement and authorization for the release of such information by your company.

Thank you for your assistance.

Yours faithfully,

Signature of Employee : _____
Name of Employee : _____ (As printed on the HKID Card)
Date : _____