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| For Use by FES Only | Activity Serial No.: | No. of the approved proposal: |

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| Basic Information of Activity | | | | |
| Name of Activity |  | | | |
| Name of Beneficiary |  | | | |
| Co-organizer | *(If any, please specify. For other partner organizations, list them in the report.)* | | | |
| Activity Period | Start Date: | | End Date: | |
| Activity Target |  | | No. of Participants |  |
| Place/Venue |  | | | |
| ☐ Please refer to the application information if the following information remains unchanged. | | | | |
| First Contact Person/Person in Charge of  Activity | Name: | Contact No.: | | Email: |
| Title: | Agree to receive information through SMS, if necessary?  ☐ Yes　 ☐ No | | |
| Second Contact Person  (*if applicable*) | Name: | Contat No.: | | Email: |
| Title: | Agree to receive information through SMS, if necessary?  ☐ Yes　 ☐ No | | |

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| Income and Expenses of Activity  (*Please list details in the actual income and expenses statement.)* | | |
| Items | | Amount (MOP) |
| Total Expenses | |  |
| Income: | Amount (MOP) |  |
| Funding from Higher Education Fund |  |
| Amount borne by the beneficiary |  |
| Other income sources*:*  *(including fees collected from participants)* |  |
|  |  |
| Total Income  *(must balance with the total expenses)* | |  |

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| Declaration | | | | |
| I hereby declare that:   1. the application information is true and accurate, and I promise to fulfil the obligations listed in the “Application Guidelines on ‘Funding for Higher Education Student Activities’”and bear the consequences of non-fulfilment of the obligations after receiving funding from the Higher Education Fund. 2. I have acknowledged the provisions of the “Application Guidelines on ‘Funding for Higher Education Student Activities’”, and will timely submit the necessary information/documents. 3. Declaration of collecting personal data:   In accordance with the relevant provisions of Law No. 8/2005 on “Personal Data Protection”,   * the personal data of the applicant included in the application for the “Funding for Higher Education Student Activities” will only be used to process issues directly relevant to the current application. * under the circumstances of meeting the application objective or fulfilling legal obligations, the application information may be transferred to other organizations or authorized entities. * the applicant has the right to legally apply for access, correction, deletion or archiving of the corresponding personal data stored in the Higher Education Fund. * the Higher Education Fund will follow the relevant provisions of Law No. 8/2005 on “Personal Data Protection” when processing the collected personal data. Please visit the relevant website for the aforementioned law. | | | | |
| Beneficiary  *(In the case of an association or higher education institution, the beneficiary’s name here should be that of the management personnel or authorized personnel; in the case of an individual, it should be the beneficiary’s name.)* | | | | Stamp  *(not applicable to individuals as beneficiaries)* |
| Name |  | Title  *(if applicable)* |  |  |
| Signature |  | Date |  |

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| For Use by Supporting Staff Only | | |
| Activity Follow-up Record | ☐Application for Change/Update.  ☐Application for Pre-paid Funding. | Remarks: |
| Date for First Submission |  |
| Status of  Document Review | ☐ Information is adequate.  ☐ Supplementary information is required. |
| Date for Submission of Supplementary Information |  |
| Processed by &  Date: |  |