Po Leung Kuk Blue Sky Short-term Food Assistance Service Team

Declaration of Residential Address

(Plea	ase put a 🗸 in the ap	propriate box)	
	I (Name of declarant),		
	am residing at (ad	dress)	
	I hereby declare that (Name of inhabitant):		
	1.		
	2.		
	3.		
	4.		
	is / are residing with me at the above-mentioned address.		
inte which	ntion to acquire sl	hort-term food assist	e or false information with an cance may constitute deception, 10 years of imprisonment upon
*Dele	ete as appropriate		
	Si	gnature of declarant:	
	N	ame of declarant:	
	Н	.K. I. D. No.:	
	Co	ontact number:	
	D	ate:	

2 copies: Declarant / BSFA

Date: 2.2023