- 1. To be completed if the applicant is under the age of 18 at the time of submitting the application.
- 2. Please complete this form in BLOCK letters, and *delete whichever is appropriate.

To: Director of Immigration
Immigration Department, HKSAR Government

Student Visa Application: Assignment of Local Guardian

I, Prof./Dr./Mr./Ms./Miss*	(FULL Name in English),								
Passport number:	, am th	e father/mot	her/leg	gal guar	dian'	* of student	Mr./N	Irs./M	iss*
		(F	ULL	Name	in	English),	who	will	be
undertaking studies at The Hong Ko	ong University	of Science a	nd Te	chnolog	у (Н	KUST).			
The above-mentioned student is un	der the age of	18 at the tim	e of si	ubmittin	g thi	s applicatio	n. In tl	is reg	ard,
I understand that I am required to	assign a perso	on, who is a	Hong	Kong P	erm	anent Resi	dent r	esidin	g in
Hong Kong , to act as the student's ************************************	-	•				•		****	:**
I hereby agree and assign			_(FU	LL Nam	ne of	Local Guar	dian in	Engli	ish),
HK ID Card no:	_, relationship	with the stu	dent i	s relativ	e/fri	end/others*	(pleas	e spec	ify:
) whose r	esidential addr	ess in Hong	Kong	is					
and Hong Kong mobile phone nu	mber is		t	o act as	the	above-mer	ntioned	stude	, ent's
guardian for the period until the stu	dent reaches th	ne age of 18.							
(FULL Name and signature of Father	er/Mother/Lega	l Guardian*)				((Date)		
(FULL Name and signature of Stude	ent)					(Date)		
(FULL Name and signature of the a	 Issigned Guardi	an in HK)				(Date)		