



Chung Chi College Student Hostels Committee Hostel Deposit Refund Form

Note : Incomplete form will NOT be processed

Hostel		Room		Checkout Date	
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Name : _____ **Student ID :** _____
Dept/Yr : _____ **Contact no. :** _____
E-mail Address : _____

Important notes:

1. Normally the deposit will be transferred to the account provided eight weeks after the check out day. Residents should check their own accounts accordingly.
2. Students who do not have the account information are required to provide a stamped envelop with address for the office to send the refund via mail.
3. If there is any dispute on the room condition when the last resident of a room moves out, the Student Hostels Committee reserves the right to forfeit the deposit of the roommate(s) who checked out earlier.

Please transfer the hostel deposit to my saving account (name same as CU Link) below:

Bank Name: HSBC Hang Seng Standard Chartered BEA Dah Sing

****BOC (**name of the bank when the account was open _____)**

Others (**name of the bank _____)

Bank code

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Account number

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Please send the cheque to me with the attached stamped envelop with address. I understand that the College will not be responsible for any loss in mailing.

Please tick as appropriate

負責工友專用 For Use of Hostel Attendants



<p>房間情況 (請圈出或填寫有關情況)</p> <p>➤ 無線上網共享裝置: 有/無 損壞</p> <p>➤ 牆 壁: 有/無 損壞</p> <p>➤ 冷氣電源標籤: 有/無 損壞</p> <p>➤ 交回鎖匙: _____ 條 (齊/不齊)</p> <p>➤ 私人物件: 已/未全部搬走</p>	<p>Room Condition (please circle the appropriate)</p> <p>Wifi access point Equipment : NOT Intact / Intact</p> <p>Wall condition : Scratched / Good</p> <p>A/C power box labels : NOT Intact / Intact</p> <p>No. of original keys received : ____ (all / partial)</p> <p>Personal belongings : Cleared / NOT Cleared</p>
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Remarks (if any, the hostel deposit will likely be forfeited)

負責工友簽署 Signature of Hostel Attendant : _____

日期 Date : _____

I understand and agree if the check-out procedures are not completed before the check out day (refer to notice overleaf), the hostel deposit will not be refunded.

Signature : _____

Date : _____