**Technology Start-up Support Scheme for Universities (TSSSU)**

**Annex E**

**Request for Material Modifications to the Approved Business Proposal**

**NOTES**

1. Section A to Section C should be completed by the person-in-charge of the start-up funded under TSSSU. Section D should be completed by the respective university unit responsible for TSSSU.
2. Please read the relevant guidelines from the associated university before completing this form.
3. The information provided in this form will be used for processing the material modification request and related purposes by the Innovation and Technology Commission (ITC) and the associated university. It may be disclosed to other Government bureaux/departments, statutory bodies or third parties for the above said purposes or required by law. This submission denotes that the start-up concerned and the university unit responsible for TSSSU have given explicit consent to such disclosure.

**SECTION A: Particulars of the Start-up***(To be completed by the person-in-charge of the funded start-up)*

|  |  |  |
| --- | --- | --- |
| **TSSSU reference no.** | : |  |
| Name of start-up | : |  |
| Name of the associated university | : | The University of Hong Kong |
| Maximum amount of TSSSU funding approved | : | $ |
| Reimbursable period | : | 01/04/2024 – 31/03/2025 |

**SECTION B: Modification(s) Requested by the Start-up***(To be completed by the person-in-charge of the funded start-up)*

(1) I/We would like to request for the following material modifications(s):  
*(please tick the box(es) as appropriate)*

**Change of PIC and/or Other Team Members***(Please attach the amended Section A(3) of Annex A;  
provide updated CV(s) for team member(s) using template at Annex A(i), if any; and  
provide justifications for the proposed change(s).)*

|  |
| --- |
|  |

**Change of Business Proposal and/or Deliverables***(Please fill in the following table.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period | | Latest Approved Milestones | Proposed Modifications on Milestones | Justifications for the Proposed Modifications |
| From (dd/mm/yyyy) | To (dd/mm/yyyy) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Other material changes***(Please provide relevant documents and justifications for the proposed change(s).)*

|  |
| --- |
|  |

(2) The modifications listed above (please tick the box as appropriate):

have not been made

have been made prior to seeking the university’s approval because of the following reason(s):

|  |
| --- |
|  |

and I/we consider that such modifications can facilitate the realisation of the business proposal in the following ways:

|  |
| --- |
|  |

**SECTION C: Declaration***(To be completed by the person-in-charge of the funded start-up)*

I/We hereby declare that all factual information provided in this change request as well as the accompanying information accurately reflects the status of affairs as at the date of submission.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Authorised Signature with Company Chop | : |  |  | - Chop - |
| Name of PIC | : |  |  |
| Name of Company | : |  |  |
| Date (dd/mm/yyyy) | : |  |  |

**SECTION D: Approval by the University***(To be completed by the respective university unit responsible for TSSSU)*

Please tick the appropriate box to indicate whether the university approves this change request.

I/We approve this change request from *(name of the start-up)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and consider that the modifications in Section B above are in line with the ITC TSSSU Guidelines.

*(Note: Please tick this box if the start-up’s explanation provided in Section B(2) above for not seeking prior approval is to the university’s satisfaction.)* I/We are satisfied with the start-up’s explanations for not seeking the university’s prior approval for the modifications.

I/We DO NOT approve this change request from *(name of the start-up)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. *(Note: In this case, this form needs not be provided to ITC.)*

|  |  |  |
| --- | --- | --- |
| Signature | : |  |
| Name | : |  |
| Post Title | : |  |
| Tel. No. | : |  |
| E-mail | : |  |
| Date (dd/mm/yyyy) | : |  |