

Individual Subscription Form 2025-2026 (Print Copy)

Subscription Calendar (Mondays & Wednesdays only):

Goodies publishing day 🔀 non-publishing day

		OCT 2025			
M	Т	W	Т	F	
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Order Form

	Free Gift		Starting Date	Total no. of Issues (A)	Unit Price (B)	Total Amout (A) x(B)
Home Delivery by Postal Service	Best of Goodies Family (For over 30 issues)	Best of dies Good Family			HK\$8.00	нк\$

NOTES:

- 1. Subscription cannot be backdated and must last until the end of the year (i.e. 29 Jun, 2026).
- 2. The total no. of issues is from the date you start to subscribe to 29 Jun, 2026.
- 3. Your order will commence in three working days upon receipt of the subscription form.
- 4. All deliveries may take 2 to 3 days via postal service.
- 5. If classes are suspended, depending on the actual situation, the ordered printed copies during the suspension period will be substituted by online paper. Details will be announced by then.

Subscription Information (For manual ordering)

Personal Information Collection Statement

The personal data collected will be used for the purpose of handling this subscription and related matters (including but not limited to application, confirmation and communication). Such data will be destroyed within reasonable time after the expiration of the subscription. If you have not filled in all mandatory fields, we may not be able to process your subscription. You have the right to request access to and correction of information held by us about you. For details, please view our Company's Privacy Policy Statement. (https://student.thestandard.com.hk/text/juniorstandard/privacy)

Student's Name:	Father or Mothe	er's Full Name:			
Delivery Address:					
Contact No.:	Email Address:				
Payment Details		Mandatory: please ensure you email address, or it may affect the	nhave written a correct and valid the delivery of your login account.		
Please tick one: Cheque made payable to "Sing Tac" *Transaction will be settled within 6 month		Visa have sufficient funds in your acco	Mastercard punt within this period.		
Cardholder's name:	Card Nun	nber:			
Exp. Billing Address:					
Daytime Tel. No. : Email:			Signature:		
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