

Declaration

To: Social Security Fund

I, _____ (name), holder of Macao SAR Resident Identity Card number _____, hereby declare that I resided in Chinese mainland in the calendar year preceding the year of fund distribution (from _____ (day) _____ (month) to _____ (day) _____ (month) 20 _____ (year)) to receive medical treatment for my illness. For this reason, I resided in the Macao SAR for less than 183 days and my residential address in Chinese mainland (full address required) was _____.

I

Proof of residence in Chinese mainland / Statement of witness

(Please tick “✓” the corresponding box ☐)

- ☐ I hereby submit proof of residence in Chinese mainland issued by Chinese mainland authorities; or
- ☐ I am unable to submit proof of residence in Chinese mainland but I can provide two Macao SAR residents aged 18 or above as witnesses.

We (the two witnesses) hereby declare that all the information provided by the applicant on this form is true. We clearly understand that we can be criminally prosecuted if we give a false declaration or provide inaccurate or untrue information.

Witness

Witness

Signature (as appeared on Macao SAR Resident Identity Card)

Signature (as appeared on Macao SAR Resident Identity Card)

_____/_____/20____ (Witnesses are required to submit the photocopy of their Macao SAR Resident Identity Cards) ____/____/20____

II

Additional information (Please specify the following situations in details)

1. When did you start to fall ill, what was the name and severity of your illness, when did you start residing in Chinese mainland, and where was your residence before residing in Chinese mainland?
- _____
2. The above declaration explains the treatment and living during your residency in Chinese mainland. (If the certificate of illness you provided is not issued by a hospital in Chinese mainland, please explain the reason in details.) Did you need someone to take care of you? Who took care of you at that time? (Including ambulatory care, palliative therapy, rehabilitation services or care by family members, etc.)
- _____

I fully understand that if I make a false declaration or provide inaccurate or untrue information, I can be criminally prosecuted and the funds distributed must be returned.

Applicant

Signature (as appeared on Macao SAR Resident Identity Card)

(If the applicant cannot/is unable to sign, please leave the right thumbprint.)

_____(Day)/_____(Month)/_____(Year)

Documents required to be submitted

1. Photocopy of the applicant's Macao SAR Resident Identity Card.
2. Certificate of illness issued by a hospital in Chinese mainland in the calendar year preceding the year of fund distribution, specifying the type of medical treatments the applicant needed (the document must clearly state the patient's name, the name of illness, the period of illness and the severity of illness).
3. Photocopy of the proof of residence issued by the civil affairs departments, neighbourhood committees, village committees or residential care facilities in Chinese mainland (If the applicant submits the documents at the counter, a photocopy can be submitted and the original is required to be produced for verification; if the request is made by post, the original must be submitted.); if the applicant is unable to provide the certification document, two Macao SAR residents aged 18 or above are required to be provided as witnesses, and the photocopy of their Macao SAR Resident Identity Cards must be submitted.

NOTE: In addition to the documents listed above, the applicant must also submit other relevant certification documents as required by the Social Security Fund.