Statement of Request

(Residing in the Macao SAR for at least 183 days)

Applicable to funds of Non-Mandatory Central Provident Fund and Wealth Partaking Scheme

For FSS use only RP-03

| | ocial Security Fund | |
|--|---|---|
| | me) | |
| Macao SAR Resident Identity Card number(submis | | |
| | y make a request for the distribution of funds for the year 20 | |
| 183 da | ays in the preceding calendar year, I hereby declare as follow | s: |
| | Statement of Request corresponds to one year of fund distribution only. Ple e years. | ease fill out another Statement of Request in the event of |
| I | Do you hold any identification document other than the M tick " \checkmark " the corresponding box \square) | Macao SAR Resident Identity Card? (Please |
| | □ No | |
| | Yes (Submission of photocopy of the relevant document | required) |
| II | Please explain in details the periods of residence in Macao, and the living, health and work condition during the periods in the mentioned year. (Submission of the relevant certification documents required. If the applicant in unable to provide such documents, please explain the reasons.) | |
| | | |
| Lhara | by declare that all the information provided herein is true a | nd Lundarstand that the Social Socurity Fund |
| may to | ransfer the relevant information to other departments/organ y understand that if I make a false declaration or providenally prosecuted and the funds distributed must be returned. | isations for verification purposes. |
| fill ou | applicant is <u>an incapacitated</u> person, the representative is required to at Declaration (C/2) and submit relevant certification documents, in ion to this Statement of Request. | Applicant |
| •Note: | In addition to submission of the documents mentioned above, the applicant is required to provide other relevant certification documents as requested by the Social Security Fund. | Signature (as appeared on Macao SAR Resident Identity Card) (If the applicant cannot/is unable to sign, please leave the right thumbprint.) |
| | | (Day) / (Month) / (Vear) |