

Residing, working or attending tertiary or non-tertiary education courses accredited by local competent authorities in the Guangdong-Macao In-depth Cooperation Zone in Hengqin

C/17

In the case of request for distribution of the fund for 2025, the year 2024 should be written here.

Declaration

Sample

To: Social Security Fund

I, **Chan Tai Man** (name), holder of Macao SAR

Resident Identity Card number **5123467(8)**, hereby declare that I resided in the Guangdong-Macao In-depth Cooperation Zone in Hengqin (hereinafter referred to as the "Cooperation Zone") in the calendar year preceding the year of fund distribution (**1** (day) **1** (month) to **31** (day) **12** (month) 20 **24** (year)) because I resided / worked /attended tertiary or non-tertiary education courses accredited by the local authorities in the Cooperation Zone (delete where not applicable). As a result, the total number of days I stayed in Macao SAR during that period was less than 183 days. My residential/work address in the Cooperation Zone (detailed address required) was: **2-A, Block 1, Hengqin Building, No. 2 Hengqin Street I, Guangdong-Macao In-depth Cooperation Zone in Hengqin, Zhuhai Macao**. I hereby submit the following certification document(s):

*Please tick "✓" the corresponding box ☐ to indicate means of proof (choose one)

Samples can be downloaded from the Social Security Fund website www.fss.gov.mo or the Wealth Partaking Scheme website www.planocp.gov.mo/en/, or collected from the service locations.

☐ **Proof of residence**

Requirement of document: Proof of residence issued by the civil affairs departments, neighbourhood committees, village committees or residential care facilities in Chinese mainland is required to be submitted. (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.) The organisation's letterhead paper must be used for the proof of residence. The content includes the issuing organisation's full name, address and phone number, the name and identity card number as appeared on the Macao SAR Resident Identity Card of the applicant, the period of residence and address in Chinese mainland, the seal of the organisation and the date of issue.

☐ **Letter of employment**

Requirement of document: Letter of employment issued by a local employer is required to be submitted, indicating the applicant's identity information, period of employment and position held, name of the company and the applicant's work location.

☐ **Academic transcripts or proof of academic attendance**

Requirement of document: Academic transcripts or proof of academic attendance from January to December in the calendar year preceding the year of fund distribution issued by the institutions or printed from the website is required to be submitted. Such documents must state clearly the name of the institution, name of the applicant as appeared on the Macao SAR Resident Identity Card, student card number, academic years, and name of course/major for tertiary education. The courses are required to be tertiary or non-tertiary education courses accredited by local competent authorities. Student cards or tuition fee bills are not accepted. (For students who have completed their courses between January and December in the calendar year preceding the year of fund distribution, a photocopy of the graduation certificate must also be submitted.)

Choose one of the boxes only

Applicant

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

Chan Tai Man

Signature (as appeared on Macao SAR Resident Identity Card)

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

XX Day **XX** Month **2025** Year

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