Assist in Filing a Request for Distribution
(only applicable to Macao residents who are incapacitated)

C/2

Declaration

To the Social Security Fund:

I, _____ (Full Name), holder of _____ (Type of Document), Document Number _____, am currently residing at _____ _____, with contact telephone number _____, hereby declare that I am the **legal representative** / **spouse** / **relative within three degrees of kinship (declaration on reverse side must be completed)*** / **caregiver (such as nursing home, sanatorium)** (delete as appropriate) of _____(Full Name of Macao Resident), holder of Macao SAR Resident ID Card Number _____. Because the Macao resident concerned is incapacitated, I hereby undertake to file a request on their behalf.

- **I acknowledge and agree that the Social Security Fund may verify or obtain, from public departments or institutions in Macao or other countries or regions, the information or documents necessary to assess the request I file on behalf of the Macao resident concerned.**
- **I clearly understand that if I provide false declarations or incorrect or inaccurate information, I may incur criminal liability and be required to repay any payments received.**

Declarant

_____

Signature (must match identity document)
(If unable to sign, please affix your right thumbprint)
If acting as a caregiver, please also affix a stamp.

_____ day _____ month _____ year

List of Required Documents

1. Copies of the identity documents of both the declarant and the Macao resident concerned.
2. If the declarant is a legal representative or a relative, a copy of the document proving the relationship with the Macao resident concerned must be submitted.
3. Copy of the document issued by a public medical or social welfare institution that certifies that the Macao resident concerned is in a state of incapacity.

Note: For verification and investigation purposes, other relevant supporting documents as required by the Social Security Fund must also be submitted.

☐ **I hereby declare that I have previously submitted the document(s) listed under item number _____ above, and I request exemption from submission on this occasion. I further declare that the most recently submitted document(s) of the same type will serve as supporting documents for this request filed on behalf of the Macao resident concerned, for review and approval by the Social Security Fund.**

* Relatives within three degrees of kinship (Please tick "✓" the corresponding box ☐)

I hereby declare that I am related to the Macao resident concerned as follows:

☐ 1. Parent / Child ☐ 2. Grandparent / Grandchild ☐ 3. Brother / Sister

☐ 4. Great-grandparent / Great-grandchild ☐ 5. Parents' siblings ☐ 6. Nephew / Niece

☐ The Macao resident concerned has no other relatives or a spouse of a preceding order;

☐ The Macao resident concerned has other relatives or a spouse of a preceding order, and their circumstances are as follows:

_____

_____

_____

_____

_____

☐ The Macao resident concerned has other relatives or a spouse of a preceding order, all of whom are aged 18 or above, and they have authorised me to act on their behalf. I hereby provide their full names, identity document numbers, and their relationship to the Macao resident concerned, together with their signed declarations of authorisation (signature must match the identity document):

Declaration of Authorisation signed by other relatives or a spouse of a preceding order, authorising me to file the request on their behalf:

Full Name	**Identity Document Number**	**Relationship to the Macao resident concerned**	**Signature**

- **I acknowledge and agree that the Social Security Fund may verify or obtain, from public departments or institutions in Macao or other countries or regions, the information or documents necessary to assess the request I file on behalf of the Macao resident concerned.**
- **I clearly understand that if I provide false declarations or incorrect or inaccurate information, I may incur criminal liability and be required to repay any payments received.**

Declarant

_____

Signature (must match identity document)

(If unable to sign, please affix your right thumbprint)

_____ day _____ month _____ year