Objection Statement

(For an account owner who attained age 65 and habitually resided in mainland China)



Name List of Special Allocation from Budget Surplus / Incentive **Basic Funds**

RP-02

To: Social Security Fund

I, Chan Dai Man, Macao SAR Resident ID Card number 5123467(8) a photocopy of your ID card must be submitted),

hereby raise an objection to the list of fund allocation for the year 2024 I was in Macao for less than 183 days in the calendar year preceding the year of fund allocation because I "have attained age 65 and habitually resided in mainland China". Thereby declare as follows:

*Each Objection Statement form is only for one year of fund allocation. Please fill out another form if you have more than one year.

Period of residence	From <u>01</u> day <u>01</u> month to <u>31</u> day <u>12</u> month of the calendar year preceding the year of fund allocation
Residential address in mainland China	Room X, Floor X, Block X, X Building, No. X, X Road, Xiangzhou District, Zhuhai City, Guangdong Province
Methods of proof (any one)	 Supporting documents I hereby submit a photocopy of the proof of residence issued by the civil affairs department, resident committee, village committee, or residential care facility in mainland China (the original must be presented for verification), providing the following information on the agency's letterhead paper, the contents include the issuing agency's full name, address, and phone number, the account owner's full name and ID card number, the period of stay and residential address in mainland China, and the document must also have the seal of the agency and the date of issue (templates of supporting documents can be downloaded from the Social Security Fund's website at www.fss.gov.mo, or obtained from a service point). Provide two witnesses to prove I hereby provide two Macao SAR residents aged 18 or over as witnesses (photocopies of the witnesses' ID cards must be submitted to prove that I habitually resided in mainland China during the above period.
	As witnesses,andhereby certify that all the information provided by the declarant on this form is true. I clearly understand that I can be criminally prosecuted if I make a false declaration.
	Witness Witness
Can choose to submit paper document or to provide two witnesses.	
	Signature (must match the signature on the ID card) Signature (must match the signature on the ID card) daymonthyear daymonthyear

I hereby declare that all the information provided on this form is true, and I know that the Social Security Fund can transfer the relevant information to other departments/agencies for verification purposes.

I clearly understand that I can be criminally prosecuted if I make a false declaration.

- If the account owner is incapacitated, besides filling out this objection statement, the person acting on his or her behalf is required to fill out the Declaration Form (C/2) as well and submit all relevant supporting documentation.
- · NOTE: Besides the above documents, the declarant must also submit other relevant documents requested by the Social Security Fund.

Enquiries O Phone : 28532850 ; 24-hour interactive voice response hotline : 28230230 O Website : www.fss.gov.mo

Declarant

Chan Dai Man

Signature (must match the signature on ID card) (If you cannot/unable to sign, please leave your right thumbprint here)

XX dayXX month2024 year