Formality for assisting an individual to file a request (Applicable only to a Macao resident who is an incapacitated person)	**C/2**

Declaration

To: Social Security Fund

I, _____ (name), holder of _____ (type of document), document number _____, residing at _____

_____, contact phone number _____,

hereby declare that I am **the legal representative** / **spouse** / **a relative within the third degree of consanguinity (a declaration must be completed on the back page)*** / **a representative of the institution providing care (e.g. nursing home or sanatorium)** (delete where not applicable) for _____

_____ (name of Macao resident), holder of Macao SAR Resident Identity Card number

_____. As the aforementioned Macao resident is in an incapacitated state, I am

filing a request on his/her behalf.

I hereby declare that all the information provided herein is true and correct. I understand that the Social Security Fund may transfer the relevant information to other departments/organisations for verification purposes.
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.

Declarant

_____
Signature (as appeared on identification document)
(If the declarant cannot/is unable to sign, please leave the right thumbprint.)
For institutions providing care, the official seal is also required.

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

Documents required to be submitted

1. Photocopy of the identification documents of both the declarant and the aforementioned Macao resident.

2. A legal representative or relative must submit a photocopy of certification document that proves his/her relationship with the aforementioned Macao resident.

3. Photocopy of a certification document issued by a public medical institution or social welfare organisation certifying the aforementioned Macao resident in an incapacitated state.

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

☐ **I hereby declare that I have previously submitted the document mentioned in item number_____, and I apply for an exemption from resubmitting it this time and use of the most recently submitted similar document as supporting document for filing this request, subject to review and approval by the Social Security Fund.**

* <u>A relative within the third degree of consanguinity (Please tick 〝✓〞 the corresponding box ☐)</u>

I hereby declare that I am the aforementioned Macao resident's

☐1. Parent / Child ☐2. Grandparent / Grandchild ☐3. Sibling

☐4. Great-grandparent / Great-grandchild ☐5. Sibling of a parent ☐6. Nephew / Niece

☐ The aforementioned Macao resident does not have any relatives with higher degree of consanguinity or a spouse;

☐ The aforementioned Macao resident has relatives with higher degree of consanguinity or a spouse. Their current situation is as follows:

_____

_____

_____

_____

_____

☐ The aforementioned Macao resident has relatives with higher degree of consanguinity or a spouse, aged 18 or above, and they have all authorised me to file this request. Below are their full names, identification document numbers, and their relationship with the aforementioned Macao resident, along with their signed authorisation declaration (Signature must be consistent with the one appeared on the identification document):

Declaration signed by the relatives with higher degree of consanguinity or spouse to authorise me to file this request:
_____
_____
_____
_____
_____
_____

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.

Declarant

_____

Signature (as appeared on identification document)

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

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