

Assist an Individual Account Owner of the Non-Mandatory Central Provident Fund in Applying for Withdrawal of Funds

(Applicable only when the account owner is incapacitated)

C/4

Sample

DECLARATION

To: Social Security Fund

I, **Cheong I Man**, holder of **Macao SAR Resident** ID Card Number **1876543(2)**, residing at **Rua de Cinco de Outubro, n.º 888, Edf. Dai Fai, Bloco. 6, 1.º Andar G, MACAU**, contact phone number **6600xxxx**,

hereby declare that I am ~~the legal agent / spouse / 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., a nursing home or sanatorium)** (delete where inapplicable) for **Chan Dai Man**

(name of account owner), holder of Macao SAR Resident ID Card Number **5123467(8)**.

As the account owner is in an incapacitated state, I am applying to use my bank account to receive funds from the account owner's individual account. I pledge that all funds received will either be returned to the account owner or used exclusively for matters concerning the account owner's interests, particularly for expenses related to clothing, food, housing, transportation, caregiving, and education.

I hereby declare that all information provided on this form is true and correct. I understand that the Social Security Fund may share the relevant information with other departments or agencies for verification purposes. I fully understand that I may face criminal prosecution if I make a false declaration. Furthermore, I pledge to return in full any improperly received funds belonging to the account owner to the Social Security Fund.

Declarant

Cheong I Man

Signature of Declarant

(Signature must match the one on the ID card)

(If you are unable to sign, please provide your right thumb fingerprint here.)

For institutions providing care to the account owner, the official seal of the institution is also required.

XX day **XX** month **20XX** year

DOCUMENTS TO BE SUBMITTED

1. A photocopy of the identity documents for both the declarant and the account owner.
2. Legal agents or relatives must provide a photocopy of documentation that proves their relationship to the account owner.
3. A photocopy of a certificate from a public medical institution or social welfare agency confirming the account owner's incapacity.
4. A photocopy of the declarant's personal MOP bank account.

NOTE: In addition to the documents listed above, the declarant must also provide any other relevant documentation as requested by the Social Security Fund.

☐ I hereby declare that I have previously submitted document number _____ as mentioned above, and I request an exemption from resubmitting it this time. Instead, I kindly ask for permission to use the most recently submitted similar document as supporting material for this fund withdrawal application, subject to review and approval by the Social Security Fund.

* A relative within the third degree of consanguinity

I hereby declare that I am the account owner's

☐ 1. parent / child

☐ 2. grandparent / grandchild

☐ 3. sibling

☐ 4. great-grandparent / great-grandchild

☐ 5. sibling of a parent

☐ 6. nephew / niece

☐ The account owner does not have any higher-priority relatives or a spouse.

☐ The account owner has higher-priority relatives or a spouse. Their current situation is as follows:

☐ The account owner has higher-priority relatives or a spouse who are 18 years old or older, and they have all authorised me to receive funds from the account owner's individual account. Below are their full names, identification document numbers, and their relationship to the account owner, along with their signed authorisation declaration (Signature must match the one on the identity document):

The higher-priority relatives or spouse have signed this declaration, authorising me to receive funds from the account owner's individual account:

I fully understand that I may face criminal prosecution if I make a false declaration.

Declarant

Cheong I Man

Signature of Declarant

(Signature must match the one on the ID card)

(If you are unable to sign, please provide your right thumb fingerprint here.)

XX day XX month 20XX year