

Declaration Form for Persons Aged Under 65 Residing in the Chinese Mainland for Health Reasons

D/9

To the Social Security Fund:

For the purpose of enrolment as a beneficiary under the Arbitrary System, I hereby declare that, being under 65 years of age and residing in the Chinese Mainland for health reasons, I have resided in Macao for fewer than 183 days within the twelve months preceding the submission of my enrolment application. I therefore request that this period be deemed as my residence in Macao:

I	Personal Information		
Full Name:	Chan Tai Man	Macao SAR Resident ID Card Number:	7777XXX(X)
II	Residence in the Chinese Mainland and Medical Condition:		
Name of Disease	XXXXX (Please refer to the reverse side for the requirements and a sample of the medical certificate)		
Reason for residing in the Chinese Mainland because of the above disease:			
Proof of Residence in the Chinese Mainland: Method of Proof (Please select one method by marking "✓")	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <input type="checkbox"/> Submission of proof of residence (requirements and sample documents are provided on the reverse side) </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Confirmation by two witnesses attesting to the applicant's residence in the Chinese Mainland, as follows: (Witnesses must be Macao residents aged 18 or above and must have full knowledge of the applicant's residence situation.) </div> <div style="margin-left: 20px;"> 1. Period of Residence: <u>2025</u> Year <u>XX</u> Month <u>XX</u> Day to <u>2026</u> Year <u>XX</u> Month <u>XX</u> Day 2. Address in the Chinese Mainland: China <u>Guangdong</u> / <u>Zhuhai</u> / <u>Room X</u> <small>(Province / City directly under central government jurisdiction / Autonomous region) (City / Autonomous prefecture / District) (Full Address)</small> <u>Floor X, Block X, X Building, No. X, X Road, Xiangzhou District</u> <small>(Full Address)</small> </div> <div style="border: 2px dashed black; padding: 5px; margin-top: 10px; width: fit-content;"> Choose submission of documents or providing two witnesses </div>		
The two witnesses hereby declare that the information provided by the applicant is true, and they fully understand that making a false statement may result in criminal liability.			
_____ Signature <small>(must match the signature on the Macao SAR Resident ID Card) (If unable to sign, please affix the right thumbprint)</small> _____ Year _____ Month _____ Day		_____ Signature <small>(must match the signature on the Macao SAR Resident ID Card) (If unable to sign, please affix the right thumbprint)</small> _____ Year _____ Month _____ Day	

- I acknowledge and consent to the Social Security Fund verifying and obtaining, from public departments or institutions in Macao or in other countries or regions, the information and documents required for the assessment of the above declaration made by me.
- I fully understand that if I submit a false declaration or provide false or incorrect information, I may be subject to criminal liability.

Applicant

Chan Tai Man

Signature

(must match the signature on the Macao SAR Resident ID Card)
(If unable to sign, please affix the right thumbprint)

2026 Year XX Month XX Day

List of Documents to be Submitted

1. A photocopy of the applicant's Macao SAR Resident ID Card.
2. Medical Certificate (see reverse side for document requirements and sample).
3. If proof of residence is submitted, please refer to the requirements and sample on the reverse side.
4. If two witnesses provide proof, photocopies of their Macao SAR Resident ID Cards must also be submitted.

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

Sample
Medical Certificate

A medical certificate issued by a medical institution must include the following information:

(Medical institution letterhead)

Name of Medical Institution

Address and Phone Number

Medical Certificate

I hereby certify the medical condition of the following person:

Full Name : Chan Tai Man
Macao SAR Resident Identity Card No. : 1234567(8)
Name of Illness : Lung cancer
Approach to Treatment : Surgery [Treatment Period:]
Chemotherapy [Treatment Period:]
Radiotherapy [Treatment Period:]
Period of Illness : 10 March 2025 to 28 February 2026

Medical Condition:

The certificate must clearly state the severity of the disease and its negative impact on the applicant's health and daily life.

This certificate is hereby issued.



Institution's seal :
Title of Doctor : Chief Physician
Doctor's Name : Cheong Sam
Doctor's Signature : *Cheong Sam*
Date of Issue : 1 March 2026

This document must be issued after the stated "Period of Illness".

Sample
Proof of Residence

The Proof of Residence in the Chinese Mainland issued by the civil affairs department, the resident committee, the villager committee, etc., must include the following information:

(On institution's official letterhead)

Name of Institution

Address and Telephone Number

Proof of Residence

This is to certify the residence status of the following individual:

Full Name : Chan Tai Man
Macao SAR Resident ID Card Number : 1234567(8)
Place of Residence : Room X, X Floor, Block X, X Building, X Road, Xiangzhou District, Zhuhai
Period of Residence : 1 March 2025 to 28 February 2026

The information provided must be consistent with the applicant's Macao SAR Resident ID Card. Where such consistency cannot be demonstrated, supplementary documentary evidence establishing that both refer to the same individual must be submitted.

The proof must cover the twelve months preceding the submission of the enrolment application.

This certificate is hereby issued.



Institution's Seal:
Date of Issue: 1 March 2026

The document must be issued after the stated "Period of Residence".