

Application for the Certificate of Employer's Contribution / Certificate of No Contribution

SAMPLE

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Name of employerd: KwChwCompany Limited.		
Employer registration number : 1088888888 Contact phone number : 2888 XXXX		
Purpose of application : ✓ Bidding ☐ Application for non-resident workers ☐ Company archive ☐ Other (please specify)		
Language:		
Pickup location: St. Lazarus Parish Field Office Macao Government Services Centre Macao Government Services Centre in Islands		
NOTE: 1. A photocopy of Financial Services Bureau's Business Tax Form (M1, M7 or M8) must be submitted. 2. The legal representative must sign in accordance with the signature of business registration (if any). Legal representative Ku Chu Signature and company stamp (the name on company stamp must match the name of employer) and any month 2025 year		
I acknowledge receipt of the certificate Legal representative		
Signature and company stamp (the name on company stamp must match the name of employer) day month year		
Receipt for Your Application for the Certificate of Employer's Contribution / Certificate of No Contribution		
POINTS TO NOTE:		
 To pick up the certificate, the legal representative must bring his/her original identity document, company stamp and this receipt, and pay stamp duty at the same time. To authorize a representative to pick up the certificate, the legal representative is required to complete the <i>Declaration of Authorizing a Representative to Collect the Certificate</i> on the back of this receipt. To pick up the certificate, the representative is required to bring the company stamp, the <i>Declaration of Authorizing a Representative to Collect the Certificate</i> and present his/her original identity document. The certificate will be kept for six months from the first day available for collection. The application will be cancelled if no one comes to pick up the certificate by the deadline. 		
Pickup location:		
St. Lazarus Parish Field Office		
Macao Government Services Centre		

Macao Government Services Centre in Islands

社會保障基金 格式 FSS/DC-17(I) FSS - Modelo FSS/DC-17(I)

Declaration of Authorizing a Representative to Collect the Certificate		
I am the legal representative, and I hereby declare that I authorize the following person to pick up the certificate on my behalf:		
Legal representative's information	Representative's information	
Full name:	Full name:	
Type of identity document and number:	Type of identity document and number:	

Signature and company stamp (the name on company stamp must match the name of employer)

_____ day ____ month _____ year

Legal representative