

登記編號
Registration number

DP 7

社會保障基金基金發放處處長台鑒：

TO: Head of Division of Benefits of Social Security Fund

本人 _____，聯絡電話 _____
I, _____ contact phone number
及地址 _____
and my address is _____

現為受益人 _____，澳門居民身份證編號 _____，
遞交辦理在生證明之文件，上述受益人因下列原因未能親臨社會保障基金辦理本
年度之在生證明：

I hereby submit the proof of life documents for the beneficiary _____,
Macao SAR Resident ID Card number _____ because the above beneficiary is unable to come
to the Social Security Fund to provide the proof of life for the year, due to the following reason:

☐ 現居本澳，因健康狀況而未能親臨，附上相關在生證明文件，☐ 見背頁/☐ 見
附件 _____ 頁。

The beneficiary is currently residing in Macao but cannot come in person because of his/her health
conditions. The proof of life documents are attached, ☐ see back page / ☐ see attachment
_____ page(s).

☐ 現居澳門以外的國家/地區 _____，聯絡電話 _____；
現居地住址 _____

附上由居住地發出的相關在生證明文件，見附件 _____ 頁。

The beneficiary is currently residing in a country/region outside Macao _____, contact phone
number _____. His/her current address is _____. The
proof of life documents issued by the place of residence are attached; see the attachment _____
page(s).

日期： _____ 日 _____ 月 _____ 年
Date dd mm yyyy

_____ 簽名（須與身份證明文件一致）
Signature (must match the signature on the ID card)

注意：

於4月後辦理，有關在生證明的確認結果將透過受益人已登記的流動電話以短訊(SMS)方式通知，如沒有登記以流動電話接收短訊(SMS)，將以信函通知。

NOTE:

If the proof of life is provided after April, the confirmation result of the proof of life will be notified via mobile text message (SMS) to the beneficiary's registered mobile phone number. If the beneficiary has not registered to receive by SMS, the result will be notified by mail.

醫生證明書
Medical Certificate

本人_____屬澳門特別行政區政府發出執照的醫生，
I _____, am a medical practitioner licensed by the Government of
the Macao SAR,

編號_____，於_____/_____/2023 年
number, . On (日 dd / 月 mm)

在本澳為_____，澳門居民身份證編號_____
I provided medical consultation for (受益人全名 full name of beneficiary) Macao SAR Resident ID Card numbe
診症。

現以本人名譽聲明上述人士仍然生存，因患病未能於 2023 年親臨社會保障基金
辦理在生證明。

I hereby declare on my honour that the above-mentioned person is still alive and he/she is unable to come to
the Social Security Fund to provide the proof of life for the year 2023 due to illness.

此致
社會保障基金
To Social Security Fund

醫生_____
Medical practitioner (簽名及蓋章 signature and official stamp)
_____/_____/2023
日 dd 月 mm