

**Social Security Fund – Sickness Allowance Application
Employer’s Declaration**

Employer’s Name: ABC Co.

(Business Name of the Establishment)

Employer’s Registration Number: 1234567890

Contact Telephone: 6666666

The employer hereby declares that the employee (Full Name) _____

Chan Tai Man, holder of Macao SAR Resident

ID Card Number 51234567, did not perform any work during the period

from 01/03/2026 (Day/Month/Year) to 23/03/2026

(Day/Month/Year) due to illness.

ABC



Signature of Employer or Employer’s Legal Representative
Company Seal (The seal must match the employer’s registered name)

Name of Signatory (in block letters): ABC

Position of Signatory: Employer

Date: 24/03/2026

(Day/Month/Year)