

**SAMPLE**

Form D/1

**Declaration of Enrollment in the Arbitrary System**

(Applicable to a situation where the declarant stayed in the Macao SAR for less than 183 days)

To: Social Security Fund

I, CHAN TAI MAN, holder of Macao SAR Resident ID Card no. 7777XXX(X), for the purpose of enrolling as a beneficiary of the arbitrary system, I hereby declare that, due to the following reason(s) (can select one or more reasons), I stayed in the Macao SAR for less than 183 days during the 12 months prior to the date of my application for enrollment:

- ☒ I attended middle school or higher level courses recognized by the local authority in charge (required to submit evidence of school attendance)
- ☐ I was hospitalized due to injury or illness (required to submit proof of hospitalization)
- ☐ I reached age 65, with habitual residence in Mainland China (required to provide relevant supporting documentation)
- ☐ I worked abroad in order to bear the main living expenses of my spouse and immediate family who lived in the Macao SAR (required to provide relevant supporting documentation)

Way of proving:

Please put a tick "✓" here if you can submit relevant supporting documentation and you are required to submit documentation of the relevant period.

**1. Can submit relevant supporting documentation**

☒ I hereby submit 3 supporting document(s)

Please put a tick "✓" here if you are unable to provide relevant supporting documentation, and you are required to state the reason and provide two Macao SAR residents as witnesses.

**2. Unable to provide relevant supporting documentation**

☐ Due to the reason that \_\_\_\_\_, I am **unable to provide relevant supporting documentation but I can provide two Macao SAR residents as witnesses.**

Signatures of witnesses:

I hereby certify that all the information provided by the declarant on this form is true. I clearly understand that I may be liable to criminal prosecution if I give a false statement.

Witness

Witness

Signature

(must be consistent with the signature on the ID card)

\_\_\_\_ day \_\_\_\_ month \_\_\_\_ year

Signature

(must be consistent with the signature on the ID card)

\_\_\_\_ day \_\_\_\_ month \_\_\_\_ year

(required to submit photocopies of the witnesses' Macao SAR Resident ID Cards)

**I hereby declare that all the information provided on this form is true and I know that the Social Security Fund can transfer the relevant information to other departments/agencies for verification purposes. I clearly understand that I may be liable to criminal prosecution if I give a false statement.**

Declarant

Chan Tai Man

Signature (must be consistent with the signature on the ID card)

02 day 01 month 2013 year