

社會保障基金 F U N D O DE SEGURANÇA S O C I A L

任意性制度登錄申請表

APPLICATION FOR ENROLLMENT IN THE ARBITRARY SYSTEM

様 式 SAMPLE

由申請人填寫 To be completed by applicant 中文 姓名 Chinese Name Foreign language 澳門居民身份證編號 Macao SAR Resident ID Card no. (to attach a photocopy of the ID card) ☑ 澳門 Macao □ 路環 Coloane □ 其他 Others 地址 Address Rua de Eduardo Marques Name of building 6600 XXXX 流動電話 家居電話 Mobile phone no. Home phone no. 接收短訊(SMS)的本澳流動電話 **66** 通訊語言 一中文 □葡文 Macao mobile phone no. for receiving text messages (SMS) Portuguese Language of communication Chinese 如身處澳門**不足** 183 日,**不應**在空格上打"✔"號 You should not put a tick "✓" in the empty box if 申請登錄成為任意性制度受益人。 you stayed in the Macao SAR for less than 183 days. I hereby apply to enroll as a beneficiary of the arbitrary system. 本人聲明提出登錄申請的前12個月中身處澳門特別行政區足183日。 I hereby declare that I stayed in the Macao SAR for at least 183 days during the 12 months prior to the date of application. 注意:如屬第 4/2010 號法律第 13 條第 2 款規定的原因而身處澳門不足 183 日時,須填妥「任意性制度登錄聲明書」 - D/1 格式,並須提供相關證明;如無法提供該等證明,則在具適當說明理由的情況下,可由申請人及兩名證 人以聲明的方式為之。 Note: If you stayed in the Macao SAR for less than 183 days for the reasons provided for in paragraph 2 of Article 13 of Law 4/2010, you are required to fill out Form D/1 – Declaration of Enrollment in the Arbitrary System and provide relevant supporting documentation. If you are unable to provide such documentation, this can be substituted with the declarations of the applicant and two witnesses, provided that justifiable reasons are provided. 本人聲明全部資料屬實,並知悉社會保障基金可將相關資料交予其他部門/機構作查核之用。 本人清楚明白,如作虚假聲明,可被刑事起訴。 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. **01**日 _03月 2017年 veat Signature (must be consistent with the signature on the ID card)