

To assist an account owner of the non-mandatory central provident fund system to withdraw funds

(Applies only to cases where the account owners are incapacitated)

C/4

DECLARATION

Sample

To: Social Security Fund

I, **Cheong I Man**, holder of **Macao SAR Resident** ID card no. **1234567(8)**, am currently residing at **Rua de Cinco de Outubro, no.888,**
Edf. Dai Fai, Bloco.6, 1.º Andar G, contact phone no. **6600XXXX**,

hereby declare that I am the ~~legal agent / the spouse / a relative within the third degree of consanguinity (required to complete the declaration overleaf)* / the institution that takes care (e.g. a nursing home, a sanatorium)~~ (delete as appropriate)

of **Chan Dai Man** (name of account owner), holder of Macao SAR Resident ID

Card no. **5123467(8)**. Because the said account owner is currently in an incapacitated condition, I hereby apply to use my bank account to receive the money that belongs to his/her provident fund individual account, and I undertake to return to him/her the full amount that I receive on his/her behalf, or to use the money on matters relating to the interests of the account owner, in particular, for the payment of expenses of his/her clothing, food, housing, transportation, caregiving and learning.

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. At the same time, I undertake that in the future, if I receive any benefits improperly received by the account owner, I will return the full amount to the Social Security Fund.

Declarant

Cheong I Man

Signature (must match the signature on the ID card)
(If you cannot/unable to sign, please leave your right thumbprint here)

If you are an institution that takes care of the account owner, please also affix a seal

X day **X** month **2017** year

DOCUMENTS THAT MUST BE SUBMITTED

1. Photocopies of the identification documents of the declarant and the account owner;
2. For the legal agent or relative of the account owner, he/she is required to submit the proof of his/her relationship to the account owner;
3. Documents issued by a public medical facility or a social welfare agency certifying that the account owner is in an incapacitated condition;
4. Photocopy of the declarant's personal MOP bank account.

NOTE: Besides the above-mentioned documents, the declarant must also provide other relevant documents required by the Social Security Fund.

* A relative within the third degree of consanguinity

I hereby declare that I am the

1. parent/child

2. grandparent/grandchild

3. sibling

4. great-grandparent /great-grandchild

5. sibling of parents

6. nephew/niece

of the account owner.

The account owner has no spouse or other closer next of kin;

The account owner has a spouse or other closer next of kin, and they are in the following situations:

The account owner has a spouse or other closer next of kin, who are 18 years of age or older. All of them have authorized me to receive the money on behalf of the account owner.

I hereby provide their names, ID card numbers, their relationships to the account owner and an authorization signed by them (their signatures must match the signatures on their identification documents):

An authorization signed by the account owner's spouse or other closer next of kin, authorizing me to receive the money on behalf of the account owner:

Declarant

Signature (must match the signature on the ID card)
(If you cannot/unable to sign, please leave your right thumbprint here)

_____ day _____ month _____ year