



澳門特別行政區政府
Governo da Região Administrativa Especial de Macau
社會保障基金
Fundo de Segurança Social

由社會保障基金填寫
For FSS Use Only
登記編號
Registration no.

DP 1

致：社會保障基金 – 基金發放處

To: Social Security Fund – Benefits Division

事由：更新帳戶資料

Subject: Change of bank account information

本人 _____，持澳門居民身份證編號 _____，
I, _____, holder of Macao SAR Resident ID Card no. _____

聯絡電話 _____ 及已申請 _____。
contact no. _____, have already applied for the benefit payment of _____

本人欲將上述給付轉帳的銀行帳戶資料更改為：

I want to change the bank account information that I used to receive the above benefit payment to the following:

☐ 個人帳戶： _____
Personal bank account (銀行名稱 Name of bank)

銀行帳戶號碼 _____
Bank account no. (須附同銀行帳號影印本 Required to attach a photocopy of the bank account)

☐ 聯名帳戶： _____
Joint bank account (銀行名稱 Name of bank)

銀行帳戶號碼 _____
Bank account no.

須填寫背頁使用聯名帳戶聲明書

Required to complete the Declaration about the Use of a Joint Account on the reverse side of this form.

日期： _____ 日 _____ 月 _____ 年
Date: _____ day _____ month _____ year

_____ 簽名 (須與身份證一致)
Signature (Must be consistent with the signature on the ID Card)

使用聯名帳戶聲明書

Declaration about the Use of a Joint Account

由申請人填寫/ To be completed by applicant

本人 _____，持有澳門居民身份證編號 _____，
聲明使用以下銀行帳戶收取養老金/殘疾金。
(刪除不適用者)

聯名帳戶持有人： _____

銀行名稱： _____

銀行帳號： _____

I, _____, holder of Macao SAR Resident ID Card no. _____, hereby
declare to use the following bank account to receive my old-age pension/disability pension.
(delete as appropriate)

Holders of the joint bank account: _____

Name of bank : _____

Bank account no.: _____

聲明人
Declarant

簽名 (須與身份證一致)
Signature (must be consistent with the signature on the ID Card)

由聯名帳戶的共同持有人填寫/ To be completed by the other owner(s) of the joint bank account

本人 _____，持有澳門居民身份證編號 _____，
同意受益人 _____ 使用
與本人共同聯名之上述帳戶收取其養老金/殘疾金 (刪除不適用者)，並知悉有關款項屬受益人所有，
並承諾倘若日後有多收取申請人不當收取之給付，將如數退還予社會保障基金。

I, _____, holder(s) of
Macao SAR Resident ID Card no(s). _____, agree that the beneficiary
_____ may use the above-mentioned bank account jointly owned
by us to receive his/her old-age pension/disability pension (delete as appropriate) and I/we know that all the above
money belongs to the said beneficiary. **prometendo que caso tenha recebido um montante de prestação
indevidamente recebido pelo requerente, vou repor todo este montante ao FSS.**

聲明人
Declarante(s)

簽名 (須與身份證一致)
Signature (must be consistent with the signature on the ID Card)

(須附同聯名戶帳號影印本及聯名帳戶共同持有人的證件影印本。)
(Required to attach a photocopy of the joint bank account and photocopy(ies) of the identification document(s) of the other owner(s) of the joint bank account.)