

# Application for the Certificate of Employer's Contribution / Certificate of No Contribution

**SAMPLE**

Name of employerd : Ku Chu Company Limited.

Employer registration number : 10888888888 Contact phone number : 2888 XXXX

Purpose of application : ☒ Bidding ☐ Application for non-resident workers ☐ Company archive  
☐ Other (please specify) \_\_\_\_\_

Language: ☐ Chinese ☒ Portuguese

Pickup location: ☐ St. Lazarus Parish Field Office  
☒ Macao Government Services Centre  
☐ Macao Government Services Centre in Islands

**NOTE:**

1. A photocopy of Financial Services Bureau's Business Tax Form (M1, M7 or M8) must be submitted.
2. The legal representative must sign in accordance with the signature of business registration (if any).

**Legal representative**

Lei Ku Chu **Ku Chu Company Limited**  
Signature and company stamp (the name on company stamp must match the name of employer)  
27 day 01 month 2023 year

**I acknowledge receipt of the certificate**

**Legal representative**

\_\_\_\_\_  
Signature and company stamp (the name on company stamp must match the name of employer)  
\_\_\_\_ day \_\_\_\_ month \_\_\_\_ year

## Receipt for Your Application for the Certificate of Employer's Contribution / Certificate of No Contribution

**POINTS TO NOTE:**

1. To pick up the certificate, the legal representative must bring his/her original identity document, company stamp and this receipt, and pay stamp duty at the same time.
2. To authorize a representative to pick up the certificate, the legal representative is required to complete the *Declaration of Authorizing a Representative to Collect the Certificate* on the back of this receipt. To pick up the certificate, the representative is required to bring the company stamp, the *Declaration of Authorizing a Representative to Collect the Certificate* and present his/her original identity document.
3. The certificate will be kept for six months from the first day available for collection. The application will be cancelled if no one comes to pick up the certificate by the deadline.

**Pickup location:**

- ☐ St. Lazarus Parish Field Office  
☐ Macao Government Services Centre  
☐ Macao Government Services Centre in Islands

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### **Declaration of Authorizing a Representative to Collect the Certificate**

I am the legal representative, and I hereby declare that I authorize the following person to pick up the certificate on my behalf:

Legal representative's information	Representative's information
Full name:	Full name:
Type of identity document and number:	Type of identity document and number:

**Legal representative**

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Signature and company stamp (the name on company stamp must  
match the name of employer)  
\_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year