表格 B2 Form

澳門特別行政區政府 Government of the Macao Special Administrative Region 社會保障基金 Social Security Fund



由社會保障基金填寫 FOR FSS USE ONLY 登記編號 Registration No

Sample

非強制性中央公積金制度 僱主新增公積金共同計劃申請表 Non-Mandatory Central Provident Fund System Application Form for the Employer to Add a Joint Provident Fund

Scheme

僱主資料 EMPLOYER INFORMATION

僱主名稱^{備註}: KU CHU COMPANY LIMITED

Name of employer Note

Employer's central provident fund no.

公積金共同計劃基金管理實體

FUND MANAGEMENT ENTITY OF THE JOINT PROVIDENT FUND SCHEME

基金管理實體名稱: A PENSION FUND MANAGEMENT COMPANY LIMITED

Name of fund management entity

本人知悉並同意社會保障基金可將相關資料交予其他政府部門、公共或私人機構或有關人士查證及核對有關資料。

I know and agree that the Social Security Fund can pass on the relevant information to other government departments, public or private sector organizations or relevant individuals for verification purposes.



合法代表簽名及公司蓋章 Signature of legal representative and company's seal

合法代表姓名:

CHAN TAI MAN

Name of legal representative

(請用正階填寫)

Please fill in using BLOCK letters

備註:必須與商業登記/財政局 (M/1)所記載之商業名稱/納稅人姓名或公司名稱一致。如屬社團,則須與刊登於政府公報之章程所記載之資料一致。

NOTE: It must match the business name/taxpayer name or company name on the DSF Business Tax Declaration Form for Business Registration (M/1). If it is an association, it must match the information stated in the statutes published in the Macao SAR Gazette.

須遞交文件及注意事項 Documents Required to be Submitted and the Points to Note

- 1. 須遞交已簽署的公積金共同計劃合同影印本(已簽署文本);
 - Required to submit a photocopy of the signed joint provident fund scheme contract (a signed contract);
- 2. 請注意表格及文件須透過基金管理實體遞交;
 - Please note that the form and documents must be submitted through the fund management entity;
- 3. 如僱主資料或聯絡資料有更新,請填寫"僱主更改資料表"。
 If there is a change in employer information or contact information, please complete the "Employer's Change of Information Form".

us 社會保障基金 格式 FSS/PC-30 FSS Modelo FSS/PC-30

查詢途徑 Ways of enquiries ◎電話:2853 2850 Phone ◎24 小時語音熱線: 2823 0230 24-hour interactive voice response hotline ◎網站:www.fss.gov.mo Website