

Declaration

To receive benefits on behalf of the applicant
(Applies to cases where the applicant is incapacitated)

I _____, holder of BIRM no. _____,
am currently residing at _____
_____, contact phone no. _____, hereby
declare that I am the legal agent / the spouse / a relative within the third degree of
consanguinity (required to complete the declaration overleaf)* / an institution that takes care of
the applicant (e.g. a nursing home, a sanatorium) (delete as appropriate) of the applicant
_____, holder of BIRM no. _____, Because the
said applicant is currently in an incapacitated condition, I hereby apply to use my bank account
to receive the old-age pension / disability pension (delete as appropriate) that belongs to the
applicant, and I undertake to return to the applicant the full amount of benefits that I receive on
his/her behalf, or to use the money in matters related to the interests of the applicant, especially
for the payment of expenses on his/her clothing, food, housing, transportation, caregiving and
learning.

I hereby declare that all the information is true and I know and agree to authorize the Social Security Fund to transfer the relevant information to other departments/agencies for checking 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 if I receive in the future any benefits unduly received by the applicant, I will return the full amount to the Social Security Fund.

Declarant

Signature (must match the signature on ID card)

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

_____ day _____ month _____ year

Documents to be submitted:

1. A photocopy of the declarant's identification document;
2. Required to produce a proof that can show the declarant's statutory relationship to the applicant and required to submit a photocopy;
3. Required to submit a document issued by a public health institution or a social welfare agency that can prove the applicant's incapacitated condition and required to submit a photocopy (except for representative);
4. A photocopy of the declarant's personal MOP bank account information.

* 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. niece/nephew
of the applicant.

- ☐ The applicant has no spouse or other closer next of kin;
- ☐ The applicant has a spouse or other closer next of kin, and they are in the following situations:

- ☐ The applicant has a spouse or other closer next of kin, and they are aged 18 or older. All of them authorized me to receive the money on their behalves. I hereby provide their names, ID card numbers, their relationships to the applicant and their signed authorization (the signatures must match the signatures on their identification documents):

An authorization signed by the applicant's spouse or other closer next of kin, authorizing me to receive the old-age pension / disability pension (delete as appropriate) on behalf of the applicant:

Declarant

Signature (must match the signature on ID card)

_____ day _____ month _____ year