

澳门居民随带外籍家政服务人员申请

Application for Macao Resident to Bring Accompanying Foreign Domestic Worker

Note: The English translation is for reference purposes only. In case of any discrepancies between the English and the Chinese versions, the Chinese version shall apply and prevail.

1. 申请类别 (请选其中一项) · Application Type (Please select one of the following options)

<input type="checkbox"/> 新申请-1名随带外籍家政服务人员 Initial Application- 1 accompanying foreign domestic worker 姓名 Name _____ 外地雇员身份识别证编号 Non-resident Worker ID No. _____ 护照编号 Passport Number _____ 外地雇员一户通账号名 Non-resident Worker's Macao One Account (EUID) _____	<input type="checkbox"/> 续期-1名随带外籍家政服务人员 Renewal - 1 accompanying foreign domestic worker 获批准编号 Approval No. _____ 有效期至 Date of expiry _____ 外地雇员一户通账号名 Non-resident Worker's Macao One Account (EUID) _____
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2. 申请人资料 (如有共同申请的家庭成员, 请另加填写一份附表一并递交)

Applicant Information (for any family member applying jointly, please complete and submit a separate supplementary form)

姓名 Name _____ 一户通账号 Macao One Account (EUID) _____				
婚姻状况 · Marital Status <input type="checkbox"/> 未婚 · Single <input type="checkbox"/> 已婚 · Married <input type="checkbox"/> 分居 · Separated <input type="checkbox"/> 离婚 · Divorced <input type="checkbox"/> 鳏寡 · Widowed				
澳门居民身份证之编号 Macao Resident ID Card No. _____				
横琴地址 Address in Hengqin	街名 Street: _____ 小区 Residential area: _____	期/座 Block _____	层数 Floor _____	门牌 No. _____ 单位(座/室) Flat _____
联络电话 · Contact Number 手机 · Mobile _____ 住宅 · Residence _____ 办公室 · Office _____				
与申请人同住之家庭成员人数 (不包括申请人) _____ Number of family member(s) in the household (excluding the applicant) _____			未成年 · Minor _____ 成年 · Adult _____	
收入来源 Income Status	申请人每月个人收入 (澳门元) Monthly income of the applicant (MOP) _____	每月家庭总收入 (澳门元) Monthly family income (MOP) _____		

3. 提供的条件 · Terms Offered

拟订协议期限 Contract Period	<input type="checkbox"/> 年 ____ <input type="checkbox"/> 月 ____ <input type="checkbox"/> 期限跨度 ____ 天/月 Year(s) ____ Month(s) ____ Period: ____ days/months	每月报酬 (澳门元) Monthly remuneration (MOP) _____
住宿 Accommodation	由申请人提供 (于服务地点内居住) Provided by the applicant (within the service location) _____	
服务地点 Service location	与申请人地址相同 Same as the applicant's address _____	
申请人签署 Signature of applicant _____		

4. 申请理由 · (请提供支持申请理由的文件副本)

Reason(s) for the application (Please submit photocopies of the supporting documents)

- 照顾幼儿 (12岁或以下) · To take care of minor(s) (at or below 12 years old)
- 照顾父母 (65岁或以上) · To take care of parents (at or above 65 years old)
- 申请人患病 · Poor health condition of the applicant
- 家属患病 · Poor health condition of family member(s)
- 其他 (请注明) · Other (Please specify)

5. 通讯语言及联络方式 · Communication Language and Method

通讯语言 Language	<input type="checkbox"/> 中文 · Chinese	联络方式 Communication Method	<input type="checkbox"/> 短信 · SMS	手机 · Mobile: (86)_____
	<input type="checkbox"/> 英文 · English		<input type="checkbox"/> 电邮 · E-mail	电邮地址 · Email address: _____
			<input type="checkbox"/> 邮递 · Mail	邮寄地址 · Mailing address: _____

6. 个人资料 · Personal Information

1. 表格所填写之个人资料仅用作办理随带外籍家政服务人员申请。

All personal information filled in this form is exclusively used for the application to bring an accompanying foreign domestic worker.

2. 为履行法定义务, 本局所收集之个人资料可能被转移到其他法定主体或司法机关, 该等主体或机关在处理有关个人资料时, 亦需符合相关法律的规定。

To fulfil legal obligations, the personal data collected by the Livelihood Affairs Bureau may be forwarded to other statutory bodies or judicial authorities. When handling the relevant personal data, these entities or authorities must also comply with the applicable legal requirements.

3. 根据中华人民共和国《个人信息保护法》第四十六条的规定, 个人发现其个人信息不准确或者不完整的, 有权请求个人信息处理者更正、补充。

In accordance with Article 46 of the *Personal Information Protection Law of the People's Republic of China*, individuals who discover that their personal information is inaccurate or incomplete have the right to request that the personal information processor correct or supplement it.

7. 申请人声明 · Applicant's Declaration

本人谨声明在本表格内所填报的内容及所提及的一切文件属真实及最新, 并同意横琴粤澳深度合作区民生事务局可将已提交的资料交予澳门特区政府相关部门作查证之用。

I hereby declare that all information provided in this form and all documents mentioned herein are true and up-to-date. I also agree that the Livelihood Affairs Bureau of the Guangdong-Macao In-Depth Cooperation Zone in Hengqin may forward the submitted information to relevant departments of the Macao Special Administrative Region for verification purposes.

本人同意澳门特区政府劳工事务局、澳门特区政府治安警察局将本人在澳门特别行政区申请家务工作外地雇员的资料交予横琴粤澳深度合作区民生事务局。同时, 本人明白若本人并非在澳门聘雇家务工作外地雇员的雇主, 原雇主必须另立一份声明书作出该项同意的声明。

I authorize the Macao SAR Labour Affairs Bureau and Macao SAR Public Security Police Force to share my information for application for employment of non-resident domestic worker in Macao SAR with the Livelihood Affairs Bureau of the Guangdong-Macao In-Depth Cooperation Zone in Hengqin. I also acknowledge that if I am not the employer of the non-resident domestic worker in Macao, the original employer must sign a separate declaration to express his/her consent for this arrangement.

申请人签署
Signature of applicant

日期
Date