读 澳門特別行政區政府 Governo da Região Administrativa de Macau 衛生局 Serviços de Saúde Form No. : **VS01**

Healthcare Subsidy Scheme

Voucher Collection – Authorization Form

<For holders of old-type Macao SAR Permanent Resident Identity Card>

I,(name in Chinese)			(name i	n foreign
language), holder of valid Macao Speci	al Administrative Region	Permanent Resid	lent Identity	Card No.
, Sex:	Male/ 🗌 Female,	with contact	telephone	number
and contact address				
Due to		(please speci	ify the reason	for being
unable to apply in person), I hereby authorize(name of the authorized		d person),		
who is my	_ (relationship of the app)	licant), holder of		(type
of identification document), No.	, with	telephone numbe	r	and
contact address		, as my rep	resentative to	o raise a
request for printing my 10 healthcare your	chers of MOP50.00 each i	n face value.		

(Making a false statement can cause criminal liabilities)

Applicant [*] (Voucher Beneficiary)	Authorized person
i	[
i i i	i i
i i	i i

(Same signature as shown on the ID) Affix a print of right finger in the box if unable to sign

* If the applicant is under the age of 18, this form should be signed by his/her legal representative

Name of legal representative:

ID no. of legal representative:

Date: ____ / ____ (dd/mm/yy)

Attachments:

- Medical certificate issued or verified by competent authority or document issued by recognized medical or social mutual-help institution in the place where the applicant (voucher beneficiary) resides. (only for permanent incapable applicants who are living abroad)
- 2) Certificate issued by the Identification Services Bureau (DSI)certifying the applicant is a Macao permanent resident
- 3) Photocopy of the applicant's identity card
- 4) Photocopy of the legal representative's identity document (if the applicant is under the age of 18)
- 5) Photocopy of the authorized person's identity document (if processed by a third party)