

Declaration of Authorization

I hereby declare that I _____ (name of the principal), holding Macao Resident Identity Card No. _____, entrust _____ (name of the trustee) [Macao Resident Identity Card No. _____ and phone number: _____] to collect the following documents on my behalf (please choose ☒):

- ☐ Temporary registration letter for social worker professional qualification accreditation / Certificate for social worker professional qualification accreditation issued by the “Professional Council for Social Workers”
- ☐ Social worker temporary registration card / Social worker registration card issued by the Social Welfare Bureau (first-time application)
- ☐ Social worker registration card issued by the Social Welfare Bureau (not first-time application), and show the following original registration card (please choose ☒):
 - ☐ Original copy of the former social worker registration card
 - ☐ Original copy of the social worker temporary registration card
 - ☐ Original copy of the damaged social worker registration card
 - ☐ Unnecessary to show due to loss of card

I, _____ (the name of the principal) hereby declare that all personal data given and submitted during the online application for social worker professional qualification accreditation and/or social worker registration on “Social Workers Professional Qualification Accreditation and Registration System”, as well as the statements made are true. If there is anything false or concealed, I understand that I shall bear all related legal responsibility.

Signature (principal)

Signature (trustee)

Day Month Year

Day Month Year

Note: The principal and the trustee must submit original personal identity cards for verification.