

IR



澳門貿易投資促進局
Instituto de Promoção do Comércio e do Investimento de Macao
Macao Trade and Investment Promotion Institute

Reference No.
(Internal Use)

Grounds for application for the
temporary residency in the

Macao Special Administrative Region

(Major Investment / Major Investment Plan)

Note: Please write or type in BLOCK LETTERS, and check the suitable boxes with "✓".

(Please also refer to the Temporary Residency Application Guideline and use supplementary form if needed)

Please choose a category of application:

- New application: applicant must complete and submit the entire form (5 pages in total) except Part 2 (which is marked with "▲")
- Application for renewal or extension to family dependent: Only Part 1 to Part 3 are required (Page 1 to 3 of the form)

Part 1 - Basic information of applicant		FOR OFFICIAL USE ONLY
Full Name :	Date of birth: (Y/M/D)	
▲ Part 2 - Change of Legal Relationship with Accompanying Family Dependents or Status of Application Grounds (Eg, Divorce, change of de facto marriage status or adoption of children, change of status of Major investment or Major Investment Plan etc.)		Supplementary
<input type="checkbox"/> No, there is NO change of legal relationship with the accompanying family dependents and the status of my application grounds remains unchanged. <input type="checkbox"/> Yes, there IS/ARE change(s) to the legal relationship with the accompanying family dependents or the status of my application grounds. (Please submit declaration explaining the changes and relevant documents)		
Part 3 - Category and Grounds for Application (Please put a "✓" in the appropriate box) :		
<input type="checkbox"/> Major Investment <input type="checkbox"/> Major Investment Plan		
3.1 Investment Project Information		
Name of company :		
Name of firm (if any) :		
Scope of business (Please put a "✓" in the appropriate box) :		
<input type="checkbox"/> Industry <input type="checkbox"/> Service sector <input type="checkbox"/> Hotel or the periphery industries thereof <input type="checkbox"/> Other (Please specify) _____		
Date of registration of Company (latest): (Y/M/D)	Shares held by Applicant: _____ %	
Business model: (Please summarise here and do not use additional page):		
Registered capital (MOP) :		
Acquisition of shares: <input type="checkbox"/> Startup <input type="checkbox"/> Purchase	Company's Taxpayer category in Macao (if any): <small>Please refer to 5.3.2 (5) of IPIM's Temporary Residency Application Guidelines for details about categorisation of Taxpayer Group (A or B) <input type="checkbox"/> Category A <input type="checkbox"/> Category B</small>	
Company website :		Supplementary explanation
3.2 Issuer of license for operation establishment		
1. <input type="checkbox"/> Economic Bureau 2. <input type="checkbox"/> Macao Government Tourism Office 3. <input type="checkbox"/> Health Bureau 4. <input type="checkbox"/> Civic and Municipal Affairs Bureau 5. <input type="checkbox"/> Social Welfare Bureau 6. <input type="checkbox"/> Other (Please specify: _____)		
I hereby declare that all information given in this form is true, complete and accurate, and I understand that I will be responsible for relevant legal consequences if the information furnished here is untrue.		
Date: _____ (dd) _____ (mm) _____ (yyyy)		Applicant's signature _____
FOR OFFICIAL USE ONLY		
Macao Trade and Investment Promotion Institute		
I, based on the (doc.) _____ No. _____ issued by _____, hereby sign to verify that _____ is identical to the original.		
Macao, _____ (dd) / _____ (mm) / _____ (yyyy)		Drafting Staff(): _____
Residence Application Division (Staff no. _____): _____		Date: (dd) (mm) (yy)



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3.3 Employment of staffs (Remarks: Applicant must maintain or increase the number of local employees proposed here throughout the application procedure and the valid temporary residency period.)		FOR OFFICIAL USE ONLY	
Number of staff recruited: <input type="checkbox"/> Local Staff _____ persons <input type="checkbox"/> Overseas specialist _____ persons <input type="checkbox"/> Overseas non-specialist			
Recruitment of staff in the coming year: <input type="checkbox"/> Local Staff _____ persons <input type="checkbox"/> Overseas specialist _____ persons <input type="checkbox"/> Overseas non-specialist			
3.4 Investment Amount (Please complete the following information according to actual operating conditions)		Supplementary explanation::	
Financial Classification	Amount in the past fiscal year (MOP)		Amount in this fiscal year (MOP)
Operation establishment and equipment expenditure			
Investment in operational premises			
Purchase of office/ manufacturing equipment			
Refurbishment expenses			
Other business installations			
Operating expenditure			
Annual payroll			
Basic/Recurrent operating			
Other operating expenditure			
Total Investment (A) :	\$		Shares held by Applicant(B): %
Loans/non-personal investment amount (C)	\$		
Applicant's total share of investment: $=[(A)-(C)]*(B)$	\$		
I hereby declare that all information given in this form is true, complete and accurate, and I understand that I will be responsible for relevant legal consequences if the information furnished here is untrue.		Supplementary explanation::	
Date: _____ (dd) _____ (mm) _____ (yyyy) Applicant's signature _____			
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3.5 Business Establishment		FOR OFFICIAL USE ONLY
Total number of business establishment: ()		Supplementary explanation:
1. Total area of business establishment: _____ SQM; Ownership (choose all that apply): <input type="checkbox"/> Leasehold <input type="checkbox"/> Freehold <input type="checkbox"/> Borrowed at no cost Nature: <input type="checkbox"/> Factory <input type="checkbox"/> Office <input type="checkbox"/> Shop on street <input type="checkbox"/> Shop in mall <input type="checkbox"/> Warehouse <input type="checkbox"/> Other (Please specify) _____ Address of establishment :		
2. Total area of business establishment: _____ SQM; Ownership (choose all that apply): <input type="checkbox"/> Leasehold <input type="checkbox"/> Freehold <input type="checkbox"/> Borrowed at no cost Nature: <input type="checkbox"/> Factory <input type="checkbox"/> Office <input type="checkbox"/> Shop on street <input type="checkbox"/> Shop in mall <input type="checkbox"/> Warehouse <input type="checkbox"/> Other (Please specify) _____ Address of establishment :		
3. Total area of business establishment: _____ SQM; Ownership (choose all that apply): <input type="checkbox"/> Leasehold <input type="checkbox"/> Freehold <input type="checkbox"/> Borrowed at no cost Nature: <input type="checkbox"/> Factory <input type="checkbox"/> Office <input type="checkbox"/> Shop on street <input type="checkbox"/> Shop in mall <input type="checkbox"/> Warehouse <input type="checkbox"/> Other (Please specify) _____ Address of establishment :		
4. Total area of business establishment: _____ SQM; Ownership (choose all that apply): <input type="checkbox"/> Leasehold <input type="checkbox"/> Freehold <input type="checkbox"/> Borrowed at no cost Nature: <input type="checkbox"/> Factory <input type="checkbox"/> Office <input type="checkbox"/> Shop on street <input type="checkbox"/> Shop in mall <input type="checkbox"/> Warehouse <input type="checkbox"/> Other (Please specify) _____ Address of establishment :		
5. Total area of business establishment: _____ SQM; Ownership (choose all that apply): <input type="checkbox"/> Leasehold <input type="checkbox"/> Freehold <input type="checkbox"/> Borrowed at no cost Nature: <input type="checkbox"/> Factory <input type="checkbox"/> Office <input type="checkbox"/> Shop on street <input type="checkbox"/> Shop in mall <input type="checkbox"/> Warehouse <input type="checkbox"/> Other (Please specify) _____ Address of establishment :		
6. Total area of business establishment: _____ SQM; Ownership (choose all that apply): <input type="checkbox"/> Leasehold <input type="checkbox"/> Freehold <input type="checkbox"/> Borrowed at no cost Nature: <input type="checkbox"/> Factory <input type="checkbox"/> Office <input type="checkbox"/> Shop on street <input type="checkbox"/> Shop in mall <input type="checkbox"/> Warehouse <input type="checkbox"/> Other (Please specify) _____ Address of establishment :		
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Part 4 - Highest Academic Qualification						FOR OFFICIAL USE ONLY
Name of school/institute	Country/ Region	Major	Year of Graduation	Please put a "✓" in the box if your qualification is related to your investment project in Macao	Diploma/Degree (Please fill in the relevant qualifications according to the code below) A: Doctorate B: Master's degree C: Bachelor's degree D: Below Bachelor's degree	Supplementary explanation:
				<input type="checkbox"/>		
				<input type="checkbox"/>		
Part 5 - Previous investment experience of applicant						
Name of Investment Project / Name of Company (Please put a "✓" in the box if the Investment Project / Company is a multi-national project or company and write the name below. If not, simply write the name of the investment project or company	Country/ Region	Industry	Investment Amount (Equivalent in Macao Pataca)	Operational duration (years), please tick a suitable box	Period From (YYYY/MM) – To (YYYY/MM)	
<input type="checkbox"/>				<input type="checkbox"/> <5 years <input type="checkbox"/> 5-9 years <input type="checkbox"/> 10-14 years <input type="checkbox"/> 15-19 years <input type="checkbox"/> ≤ 20 years	–	
<input type="checkbox"/>				<input type="checkbox"/> <5 years <input type="checkbox"/> 5-9 years <input type="checkbox"/> 10-14 years <input type="checkbox"/> 15-19 years <input type="checkbox"/> ≤ 20 years	–	
I hereby declare that all information given in this form is true, complete and accurate, and I understand that I will be responsible for relevant legal consequences if the information furnished here is untrue.						
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Part 6 - Contribution to Current Investment Environment in Macao SAR		<u>FOR OFFICAL USE ONLY</u>
Please describe the Major Investment or Major Investment Plan that you are intending to implement in Macao, explain in which aspects your investment goes in line with Macao's development direction, describe how your project will benefit Macao's economic and societal development in no more than 300 words. Please complete your answer on this page only.		
		Supplementary explanation:
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Date: ____ (dd) ____ (mm) ____ (yyyy) Applicant's signature _____		
FOR OFFICAL USE ONLY		
	<p style="text-align: center;">Macao Trade and Investment Promotion Institute</p> <p>I, based on the (doc.) _____ No. _____ issued by _____, hereby sign to verify that _____ is identical to the original.</p> <p>Macao, ____ (dd) / ____ (mm) / ____ (yyyy) Residence Application Division (Staff no. ____): _____</p>	<p>Drafting Staff(): _____</p> <p>Date: (dd) (mm) (yy)</p>