

Declaration and Application 聲明及申請

To: Macau Insurance Company Limited

I, _____,

(Company Name : _____ Cert. No. : _____)

have lost the Medical Card issued by your company. I hereby apply for a new card and enclose the replacement fee of MOP50. If I find this lost card later on, I shall return it to your company for cancellation.

致：澳門保險股份有限公司

本人 _____,

(公司名稱：_____ 員工編號：_____)

遺失貴公司發出的醫療咭。現本人欲申請補發新咭，並付上澳門幣五十元正的補發費用。本人承諾如日後尋獲該已報失的醫療咭，會將之交回貴公司以作註銷。

Signature of Applicant 申請人簽署

Date 日期

For Internal Use Only 此欄由本公司填寫

Handled By 經手者 / Date 日期

Reviewed By 複核者 / Date 日期

Approved By 審批者 / Date 日期