



Receipt no.

SME Funding Scheme for Lifting Platforms against Flood Damage Application Form

Personal Information Collection Statement

1. The personal information provided in this application form will only be used for performing the duties of Fundo de Desenvolvimento Industrial e de Comercialização and Macau Productivity and Technology Transfer Center.
2. For the consideration of the application, such information may be transferred to certain competent entities.
3. To comply with statutory obligations, such information may also be transferred to the police authorities, judicial bodies and other competent entities.
4. The applicant has the right to apply for access, correction and update of the information according to law.

Fields Marked with * Must Be Filled in

Part 1 – Background information on business owner

1.1 Information on business owner

*Company Name: _____

*Taxpayer no. _____ CRCBM Registration no. (If any): _____

*Type: Sole Proprietorship Company or Commercial Entrepreneur, corporate body (Limited liability company)
 Other type (please specify) : _____

1.2 Information on the person in charge

*Full Name: _____ * Mobile phone ^(a) : _____

Position: _____ E-mail: _____

* Correspondence address : _____

(a) This local mobile phone number will be used for communication regarding the application. Please make sure that this number is correct and valid.

Part 2 – Information on premises where lifting platform(s) will be installed

2.1 Information on business establishment

*Name of establishment: _____ * Industry: _____
 Self-owned Leased
 Registration (business tax) no.: _____ Other (please specify) _____

*Registered address: _____	Tel: _____	
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* Items to be funded:	1. Installation of one or more lifting platforms – Price quoted (MOP): _____
	2. Equipment cost – price quoted (MOP): _____
	3. Maintenance fees of lifting platform(s) for the 1 st year – Price quoted (MOP): _____
	Total amount(MOP): _____

* I/We hereby declare that all the information provided in this Form and the submitted documents are true and that I/We understand and agree with the regulations stipulated thereon. In addition, I/we have not submitted any application to other governmental departments or public entities for a subsidy for the above-mentioned items.

Sole Proprietorship / Company or Commercial Entrepreneur, corporate body

(Note: The signature(s) must be consistent with the signature(s) on the ID card(s) the applicant(s). For more signatures, an additional form can be attached.

(1)	Full Name: _____	Signature: _____	Date: _____
(2)	Full Name: _____	Signature: _____	Date: _____
(3)	Full Name: _____	Signature: _____	Date: _____