Application for the Certificate of Adoptable Name of Association and Foundation

	Applicant (name)		holder	of (type of docume	ent)	numbe	
	, (position)			0	of the following ass	sociation/foundation, apply fo	
the	certificate of adoptable name.						
1.	New association/foundation						
	* Founder:	,	type and no. of ide	ntification docume	nt		
	Founder:	,	type and no. of ide	ntification docume	ent		
	Founder:	· · · · · · · · · · · · · · · · · · ·	type and no. of ide	ntification docume	ent		
	Founder:	· · · · · · · · · · · · · · · · · · ·	, type and no. of identification document				
	Founder:	· · · · · · · · · · · · · · · · · · ·	, type and no. of identification document				
	* (Provide at least two founders for the ease of going through nortarization formalities at the Public Notary Office.)						
	Chinese name:		Chinese abbreviated name:				
	Portuguese name :						
		Portuguese abbreviated name:					
	English name:						
		English abbreviated name:					
	Sector : □ Employer □ Sport	☐ Labor Others	□ Professional	□ Charity	□ Culture	□ Education	
	ached documents:						
	• Identification documents of the applica	ant and founders • Draft	constitution • Other	s (please specify): _			
2.	Changing name of registered a	association/foundat	<u>ion</u>				
	Chinese/Portuguese name:						
	Registration number at DSI:						
	Name to be changed:						
	Chinese name: Chinese abbreviated name:						
	Portuguese name:						
		Portuguese abbreviated name:					
	English name:						
	English abbreviated name:						
Att	•Identification documents of the appl	licant •Amended consti	itution •Minute of	the General Assemb	oly to amend the c	onstitution •Others (please	
#N T	specify):		1 1 1 1 1 4	.1 ./1	a · a		
	ote: The application for changing ass norization letter.	sociation's name must	be loaged by the	president/director,	otnerwise, the ap	plicant has to provide an	
reso	lease note that, if the new name is applution to amend the constitution is ociation/foundation should hold the Ge	supported by the vo	te of at least thre	e-forth of attendin	ig members in the		
This part is to be filled in by DSI officer:							
Г	Approved by		Handled by		Darrier	41	
	ripprovou »j				Receive	ed by	
- 1			 		-		

Con	tact number in Macao:								
Con	tact person:								
Lang	Language of communication : □ Chinese / □ Portuguese								
Con	Correspondence address:								
If D	SI needs to call the applicant on the applic	cation matter, the phone conversation will be recorded.							
	I do not agree to record the phone conversation. I request DSI to contact me by SMS or letter.								
***]	personal information and application	by the applicant is used for this application only. DSI may n materials to other competent authorities for consulting e or update the personal information stored in DSI.							
			Stamp of Association						
	Date	*Applicant's signature							
		Please leave a stamp of the associat for changing the name of regist	ion on the form if you apply ered association/foundation						
Atta	ached documents: (To be filled in by DS	SI officer)							
	Photocopy of identification document:	(numbe	er of copies)						
	Minute of meeting :	(number of pages)							
	Draft constitution:	(number of pages)							
	Authorization letter :	(number of copies)							
	Declaration:	(number of copies)							
	Others:								