Application for the Certificate of Adoptable Name of Association and Foundation

Applicant ((name)	holder of (type of document)	numb
	, (position)	of the following association/for	undation, apply f
the certificate of a	doptable name.		
1. New associ	ation/foundation		
* Founde	r :	, type and no. of identification document	
Founde	r :	, type and no. of identification document	
Founde	r:	y type and no. of identification document	
Founde	r :	y type and no. of identification document	
Founde	r :	, type and no. of identification document	
* (Provi	de at least two founders fo	or the ease of going through nortarization formalities at the Public Notary Offic	e.)
Chinese nar	me :	Chinese abbreviated name:	
Portuguese	name:		
		Portuguese abbreviated name :	
English nan	ne :		
Sector:	Industrial commo	English abbreviated name: Professional Social Service and Financial Labor Professional Social Service Service Annual Service	
Sector .	☐ Industrial, comme	ercial and financial	vices
Attached docun	nents:		
Identification	documents of the applicant ar	nd founders • Draft constitution • Others (please specify) :	
2. Changing	name of registered asso	ciation/foundation	
Chinese/Por	rtuguese name :		
_	n number at DSI:		
Name to be	•		
Chine	ese name :	Chinese abbreviated name :	
Portu	_		
		Portuguese abbreviated name:	
Engl			
		English abbreviated name:	
•Identification specify):	n documents of the applicant	•Amended constitution •Minute of the General Assembly to amend the constitution •	Others (please
	cation for changing associat	tion's name must be lodged by the president/director, otherwise, the applicant has	to provide an
**Please note that resolution to ame	t, if the new name is approved the constitution is supp	ved, in accordance with the stipulations of Article 163 (3) of the Civil Code, which ported by the vote of at least three-forth of attending members in the General Assembly timely and submit the meeting minute to DSI for follow-up.	
This part is to	be filled in by DSI offic	er:	
Approved l	-	Handlad by	
i i pproved k	<i>y</i>	Received by	

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Con	tact number in Macao:		
Con	tact person:		
Lang	guage of communication: \Box Chinese / \Box Po	ortuguese	
Cor	respondence address:		
If D	SI needs to call the applicant on the applicat	tion matter, the phone conversation will be recorded.	
	I do not agree to record the phone convers	sation. I request DSI to contact me by SMS or letter.	
***	personal information and application	the applicant is used for this application only. DSI materials to other competent authorities for consulting or update the personal information stored in DSI.	
			Stamp of Association
	Date	*Applicant's signature	
		Please leave a stamp of the association for changing the name of regions.	ation on the form if you appl stered association/foundation
Atta	ached documents: (To be filled in by DSI	officer)	
	Photocopy of identification document:	(numb	per of copies)
	Minute of meeting :	(number of pages)	
	Draft constitution:	(number of pages)	
	Authorization letter :	(number of copies)	
	Declaration:	(number of copies)	
	Others:		