

澳門公職人員協會專用 Reservado à ATFFPM

會員編號 N° de Sócio

繳交會費方式 Forma de Pagamento de Quotas

- 在銀行戶口內扣除 Desconto mensal e automático via Banco  
 在部門內扣除 Desconto mensal via Serviço  
 每年在會址繳交會費 Pagamento anual na Sede



澳門公職人員協會  
Associação dos  
Trabalhadores da Função  
Pública de Macau  
(國際公務員組織)  
(Filiada na PSI)

照片  
Foto

推薦人 Recomendado Por:

## 入會申請表 BOLETIM DE INSCRIÇÃO

青年委員會 (18 至 44 歲)  參加  不參加  
Comissão de Juventude (18 a 44 anos de idade)

義工 Voluntários  參加  不參加 \_\_\_\_\_



微信  
WeChat \_\_\_\_\_

姓名  
Name

身份證明文件 Documento de Identificação	國籍 Nationality	<input type="radio"/> 中國籍 Chinese <input type="radio"/> 葡籍 Portuguese <input type="radio"/> Filipino <input type="radio"/> 其他 Outra _____	出生日期 Data de Nascimento  / / _____
	類別 Tipo	<input type="radio"/> 澳門居民身份證 BIR _____ <input type="radio"/> 葡籍公民證 CC _____ <input type="radio"/> 其他 Outra _____	

聯絡資料 Informações de Contacto	地址 Morada	_____	
	手提電話號碼 Nº de Telemóvel	電話號碼 Nº de Telefone	
	機關 Serviço	電子郵件地址 E-Mail address	

信息 SMS  中文 Chinês  葡語 Português  英語 Inglês

選民登記 Eleitor: 澳門 Macau:  有 Sim  否 Não \_\_\_\_\_

附註: Obs:	申請人簽名 Assinatura do requerente _____
	日期 Data _____ / _____ / _____

註 Note: 附近照壹張及身份證明文件影印本 Juntar 1 foto e fotocópia de documento de identificação

## 理事會審批 Aprovação da Direcção

簽名 Assinatura	_____	_____	_____
日期 Data	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____



澳門公職人員協會  
Associação dos Trabalhadores da  
Função Pública de Macau  
(國際公務聯盟成員)  
(Filiada na PSI)

聲明書  
DECLARAÇÃO

會員編號 Sócio No.:

姓名： \_\_\_\_\_ ,  
職級： \_\_\_\_\_ ,  
隸屬： \_\_\_\_\_ ,

為澳門公職人員協會會員，聲明同意按現行的《澳門公共行政工作人員通則》第一百七十九條第二款的規定，於其薪俸中每月自動扣除金額 MOP\$ \_\_\_\_\_ ，作為該會會費。

年 月 日於澳門。

Nome : \_\_\_\_\_ ,  
Categoria : \_\_\_\_\_ ,  
dos Serviços \_\_\_\_\_ ,  
de : \_\_\_\_\_

Sócio(a) da Associação dos Trabalhadores da Função Pública de Macau, declara, para os devidos efeitos, que aceita, que a quota mensal, no valor de MOP\$ \_\_\_\_\_ patacas, devida a A.T.F.P.M. seja descontada automaticamente no seu vencimento, nos termos do no. 2 do artigo 179o. E.T.A.P.M., em vigor.

Macau, aos \_\_\_\_\_ de \_\_\_\_\_ de \_\_\_\_\_ .

聲明人  
O(A) Declarante,

會費表(按每月未經扣除的薪俸、工資或退休金計算)

薪俸 Vencimento	每月會費 Quota mensal
8,000 元或以下者	Até \$8,000. \$10.00
8,001 元至 10,000 元者	De \$8,001 a \$ 10,000. \$20.00
10,000 元以上者	Acima de \$10,000. \$30.00



## 自動轉賬申請表 Autopay Services Application Form

### 客戶資料 Customer Information

賬戶/信用卡名稱 Account / Credit Card Holder Name :	
支付賬戶/信用卡號碼 Debit Account / Credit Card No.:	幣種 CCY
身份證/護照/其他證件號碼 ID Card/Passport/Other ID No.	聯絡電話 Contact Tel. No.

新申請 New Application    
  更改資料 Amendment    
  取消 Cancellation    
 生效日期 Effective Date

收款公司 / 機構名稱 Name of Account to be Credited	用戶編號 / 合同號碼 Bill Number / Contract Number	賬單用戶 / 受益人姓名 Name of Customer / Beneficiary	受益人身份證號碼 Beneficiary's ID Number
<input type="checkbox"/> 澳門自來水股份有限公司 SAAM			
<input type="checkbox"/> 澳門電力股份有限公司 CEM	付款限額 Payment Limit		
<input type="checkbox"/> 澳門電訊 CTM			
<input type="checkbox"/> 中國電訊(澳門) China Telecom (Macau)			
<input type="checkbox"/> 澳門社會保障基金 Fundo De Seguranca Social			
<input type="checkbox"/> 中國人壽(海外) China Life Insurance (Overseas)			

宏利人壽保險(國際)有限公司     受保人/保單持有人姓名\*  
 Manulife (International) Limited     Name of Insured/Policyowner \_\_\_\_\_

\*如付款人並非受保人或保單持有人, 請列明付款人與保單持有人之關係  
 If payor is other than the Proposed Insured or the Policyowner, please state relationship between the payor and the Policyowner \_\_\_\_\_

自動轉帳日為 (i) 每月的五號 (適用於保單生效日為一號至十五號); (ii) 每月的十六號 (適用於保單生效日為十六號至二十八號)。  
 The autopay debit date will be (i) on the 5th day of the month where the policy year date falls on a day between 1st to 15th day of the month; or (ii) on the 16th day of the month where the policy year date falls on a day between 16th to 28th day of the month.

<input type="checkbox"/> 澳門公職人員協會 Macau Civil Servant	會員編號 Member's No.: _____		
<input type="checkbox"/> 學校 School: _____	學生編號 Student No.: _____		
<input type="checkbox"/> 其他 Others: _____			
<input type="checkbox"/> 其他 Others: _____			
<input type="checkbox"/> 其他 Others: _____			

銀行賬戶/ 信用卡 / 保單持有人簽署 Signature of Account/Credit Card Holder(s) / Policyowner     日期 Date

備註: 信用卡付款及付款限額只適用於澳門電力股份有限公司 Remarks: Credit Card Payment and Payment Limit is only applicable to CEM

### 銀行專用 For Bank Use Only

宏利專用 TR' s Name: \_\_\_\_\_ TR' s Code: \_\_\_\_\_ TR' s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For : _____ Branch	For : Operations Management Department / Card Business Department
Verified by : _____	Approved by : _____
Inputted by : _____	Checked by : _____
Approved by : _____	Approved by : _____



## 客戶常行指示 Customer's Standing Instruction

本人(等)茲授權並要求澳門國際銀行股份有限公司(「貴行」)自上述簽發日期起直至下述指示有效期為止,辦理下列付款事項。  
I/We hereby authorize and request LUSO International Banking Limited ("the Bank") to effect the following payment as from the date first above written and until the expiry date specified below.

請在以下適當地方加“✓” Please “✓” where appropriate

轉賬固定金額 (請列明貨幣及金額) Transfer a fixed sum of (please specify Currency and Amount) _____	
轉賬方式: <input type="checkbox"/> 銀行內部轉賬 <input type="checkbox"/> 電匯 <input type="checkbox"/> 銀行本票 / 匯票	Payment Method: Internal Transfer Telegraphic Transfer Cashier Order / Bank Draft
首次轉賬日期: _____ First Payment Date: _____	指示有效期至: _____, 或至另行通知, 取其先者。 Instruction effective until: _____, or until further notice, whichever comes first.
轉賬週期 Frequency: <input type="checkbox"/> 每天 Daily <input type="checkbox"/> 每週 (逢週_____) Weekly (on every _____) <input type="checkbox"/> 逢銀行工作日 On every bank business day <input type="checkbox"/> 每年 (逢____月____日) Annually (on ____ / ____ each year) <input type="checkbox"/> 每月 (逢____號) Monthly (on the _____ day of every month) <input type="checkbox"/> 其他 Others _____	
* 如上述轉賬日期適逢銀行假期, 轉賬將順延至下一銀行營業日執行。 If the above payment date falls on a bank holiday, payment will be executed on the following banking day.	
付款賬戶號碼 Debit Account Number: _____	
付款賬戶名稱 Debit Account Name: _____	
受款人賬戶號碼 Beneficiary's Account Number: _____	
受款人賬戶名稱 Beneficiary's Account Name: _____	
以下僅適用於電匯之轉賬方式, Applicable only for telegraphic transfer: 受款人銀行名稱、地區及 SWIFT Name, City/Country & SWIFT of Beneficiary Bank _____ 受款人地址 Beneficiary's Address _____ 附言(如有) Message (if any) _____ 海外銀行費用 <input type="checkbox"/> 由受款人負擔 <input type="checkbox"/> 由客戶負擔 Overseas Bank Charges To be borne by beneficiary To be borne by Customer	
需否在每次轉賬後均發給通知書? <input type="checkbox"/> 需要 <input type="checkbox"/> 不需要 Is an advice of each transfer required? Yes No	
*無論需否, 已執行之交易均會在賬戶月結單及/或存摺中反映, 客戶應認真核對。 Whether or not required, the transaction(s) executed will be reflected on the statement and/or passbook of the account which Customer should check over carefully.	

### 客戶聲明 Declaration:

- 一、本人(等)茲授權及要求貴行辦理本人(等)的指示, 從本人(等)在貴行的戶口支付款項, 包括所有收費及費用, 而無須開出支票以進行支賬。
  - 二、本人(等)同意並授權貴行, 當付款賬戶幣別或付款貨幣與受款貨幣為不同幣別時, 按照貴行在執行上述指示時貴行對外開出的即日兌換牌價兌換付款金額。
  - 三、本人(等)承諾負擔一切因執行常行指示而產生之任何費用, 包括按貴行收費標準收取之所有費用。
  - 四、本人(等)承諾在本人(等)戶口內備存足夠款項, 以便貴行能執行上述指示。本人(等)明白, 若因存款不足而未能執行常行指示, 貴行有權拒絕執行相關指示, 而無須額外通知; 凡因存款不足導致延遲或無法執行常行指示, 貴行亦無須對本人(等)負責。
  - 五、本人(等)明白及同意, 貴行執行常行指示時, 若因任何非貴行所能控制的原因(不論直接或間接)導致延遲或無法執行常行指示, 貴行無須負責; 凡因執行或不執行本人(等)的指示, 引致任何直接或間接損失, 概由本人(等)負責。
  - 六、中、英文文本之文義如有歧異, 在任何情況下概以中文文本為準。
1. I/We hereby authorize and request the Bank to make the payment including all charges and expenses in effecting my/our instruction from my/our account in your bank and a cheque in support of such debit will not be required.
  2. I/We hereby agree and authorize the Bank to convert the payment amount with the prevailing exchange rate as quoted by the Bank at the time the above instruction is carried out, if the payment account or payment amount and the receiving account are not of the same currency.
  3. I/We hereby undertake to pay for all charges that incurred in carrying out the standing instructions, including fees charged according to the Bank's schedule.
  4. I/We hereby undertake to maintain sufficient funds in my/our account to enable the Bank to carry out the above instruction and understand that the Bank may reject to execute, at its discretion, my/our instruction without prior advice, and in no circumstances shall the Bank be responsible to me/us for any delay or failure to carry out the standing instructions owing to insufficient funds in my/our account.
  5. I/We understand and agree that the Bank will not be liable for any delay or failure to carry out the standing instructions where such delay or failure is attributable (whether directly or indirectly) to any cause beyond the Bank's control and that I/we will be responsible for any and all direct or indirect losses arising out of or in connection with the carrying out or otherwise of my/our instructions.
  6. If there is any inconsistency or conflict between the English and Chinese versions, the Chinese version shall prevail for all purposes.

客戶簽署 Customer Signature(s) \_\_\_\_\_

客戶姓名 Customer Name: \_\_\_\_\_

身份證明文件號碼 ID Number: \_\_\_\_\_

For Bank Use Only		
Handled by	Signature verified	Approved by

### 終止常行指示時適用 Applicable to Termination of Standing Instruction

本人(等)同意終止以上常行指示。

I/We agree to terminate the Standing Instruction as stipulated above from the date hereof.

客戶簽署 Customer Signature(s) \_\_\_\_\_

日期 Date: \_\_\_\_\_

For Bank Use Only		
Handled by	Signature verified	Approved by