

Application letter (Sample)

Request for physical examination of Occupational Health for employees of our enterprise – application letter

(The application form should be completed by employer or legal representative)

**To: Department Head of the Occupational Safety and Health Department,
Labour Affairs Bureau, Macao SAR, China**

**Subject: Request for physical examination of Occupational Health for employees
of our enterprise**

1. Our enterprise (name of enterprise: _____,
address: _____,
contact no: _____), is writing to request physical examination of
Occupational Health for ____ employees (no. of employees who need to do
physical examination). For any inquiry, please contact:

Full name of contact person: Mr/Mrs/Ms. _____

Telephone no.: _____ Fax No.: _____

Email: _____

2. We agree that the personal data and document submitted should only be used for
handling and reviewing application purpose. Furthermore, the personal data
collected and handled by the Labour Affairs Bureau may be transferred to other
administrative organs or judicial organs when needed.
3. We notify that according to Law No. 8/2005 “Personal Data Protection Act”, we
has the right to access and correct in writing the personal data held by the Labour
Affairs Bureau.

I look forward to hearing from you.

Yours Sincerely,

Name of employer or legal representative
(Please sign and stamp with company chop)

Date: _____

Remarks:

1. I hereby declare that all information given is accurate and that no false statements are made.
2. Application form and letter can be submitted to DSAL by fax (2852 9799), email (dsaldsso@dsal.gov.mo) or in person (address: Av. Dr. Francisco Vieira Machado, Nos. 221-279, Edif. "Advance Plaza", 2° andar, Macau).
3. Employers should submit photocopies of other required document to DSAL upon request.



Labour Affairs Bureau, Macao SAR, China

This field is filled by the DSAL.

Date of application: ____ / ____ / ____ (dd/mm/yyyy)	Number of application: ____ - 20 ____	DSAL recipient's signature:
Date of received: ____ / ____ / ____ (dd/mm/yyyy)		Enquiry telephone of DSAL: 8399 9270

