

APPLICATION

(To be filled in by the employer or the lawful representative thereof)

Head of the Occupational Safety and Health Department
of the Labour Affairs Bureau of the MSAR

Topic: Application to request assistance in the organization of physical checkups for minors and in the obtainment of the corresponding medical certificates

The entity / employer On Kin Company¹
(address: Av. XX N°s. XX, Edif. XX, Macau²; contact number: 61234567³),
wishes to employ 2 minors described in the table below:

No.	Name	Identification document type and no.	Age	Summary of the nature and characteristics of the work to be provided
1.	Lei On Kin	B.I.R. 1234XXX(X)	17	Funções de processamento de texto
2.	Lei On Chun	B.I.R. 4321XXX(X)	16	Funções de processamento de texto
3.				

I hereby request the assistance of the Occupational Safety and Health Department in the organization of physical checkups and the obtainment of the corresponding medical certificates for the abovementioned 2 minors prior to / during their employment. To this end, I have attached a total of 2 declarations of consent from the abovementioned minors.

For any further information please contact the representative of the entity / employer, Mr. / Ms. Chan On Kin, via telephone 61234567, fax 28123456 or email xxx@gmail.com.

Best Regards

陳安健

安健公司
SH Ltd.
company

Signature of the entity / employer or of the lawful
representative thereof and company chop

07 of 01 of 2019

(day/month/year)

Note:

1. Name of the employer or entity that intendsto employ the minor(s).
2. Address of the employer, the establishment or as specified in the Declaration of Commenment of Trade.

3. Contact number of the employer.

4. All of the information provided in this application is true and correct.



Direcção dos Serviços para os Assuntos Laborais

To be filled in by a DSAL officer

Application date: ____ / ____ / ____ (day / month / year)	Application no.: _____ - 20 ____
Signature of the DSAL officer who received the application:	Date of receipt: ____ / ____ / ____ (day / month / year)
DSAL enquiry hotline : 2871 9936	Exam venue:

Note: The entity / employer may, at the Labour Affair Bureau's request, submit copies of additional required documents.