



招商投資促進局
Instituto de Promoção do Comércio
e do Investimento

IR-Supplementary page-
Business establishment

Reference No.
(Internal Use)

Grounds for application for the
temporary residency in the
Macao Special Administrative Region
(Major Investment / Major Investment Plan)

Note: Please write or type in BLOCK LETTERS, and check the suitable boxes with "✓". (Please also refer to the Temporary Residency Application Guideline)

3.5 Business Establishment		FOR OFFICIAL USE ONLY
Total number of business establishment: ()		Supplementary explanation:
1. Total area of business establishment: _____SQM; Ownership (choose all that apply): <input type="checkbox"/> Leasehold <input type="checkbox"/> Freehold <input type="checkbox"/> Borrowed at no cost Nature: <input type="checkbox"/> Factory <input type="checkbox"/> Office <input type="checkbox"/> Shop on street <input type="checkbox"/> Shop in mall <input type="checkbox"/> Warehouse <input type="checkbox"/> Other (Please specify) _____ Address of establishment :		
2. Total area of business establishment: _____SQM; Ownership (choose all that apply): <input type="checkbox"/> Leasehold <input type="checkbox"/> Freehold <input type="checkbox"/> Borrowed at no cost Nature: <input type="checkbox"/> Factory <input type="checkbox"/> Office <input type="checkbox"/> Shop on street <input type="checkbox"/> Shop in mall <input type="checkbox"/> Warehouse <input type="checkbox"/> Other (Please specify) _____ Address of establishment :		
3. Total area of business establishment: _____SQM; Ownership (choose all that apply): <input type="checkbox"/> Leasehold <input type="checkbox"/> Freehold <input type="checkbox"/> Borrowed at no cost Nature: <input type="checkbox"/> Factory <input type="checkbox"/> Office <input type="checkbox"/> Shop on street <input type="checkbox"/> Shop in mall <input type="checkbox"/> Warehouse <input type="checkbox"/> Other (Please specify) _____ Address of establishment :		
4. Total area of business establishment: _____SQM; Ownership (choose all that apply): <input type="checkbox"/> Leasehold <input type="checkbox"/> Freehold <input type="checkbox"/> Borrowed at no cost Nature: <input type="checkbox"/> Factory <input type="checkbox"/> Office <input type="checkbox"/> Shop on street <input type="checkbox"/> Shop in mall <input type="checkbox"/> Warehouse <input type="checkbox"/> Other (Please specify) _____ Address of establishment :		
5. Total area of business establishment: _____SQM; Ownership (choose all that apply): <input type="checkbox"/> Leasehold <input type="checkbox"/> Freehold <input type="checkbox"/> Borrowed at no cost Nature: <input type="checkbox"/> Factory <input type="checkbox"/> Office <input type="checkbox"/> Shop on street <input type="checkbox"/> Shop in mall <input type="checkbox"/> Warehouse <input type="checkbox"/> Other (Please specify) _____ Address of establishment :		
6. Total area of business establishment: _____SQM; Ownership (choose all that apply): <input type="checkbox"/> Leasehold <input type="checkbox"/> Freehold <input type="checkbox"/> Borrowed at no cost Nature: <input type="checkbox"/> Factory <input type="checkbox"/> Office <input type="checkbox"/> Shop on street <input type="checkbox"/> Shop in mall <input type="checkbox"/> Warehouse <input type="checkbox"/> Other (Please specify) _____ Address of establishment :		
I hereby declare that all information given in this form is true, complete and accurate, and I understand that I will be responsible for relevant legal consequences if the information furnished here is untrue.		
Date: _____(dd)_____(mm)_____(yyyy) Applicant's signature _____		
FOR INTERNAL USE		
I, based on the (doc.) _____ No. _____ issued by _____, hereby sign to verify that _____ is identical to the original. Macao, _____ (dd)/ _____ (mm)/ _____ (yyyy) Commerce and Investment Promotion Institute's staff (no. _____)		Drafting Staff(): _____
		Date: (dd) (mm) (yy)



招商投資促進局
Instituto de Promoção do Comércio
e do Investimento

IR-Supplementary page-
Qualification and investment
experience

Reference No.
(Internal Use)

Grounds for application for the
temporary residency in the
Macao Special Administrative Region
(Major Investment / Major Investment Plan)

Note: Please write or type in BLOCK LETTERS, and check the suitable boxes with "✓". (Please also refer to the Temporary Residency Application Guideline)

Part 4 - Highest Academic Qualification						FOR OFFICIAL USE ONLY
Name of school/institute	Country/ Region	Major	Year of Graduation	Please put a "✓" in the box if your qualification is related to your investment project in Macao	Diploma/Degree (Please fill in the relevant qualifications and check the suitable boxes with "✓") A: Doctorate B: Master's degree C: Bachelor's degree D: Below Bachelor's degree	Supplementary explanation:
				<input type="checkbox"/>	A: <input type="checkbox"/> B: <input type="checkbox"/> C: <input type="checkbox"/> D: <input type="checkbox"/>	
				<input type="checkbox"/>	A: <input type="checkbox"/> B: <input type="checkbox"/> C: <input type="checkbox"/> D: <input type="checkbox"/>	
Part 5 - Previous investment experience of applicant						
Name of Investment Project / Name of Company (Please put a "✓" in the box if the Investment Project / Company is a multi-national project or company and write the name below. If not, simply write the name of the investment project or company)	Country/ Region	Industry	Investment Amount (Equivalent in Macao Pataca)	Operational duration (years), please tick a suitable box	Period From (YY/MM) – To (YY/MM)	
<input type="checkbox"/>				<input type="checkbox"/> <5 years <input type="checkbox"/> 5-9 years <input type="checkbox"/> 10-14 years <input type="checkbox"/> 15-19 years <input type="checkbox"/> ≤ 20 years	–	
<input type="checkbox"/>				<input type="checkbox"/> <5 years <input type="checkbox"/> 5-9 years <input type="checkbox"/> 10-14 years <input type="checkbox"/> 15-19 years <input type="checkbox"/> ≤ 20 years	–	
I hereby declare that all information given in this form is true, complete and accurate, and I understand that I will be responsible for relevant legal consequences if the information furnished here is untrue.						
Date: _____(dd)_____ (mm)_____ (yyyy) Applicant's signature _____						
FOR INTERNAL USE						
			I, based on the (doc.) _____ No. _____ issued by _____, hereby sign to verify that _____ is identical to the original. Macao, _____ (dd)/ _____ (mm)/ _____ (yyyy) Commerce and Investment Promotion Institute's staff (no. _____)			
						Drafting Staff(): _____
						Date: (dd) (mm) (yy)