

# **Form for Compliance with Preventive Duties of Anti-Money Laundering and Counter-Financing of Terrorism (Main Form – for Party of the Act who is a Natural Person)**

(Note: For the compliance with the duties in the Laws no. 2/2006 and no. 3/2006, as amended by Law no. 3/2017, the Administrative Regulation no. 7/2006, as amended by the Administrative Regulation no. 17/2017, and the Instructions to Counter Money Laundering and Financing of Terrorism.)

To be filled in by the Registry or the Notary	
Notarial Act No.: _____	Application No. for Registration: _____

## **Part I (Particulars of the Natural Person)**

Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Contact No.	
Residence			
Date of Birth	_____ (Day) _____ (Month) _____ (Year)	Place of Birth	<input type="checkbox"/> Macao <input type="checkbox"/> The Chinese Mainland <input type="checkbox"/> Hong Kong <input type="checkbox"/> Others _____
Type of Identity Document	<input type="checkbox"/> Macao SAR Resident Identity Card <input type="checkbox"/> PRC Resident Identity Card <input type="checkbox"/> Hong Kong Resident Identity Card <input type="checkbox"/> Others _____ <input type="checkbox"/> _____ Passport	Identity Document No.	
Occupation		Employer Entity or Business	
Taxpayer Identification No. (TIN)		Country/Region of Issue of TIN	<input type="checkbox"/> Macao <input type="checkbox"/> The Chinese Mainland <input type="checkbox"/> Hong Kong <input type="checkbox"/> Others _____
1. Are you or have you been entrusted with high political or public positions in the Macao SAR?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you or have you been entrusted with high political or public positions in any foreign country or outside the Macao SAR?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you or have you been entrusted with prominent position in an international organization?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is any of your close family members in one of the situations described above in Questions 1 to 3? (Note: “Close family members” refer to your spouse or spousal equivalent, your children and their spouses or spousal equivalents, and your parents.)			<input type="checkbox"/> Yes <input type="checkbox"/> No

## **Part II (Beneficial Owner)**

- ☐ I am the beneficial owner.
- ☐ I am the beneficial owner and there is(are) other beneficial owner(s): \_\_\_\_\_

(Please provide the particulars of the beneficial owner(s) who is(are) not party(ies) of the act in the **Annex** after indicating the names.)

☐ The beneficial owner(s) of this act is(are): \_\_\_\_\_

\_\_\_\_\_(Please provide the particulars of the beneficial owners in the **Annex** after indicating the names.)

## **Part III (Signatory of the Act)**

- ☐ This act is carried out (signed) by myself.
- ☐ This act is carried out (signed) by the following representative(s): \_\_\_\_\_

(If the representative is another party of the same notarial/registration act, please indicate his/her name. Otherwise, please provide his/her particulars in the **Annex** after indicating his/her name.)

Part IV (Payment Method)

Source of Funds	<input type="checkbox"/> Savings <input type="checkbox"/> Salary <input type="checkbox"/> Investment Returns <input type="checkbox"/> Loan <input type="checkbox"/> Family Members <input type="checkbox"/> Others_____			
Payment Method				
<input type="checkbox"/> Cash				
	Currency		Amount	
1	<input type="checkbox"/> MOP <input type="checkbox"/> RMB <input type="checkbox"/> HKD <input type="checkbox"/> Others_____			
2	<input type="checkbox"/> MOP <input type="checkbox"/> RMB <input type="checkbox"/> HKD <input type="checkbox"/> Others_____			
<input type="checkbox"/> Cashier's Order / Cheque				
	Bank Location and Name		Cashier's Order / Cheque No.	
1				
2				
<input type="checkbox"/> Bank Transfer				
	Payer's Bank Location and Name	Payer's Bank Account No.	Beneficiary's Bank Location and Name	Beneficiary's Bank Account No.
1				
2				
<input type="checkbox"/> Bank Financing				
	Bank Location and Name		Other No.	
1				
2				
<input type="checkbox"/> Others				
1				
2				

Part V (Additional Information)

Signature:

Guarantor (if any)  
Signature:

Date:

(Note: This only applies when the signatory's identity is verified by guarantors. Verification of identity through guarantors or personal knowledge should not be admitted when there is suspicion that the transaction is related to the crime of money laundering or of financing of terrorism.)