**School/Association/Institution Project Management Registration Form**

The school/association/institution ,

school serial no./association registration no./commercial registration no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, would like to have the following personnel registered as our project management personnel with Macao Special Administrative Region Science and Technology Development Fund:

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| --- | --- | --- | --- |
| School / Association / Institution Legal Representative (Optional) | | | |
| Name |  | | |
| ID Document Type | * Macao Permanent Resident Identity Card * Macao Non-permanent Resident Identity Card * Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No. |  |
| Email |  | Mobile Phone |  |
| Mode for Submitting the Project | * Submitted electronically (The qualified electronic signature issued by Macao Post Office is required) | * Submitted by paper mode | |
| Project Supervisor (Required) | | | |
| Name |  | | |
| ID Document Type | * Macao Permanent Resident Identity Card * Macao Non-permanent Resident Identity Card * Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No. |  |
| Email |  | Mobile phone |  |
| Project Management Staff (Optional. Can be more than one person. Can be increased on your own.) | | | |
| Project Management Staff 1 | | | |
| Name |  | | |
| ID Document Type | * Macao Permanent Resident Identity Card * Macao Non-permanent Resident Identity Card * Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No. |  |
| Email |  | Mobile phone |  |

The person in charge of this school/association/institution hereby declares that the above information submitted is true and correct and assumes all legal responsibilities.

Note: The above personnel must come in person to this Fund for real name registration procedures to open a management account, and provide a copy of identity document.

|  |  |
| --- | --- |
| Person in Charge of the School/Association/ Institution | School/Association/Institution Seal |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: ／ ／ | |