

## Letter of Authorization

I, 1) \_\_\_\_\_ ,

Macau Resident Identity Card (BIR) No. 2) \_\_\_\_\_ ,

Contact Phone No. 3) \_\_\_\_\_ ' agree 4) University of Macau

to collect and transfer my personal information to Health Bureau and Medical Professional Committee for the relevant procedure regarding to the Law 18/2020 << Professional Qualification and Registration of Health Practitioner >> .

5) \_\_\_\_\_

6) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Guide :

- 1) Name of the Applicant
- 2) Macau Resident Identity Card (BIR) Number
- 3) Local Contact Phone Number
- 4) Employer
- 5) Signature of the Applicant ( must be the same on the BIR )
- 6) Date of Signature