

APPLICATION FORM

REPLACEMENT OF CAMPUS CARD

(For Bachelor's Degree Programmes)

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FOR		FOR REG USE ONLY		
MOP100 received by:	Date:	The charge for replacement campus card is MOP100.		Macau Pass at REG GovPay at REG
Name :			·	
Student No.:	-			
		NOTE		
Student is required to present his/her	personal I.D. card for verifi	cation.		
The University of Macau, in accoapplicants to fill in this application mentioned purpose and may also your prior consent, for the purpose lack protection and security. There to the personal-identification and	react of the Registry of the large to the purpose of proven form and submit to the large transferred within the large of carrying out the related is a risk that your informated and after the ded if applicants fail to fill education-related information and data held by the University.	University of Macau> stated below: riding the related administrative se Registry. The personal data collect University and to entities that are in d procedures. The transmission of p ion may be accessed or used by a in any of the mandatory fields as r ution. Sity or to apply for related testimonic	ervices requited in the naccordar ersonal information of the conditions of the condi	vested by applicants, requires form will only be used for the ace with legal provision or with rmation over the Internet may zed third party. The application form in accord
Applicant's Signature:			Date:	
% ====================================			======	
		RECEIPT		
Name :		_	Payn	nent
This is to acknowledge receipt of your application for replacement of student campus card.				Macau Pass at REG / TRE GovPay at REG / TRE Cash at TRE
Signature & Stamp	 Date			
% =========				
	FOR TREAS	JRY SECTION USE ONLY		
Student Name:				
Student no.:			Payn	nent
Payment for replacement of	campus card receive	d by:		Macau Pass at REG / TRE GovPay at REG / TRE Cash at TRE
Signature & Stamp	Date			

REG/Form/005 Updated on 13/12/2023

AUTHORIZATION								
I (Name)(Name)collection of the student campus card.	(I.D. No _ (I.D. No) hereby authorize) to act on my behalf for					
I declare that the information provided in this authorization Collection Statement of the University of Macau/the Regis		•	od the <personal and<="" data="" td=""></personal>					
Signature:	-	Date:/	/					
Note: Please submit this authorization together with I.D. co	pies of both parties.							