

Property Tax
Application for Special Evaluation

M/6

Please read the instructions on the back of this form carefully before filling it in.

ORIGINAL (MACAO TAX DEPARTMENT)

1 Location of the building or flat: Street: _____ No.: _____ Building: _____	<input type="checkbox"/> Macao <input type="checkbox"/> Taipa <input type="checkbox"/> Coloane	2 Property Registration Number: _____ _____
----------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------	----------------------------------------------------------

3 Name(s) of owner(s): _____ _____ _____	4 Applicant <input type="checkbox"/> Taxpayer <input type="checkbox"/> Government department
----------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

5 Identification of Witness: Name: _____ _____ Street: _____ No.: _____ P.O. Box: _____ Floor: _____ Flat: _____ Building: _____ <input type="checkbox"/> Macao <input type="checkbox"/> Taipa <input type="checkbox"/> Coloane Telephone: _____	10 Decision _____ _____ _____
12 Implementation date ____ / ____ / ____	

6 Description of the flat(s):						11 For Evaluation Committee use only New valuation
Floor	Flat	Area	Use	Type	Evaluated amount	

7 Reason for the application / Remarks _____ _____ _____ _____ _____ _____ _____ _____	8 All the information declared is true and correct, and no requested information has been omitted. Signature _____ Date ____ / ____ / ____	9 Verified by the department Signature _____ Date ____ / ____ / ____
-----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

07/2015

Input on
 ____ / ____ / ____ by _____

FOR REFERENCE ONLY

Signature notarised by:

Please read the instructions on the back of this form carefully before filling it in.

1 Location of the building or flat: Street: _____ No.: _____ Building: _____	<input type="checkbox"/> Macao <input type="checkbox"/> Taipa <input type="checkbox"/> Coloane	2 Property Registration Number: _____ _____
----------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------	----------------------------------------------------------

3 Name(s) of owner(s): _____ _____ _____	4 Applicant <input type="checkbox"/> Taxpayer <input type="checkbox"/> Government department
----------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

5 Identification of Witness: Name: _____ Street: _____ No.: _____ P.O. Box: _____ Floor: _____ Flat: _____ Building: _____ <input type="checkbox"/> Macao <input type="checkbox"/> Taipa <input type="checkbox"/> Coloane Telephone: _____	10 Decision _____ _____ _____
12 Implementation date ____ / ____ / ____	

6 Description of the flat(s):						11 For Evaluation Committee use only
Floor	Flat	Area	Use	Type	Evaluated amount	

7 Reason for the application / Remarks _____ _____ _____ _____ _____ _____ _____ _____ _____	8 All the information declared is true and correct, and no requested information has been omitted. Signature _____ Date ____ / ____ / ____	9 Verified by the department Signature _____ Date ____ / ____ / ____
--------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

07/2015

INSTRUCTIONS

1 – GENERAL INSTRUCTIONS

- 1.1 This form is for submitting requests for special valuation under the terms of Articles nos. 34 and 48 of the Property Tax Regulations.
- 1.2 The shaded sections are for FSB staff use only.
- 1.3 Please ensure this form is legible by typing or printing the required information.
- 1.4 For any queries about filling in this form, please contact the Property and Land Tax Centre or the Tax Enquiries Centre (telephone: 2833 6886).

2.– SPECIAL INSTRUCTIONS

2.1 SECTION 6 – DESCRIPTION OF THE FLATS

Please describe the flats for which a special valuation is being requested. Please use the codes given in the instructions for the M/1 (attachment) as a reference.

If there is not enough space to fill in all the flats, please use as many M/6 forms as necessary.

There is no need to describe every unit if the application includes all the flats located in a single building; in this case please write “Totalidade do Prédio” (means “entire building”).

- 2.2 SECTION 7 – Please indicate the reason for the application. If there is not enough space, please continue on separate sheets of A4 paper.