

Canada/Brazil Agreement

Applying for a Brazilian old age pension

Here is some important information you need to consider when completing your application.

Please ensure you sign the application. If you are signing with a mark, (for example: "X") the signature of a witness is required.

Your application must be supported by documentation. Please submit the documents requested. Failure to complete the application and provide the requested documentation may result in delays in processing your application.

Where original documents are specifically requested, originals must be submitted with your application. You should keep a certified true copy of any originals you send us for your records. Some countries require original documentation which will not be returned to you.

You may submit the original or a photocopy that is certified as true for any of the documents where originals are not required. It is better to send certified copies of documents rather than originals. If you choose to send original documents, send them by registered mail. We will return the original documents to you. We can only accept a photocopy of an original document if it is legible and if it is a certified true copy of the original. Our staff at any Service Canada centre will photocopy your documents and certify them free of charge. If you cannot visit a Service Canada Centre, you can ask one of the following people to certify your photocopy:

Accountant; Chief of First Nations Band; Commissioner for Oaths; Employee of a Service Canada Centre acting in an official capacity; Funeral Director; Justice of the Peace; Lawyer, Magistrate, Notary; Manager of Financial Institution; Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Naturopathic Doctor, Nurse Practitioner, Ophthalmologist, Optometrist, Pharmacist, Psychologist, Registered Nurse; Member of Parliament or their staff; Member of Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Official of a federal government department or provincial government department, or one of its agencies; Official of an Embassy, Consulate or High Commission; Officials of a country with which Canada has a reciprocal Social Security Agreement; Police Officer; Professional Engineer; Social Worker; Teacher, University Professor.

People who certify photocopies must compare the original document to the photocopy, state their official position or title, sign and print their name, give their telephone number and indicate the date they certified the document.

They must also write the following statement on the photocopy: **This photocopy is a true copy of the original document which has not been altered in any way.**

If a document has information on both sides, both sides must be copied and certified. You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you.

Return your completed application, forms and supporting documents to:

International Operations
Service Canada
P.O. Box 250
Fredericton NB E3B 4Z6
CANADA

Disclaimer:

This application form has been developed by external sources in cooperation with Employment and Social Development Canada. The content and language contained in the form respond to the legislative needs of those external sources.

ACORDO DE PREVIDÊNCIA SOCIAL ENTRE A REPÚBLICA FEDERATIVA DO BRASIL E O CANADÁ
AGREEMENT ON SOCIAL SECURITY BETWEEN THE FEDERATIVE REPUBLIC OF BRAZIL AND CANADA

FORMULÁRIO DE SOLICITAÇÃO DE APOSENTADORIA POR IDADE
APPLICATION FORM FOR BRAZILIAN OLD-AGE

ESTE FORMULÁRIO DEVE SER APRESENTADO À INSTITUIÇÃO COMPETENTE NO CANADÁ OU NO BRASIL. /
 THIS FORM MUST BE SUBMITTED TO THE COMPETENT INSTITUTION IN CANADA OR BRAZIL.

A DATA DA SOLICITAÇÃO DEVE SER COMPLETADA PELA INSTITUIÇÃO COMPETENTE /
 DATE OF APPLICATION TO BE COMPLETED BY THE COMPETENT INSTITUTION

Data da solicitação Date of Application ____ / ____ / ____ (dd/mm/aaaa) / (dd/mm/aaaa)
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1	INSTITUIÇÃO DESTINATÁRIA / ADDRESSEE INSTITUTION
Denominação / Name Se estiver no Canadá / If you are in Canada International Operations Service Canada Ottawa ON K1A 0L4 Canada Se estiver no Brasil / If you are in Brazil Agência da Previdência Social Atendimento Acordos Internacionais Brasília Endereço: SAUS Quadra 04, Bloco K, Sala 501, Brasília - Distrito Federal - Brasil CEP: 70.070-927	

AS SEÇÕES DE 2 A 7 DEVEM SER PREENCHIDAS PELO SEGURADO / THE SECTIONS 2-7 MUST BE COMPLETED BY THE INSURED PERSON

2	DADOS RELATIVOS AO SEGURADO / INSURED PERSON'S DETAILS	
Nome do segurado / Insured's name Primeiro nome / First name	Nome do meio / Middle name	Sobrenome / Last name
Nome da mãe / Mother's name Primeiro nome / First name	Nome do meio / Middle name	Sobrenome / Last name
Nome do pai / Father's name Primeiro nome / First name	Nome do meio / Middle name	Sobrenome / Last name
DADOS DO NASCIMENTO / BIRTH DATA		
Cidade de nascimento / Birthplace	Estado / State or Province	País / Country
Data de nascimento / Date of birth (dd/mm/aaaa) / (dd/mm/yyyy) ____ / ____ / ____	Sexo / Gender M ☐ F ☐	Nacionalidade / Nationality

CERTIDÃO APRESENTADA QUE COMPROVA O ESTADO CIVIL / DOCUMENTATION PROVING MARITAL STATUS					
Solteiro / Single ☐	Casado / Married ☐	União Estável / Common-law ☐	Víuvo / Widow ☐	Divorciado / Divorced ☐	Separado / Separated ☐
Documento brasileiro / Brazilian document	Cartório / Notarization Office	Livro / Book	Folha / Sheet	Data de Expedição / Date of issue (dd/mm/yyyy) / _____/___/_____	Número do Documento. / Document Number
Documento Canadense / Canadian document		Nome do departamento de expedição / Name of the issuing Institution		Data de expedição (dd/mm/yyyy) / Date of Issue (dd/mm/yyyy) _____/___/_____	
DOCUMENTO DE IDENTIFICAÇÃO / IDENTIFICATION DOCUMENT					
☐ Número do Documento de Identificação Brasileiro / Brazilian Identification Document Number ou/or _____					
☐ Número do Documento de Identificação Canadense / Canadian Identification Document Number _____					
☐ Outro País / Other Country _____					
Cadastro de Pessoa Física-CPF no Brasil / Brazilian Individual Taxpayer Registration: _ _ _ _ _ _ _ _ _ _ _					
Número de Identificação do Trabalhador- NIT no Brasil / Brazilian Worker's Identification Number – NIT: _ _ _ _ _ _ _ _ _ _ _					
Número do Seguro Social Canadense / Canadian Social Insurance Number (SIN): _ _ _ _ _ _ _ _					
DADOS RESIDENCIAIS / HOME ADDRESS					
País / Country		Estado / Province		Cidade /City	
Rua / Street Bairro / Neighbourhood (if applicable) Logradouro / Sidewalk (if applicable)				CEP / Postal Code	
Apt., Villa. / Apt Number, Village:				Telefone / Telephone number	
E-mail					
Data de chegada ao Brasil (dd/mm/yyyy) / Date of arrival in Brazil (dd/mm/yyyy): ____/___/_____					
Data de saída do Brasil (dd/mm/yyyy) / Date of departure from Brazil (dd/mm/yyyy): ____/___/_____					

3	DADOS RELATIVOS AO PROCURADOR OU REPRESENTANTE LEGAL (se for o caso) - ANEXAR DOCUMENTO COMPROBATÓRIO LEGAL REPRESENTATIVE DETAIL (if applicable) - ATTACH SUPPORTING DOCUMENTATION EVIDENCE		
Nome e sobrenome / Name and Last name			
DOCUMENTO DE IDENTIFICAÇÃO DO PROCURADOR/IDENTIFICATION DOCUMENT OF LEGAL REPRESENTATIVE			
☐ Número do Documento de Identificação Brasileiro / Brazilian Identification Document Number _____		Data de Expedição (dd/mm/aaaa) / Date of Issue (dd/mm/yyyy) ____/____/____	
☐ Número do Documento de Identificação Canadense / Canadian Identification Document Number _____			
☐ Outro País / Other Country _____			
Cadastro de Pessoa Física-CPF no Brasil / Brazilian Individual Taxpayer Registration:			
Número de Identificação do Trabalhador- NIT no Brasil / Brazilian Worker's Identification Number – NIT:			
DADOS RESIDENCIAIS / HOME ADDRESS			
País / Country	Estado / Province	Cidade / City	CEP / Postal Code
Rua/Street Bairro/ Neighbourhood (if applicable) Logradouro/ Sidewalk (if applicable)			Número / Number
Apt., Villa. / Apt Number, Village:		Telefone / Telephone number	
E-mail:			

4	DECLARAÇÃO DE ATIVIDADES NO BRASIL, CANADÁ E OUTROS PAÍSES / INSURED PERSON'S WORK HISTORY IN BRAZIL, CANADA AND OTHER COUNTRIES.					
Nome da Empresa onde exerce a atividade / Company or Employer's Name where the person exerts or has exercised activity	Nº Cadastro Nacional de Pessoa Jurídica- CNPJ / Corporate Taxpayer Registry-CNPJ	País / Country	Atividade e o regime de Previdência a que estava coberto / Activity and the Social Security Regime that was covered	Desde / From (dd/mm/aaaa) / (dd/mm/yyyy)	Até / To (dd/mm/aaaa) / (dd/mm/yyyy)	Observações / Observations
				____/____/____	____/____/____	
				____/____/____	____/____/____	
				____/____/____	____/____/____	

				____/____/____	____/____/____	
				____/____/____	____/____/____	

5	DADOS BANCÁRIOS / BANKING DETAILS	Brasil / Brazil ☐	Canadá / Canada ☐
Nome do titular / Holder's name			
Nome do Banco / Bank's name			
Número e nome da Agência Bancária / Branch's name and code			
Endereço do Banco / Bank's address			
Código bancário BIC/SWIFT / Bank identification Code (BIC/SWIFT)			
Número da Conta Bancária / Account Number			

6	DECLARAÇÃO DO REQUERENTE / APPLICANT STATEMENT
Eu declaro que as informações constantes nesta solicitação são verdadeiras, completas e de meu conhecimento e comprometo-me a fornecer as informações que sofrerem alterações, posteriores a este requerimento. Autorizo às instituições competentes brasileiras e canadenses a trocar todas as informações e documentos que se relacionam a este requerimento de benefício. I certify that the information contained in this application is true and complete to the best of my knowledge and I undertake to provide any information that should change, subsequent to this application. I authorize the competent social security institutions in Brazil and Canada to exchange all information and documents relating to this application for benefits. Local / Place: _____ _____/_____/_____ Data da solicitação (dd/mm/aaaa) / Date of Application (dd/mm/yyyy) _____ Assinatura do requerente / Applicant Signature	

7	TERMO DE RESPONSABILIDADE / TERM OF RESPONSIBILITY
Pelo presente Termo de Responsabilidade declaro estar ciente de que a ocorrência de óbito ou emancipação de dependentes deverá ser comunicada ao INSS no prazo de 30 (trinta) dias, a contar da data em que o mesmo ocorrer, mediante apresentação da respectiva certidão. A falta do cumprimento do compromisso ora assumido ou de qualquer declaração falsa, além de obrigar a devolução de importâncias recebidas indevidamente, quando for o caso, sujeitar-se-á às penalidades previstas no art. 171 e 299 do Código Penal. I hereby sign this Disclaimer and declare to be aware that the occurrence of death or emancipation of dependents must be reported to the INSS within 30 (thirty) days, from the date on which it occurs, by means of death's certificate or other supporting document. Non-compliance to this or any false statement made, in addition to forcing the return of undue payment, if applicable, will subject me to the penalties provided for in art. 171 and 299 of the Penal Code.	
Local / Place: _____ _____/_____/_____ Data da solicitação (dd/mm/aaaa) / Date of Application (dd/mm/yyyy)	_____ Assinatura do requerente / Applicant Signature

A CARGO DA INSTITUIÇÃO COMPETENTE / TO BE COMPLETED BY THE COMPETENT INSTITUTION

8	INSTITUIÇÃO COMPETENTE / COMPETENT INSTITUTION
☐ A exatidão dos dados pessoais indicados neste formulário foi verificada. The accuracy of personal data in this form has been verified. ☐ Outras informações / Other information _____ _____ _____ Local e Data (dd/mm/aaaa) / Place and Date (dd/mm/yyyy): _____, ____/____/____. _____ Carimbo / Stamp _____ Assinatura / Signature	

Canada/Brazil Agreement

Documents and/or information required to support your application [BRA-CAN 04] for a Brazilian old age pension

Complete the attached form:

- *Canadian Residence* [SC ISP5013]

Information to be submitted:

- Your Brazilian employee identification number (Número de Identificação do Trabalhador (NIT))

Original documents or certified copies to be submitted:

- Your birth certificate
- Marriage certificate (if applicable)
- Identification document, such as Brazilian identification card (Registro Geral (RG)) or Work and social security card (Carteira de Trabalho e Previdência Social (CTPS)) for you
- Individual Taxpayer Registry (Cadastro de Pessoa Física (CPF)) or proof of application and CPF registration status for you
- Documents in support of your Brazilian insurance periods and the types of work activities you performed (e.g., Work and Social Security card (CTPS) or other)
- Bank statement containing the name and code of your bank, your account number and the SWIFT code
- Temporary worker's certificate or employment agency certificate for you (if applicable)
- Proof of your dates of entry into Canada and departure from Canada (such as: immigration document, passport, visa, ship or airline tickets, etc.)

IMPORTANT: If you have already submitted any of the required documents when you applied for a Canada Pension Plan or Old Age Security benefit, you do not need to resubmit them.



CANADIAN RESIDENCE

Canadian Social Insurance Number: _____

☐ Mr. ☐ Mrs.

☐ Ms. ☐ Miss

Given Name and Initial

Family Name

The following information is required to support your application for benefits under a social security agreement. If required, please provide additional information on a separate sheet of paper.

1. If you were born outside of Canada, please provide us with the following information:

Date of arrival in Canada (YYYY-MM-DD): _____

Place of arrival in Canada: _____

2. List all the places where you have lived in Canada after the age of 18 and provide proof of all your entries and departures (Permanent Resident card, Record of Landing (IMM 1000), complete passport, airline tickets, etc.):

From YYYY-MM-DD	To YYYY-MM-DD	City	Province/Territory

3. List all absences from Canada, which were longer than six months, during your Canadian residence listed in number 2 above:

Departure YYYY-MM-DD	Return YYYY-MM-DD	Destination	Reason

Canadian Social Insurance Number: _____

PROTECTED B (when completed)

4. Please give us the names, addresses and telephone numbers of at least two people, not related to you by blood or marriage, who can confirm your Canadian residence:

Name	Address	City	Telephone Number

DECLARATION OF APPLICANT

I declare that this information is true and complete.

NOTE: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan* or the *Old Age Security Act*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

Signature

Date (YYYY-MM-DD)

X _____

Telephone number
