Canada/Croatia Agreement

Applying for a Croatian 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 2710 Station Main
Edmonton, AB T5J 2G4
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.

HRVATSKI ZAVOD ZA MIROVINSKO OSIGURANJE
SREDIŠNJA SLUŽBA
✉ 10000 ZAGREB, Ul. A. Mihanovića 3 ☎Telefon 385/1/45 95 500 Telefaks 385/1/45 95 066

CAN/HR 1

Zahtjev za starosnu mirovinu
Demande de pension de vieillesse
Application for old age benefits

Molimo pišite čitko!
Prière d'écrire lisiblement!
Please print!
Pitanja s alternativnim odgovorom označite ☒
Pour les questions posant une alternative, marquer d'une croix ce qui convient ☒
Mark questions with alternative answer with ☒

OB (osobni broj) u Hrvatskoj /__/__/__/__/__/__/__/__/__/__/__/
Numéro personnel d'identification de la Croatie
Croatian Personal Identification Number

JMBG (jedinstveni matični broj građana) u Hrvatskoj /__/__/__/__/__/__/__/__/__/__/__/__/__/
Numéro d'enregistrement des citoyens de la Croatie
Croatian Citizen's Registration Number

Kanadski broj socijalnog osiguranja |__/__/__|__/__/__|__/__/__|
Numéro d'assurance sociale canadien
Canadian Social Insurance Number

Mjesto za potvrdu i napomene tijela za vezu
Espace pour attestations et remarques de l'institution de sécurité sociale
For use by the social security institution only

Datum podnošenja zahtjeva:
Date du dépôt de la demande:
Claim submitted on:

A. Osobni podaci o osiguraniku
A. État personnel de l'assuré
A. Personal information about the contributor

Za osiguranice udane ili udovice navedite djevojačko prezime
Pour les assurées mariées ou veuves, indiquer le nom de jeune fille
1. Prezime — For female contributor (married or widowed) indicate family name at birth
Nom
Family name ……

Navedite sva imena i podvucite uobičajeno ime
Indiquer tous les prénoms et souligner le prénom usuel
Indicate all names and underline common name

S P O L/SEXE / SEX
ženski/fém./female ☐ muško/masc./male ☐

2. Ime
Prénoms
Name ……

3. Datum i mjesto rođenja
Date et lieu de naissance
Date and place of birth ……

4. Ime oca
Prénoms du père
Father's name ……
Ime i djevojačko prezime majke
Prénoms et nom de jeune fille de la mère
Mother's given name and family name at birth……

5. Bračno stanje / État civil / Marital status	Neoženjen / célibataire / Single	Oženjen / marié(e) / Married	Udovac / veuf(veuve) / Widowed	Razveden / divorcé(e) / Divorced
označite x ili navedite datum / Marquer d'une croix ce qui convient et indiquer la date / Mark with x and indicate date	☐	☐	☐	☐
	Od kada? / Depuis quand? / Since when?	……	……	……

6. Državljanstvo
Nationalité
Nationality ……

7. Adresa / Adresse / Address
Poštanski broj, mjesto, ulica i broj, država
Code postal, ville, rue et numéro, pays
Postal code, city, street and no., country
……
……
……

8. Za osobe pod skrbništvom / Pour les personnes sous tutelle / For persons under guardianship
Prezime,ime i adresa skrbnika
Nom et adresse du tuteur
Family name, name and address of guardian
……
……
……

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B. Opći podaci
B. Indications générales
B. General information

1. Isplaćuje li se već mirovina iz invalidskog-starosnog osiguranja Kanade
Une pension de la Sécurité de la vieillesse du Canada ou une pension de retraite ou d'invalidité du Régime de pensions du Canada est-elle déjà versée
Are a Canadian Old Age Security pension or a Canada Pension Plan retirement or disability pension being paid to the

- osiguraniku / - à l'assuré / - contributor — da/ oui / yes ☐ ne/ non / no ☐

2. Točan datum prestanka osiguranja u Kanadi:
Date exacte de cessation du travail au Canada:
Precise date on which employment ceased in Canada:
……
……

3. Gdje i kada ste bili zaposleni u Hrvatskoj?
Où et pendant combien de temps, avez-vous exercé une activité lucrative en Croatie?
Where and when did you work in Croatia?

Mjesto zaposlenja / Lieu de travail / Place of work	Prezime,ime i adresa poslodavca (za osobe koje su obavljale samostalnu djelatnost - vrstu djelatnosti) / Nom et adresse de l'employeur (pour les personnes ayant exercé une activité indépendante: genre d'activité) / Full name and address of employer (for self-employed: type of business)	od / du / from	do / au / to

4. Želite li isplatu mirovine:
Désirez- vous le versement de vos prestations
Do you want the payment of your benefits to be sent

a) putem banke / par intermédiaire d'une banque / to a bank account ☐

b) na kućnu adresu / directement à votre domicile / to your home address ☐

-ako želite isplatu putem banke, navedite naziv i adresu banke i broj Vašeg računa:
-si vous désirez le versement par intermédiaire d'une banque indiquez le nom et l'adresse de la banque et votre
numéro de compte:
-if you want your payment to be sent to your bank account, indicate the name and address of the bank and number of your bank account

……..

……..

C. Popis priloženih dokumenata
C. Liste des annexes
C. List of enclosed documents

Radna knjižica i sve potvrde o radu u Hrvatskoj za osiguranika
Livret de travail et tous les certificats concernant le travail de l'assuré en Croatie
Contributor's working book and all certificates relating to work in Croatia

Broj priloženih dokumenata:
Nombre de documents joints:
Number of enclosed documents:

……

……

……

……

……

Potpisani (potpisana) tvrdi da je potpuno i točno odgovorio (odgovorila) na pitanja
Le (la) soussigné (e) certifie avoir répondu entièrement aux questions et conformément à la vérité
The undersigned claims that the answers to the questions are complete and true.

Datum ……..
Date
Date

Potpis osiguranika ili njegovog zastupnika
Signature de l'assuré(e) ou de son représentant
Signature of contributor or his/her representative

Prezime i ime
Nom et prénom
Family name and name

……..…

……

……
Adresa zastupnika ako osiguranik sam ne potpisuje
Adresse du représentant si l'assuré(e) ne signe pas lui(elle)-même
Address of representative if contributor does not sign himself/herself

……

Mjesto za potvrdu i napomene tijela za vezu
Espace pour attestations et remarques des l'institution de sécurité sociale
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……

……

……

……

Mjesto za potvrdu i napomene tijela za vezu
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Dolje potpisano tijelo za vezu sukladno odredbi članka 4 Administrativnog sporazuma potvrđuje valjanost priloženih službenih dokumenata.
L'institution de sécurité sociale, en application du paragraphe 4 de l'Arrangement administratif, confirme la validité des pièces officielles ci-jointes.
The undersigned social security institution, in accordance with paragraph 4 of the Administrative Arrangement confirms the validity of the enclosed official documents.

……

……

……

……

……

Mjesto i datum
Lieu et date
Place and date

..……..

Pečat i potpis
Signature et cachet
Signature and stamp

…….

Canada/Croatia Agreement

Documents and/or information required to support your application [CAN/HR 1] for a Croatian old age pension

You must complete the attached form:

- ***Canadian Residence*** **[SC ISP5013]**

You must submit original or certified true copies of the following documents:

- Your birth certificate
- Proof of your nationality (e.g., current passport, citizenship certificate, etc.)
- Proof of employment in Croatia (e.g., workbooks, documents issued by employers, etc.)

IMPORTANT: If you have already submitted any of the documents required when you applied for a Canada Pension Plan or Old Age Security benefit, you must still resubmit them.

Service Canada

PROTECTED B (when completed)

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**

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada

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.

The personal information you provide is collected under the authority of the *Canada Pension Plan* or the *Old Age Security Act* to establish your entitlement to a benefit from a country with which Canada has concluded a social security agreement. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations*, section 18 of the *Old Age Security Regulations* and in accordance with the *Treasury Board Secretariat Directive on the Social Insurance Number*. Completion of this form is voluntary. If you refuse to provide the information, Employment and Social Development Canada (ESDC) might be unable to facilitate your access to a foreign benefit.

The personal information you provide may be shared with a foreign agency when an agreement is in force. It may also be used for policy analysis, research and/or evaluation purposes. Your personal information is administered in accordance with the *Canada Pension Plan*, the *Old Age Security Act*, the *Department of Employment and Social Development Act* and other applicable laws.

You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Banks ESDC PPU 116, 140, 146, and 390. Instructions for obtaining this information are in the government publication available online at **www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/info-source** and may be accessed at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada about how ESDC handles your personal information online at **www.priv.gc.ca/en/report-a-concern** or by calling 1-800-282-1376.

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

X _____

Date (YYYY-MM-DD)

_____

Telephone number

_____