

Canada / Saint Vincent and the Grenadines Agreement

Applying for Saint Vincent and the Grenadines Benefits

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; 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, Pharmacist, Psychologist, Nurse Practitioner, 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; Postmaster; Professional Engineer; Social Worker; Teacher.

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.



CAN-SVG 1

**NATIONAL INSURANCE SERVICES
CLAIM FOR AGE BENEFIT/AGE GRANT (CONTRIBUTORY)**

Warning: Any person who knowingly makes a false statement or any false representation for the purpose of obtaining benefit commits an offence punishable by fine or imprisonment or both.

My full name is
(Surname) (Other Names)

My National Insurance number is | | | | | | |

My Canadian Social Insurance number is | | | | | | | | | |

Postal Address:
(No. and street, Apt. No.)

.....
(City, town or village)

Tel. #: | | | | | | | | | |

Sex Male: [] Female: []

Marital Status: Married [] Single [] Widow/widower [] Divorced [] Common Law []

In support of my application, I attach hereto an original/certified copy of my birth certificate/passport as proof of age.

D M Y
Date of birth: | | | | |

Also attached is an original/certified copy of my marriage certificate as proof of my marriage.

Kindly send/do not send my pension to my bank account or credit union.

* My bank account/credit union number is

.....

My next of kin is Mr./Mrs./Miss

.....

Kindly ask your next of kin to contact the NIS Office in the event of your death.

Employment Information

My last/present employer's name and address were/are:

.....

Address

(No. and street, Apt. No.)

.....

(City, town or village)

Tel. #: | | | | | | | | | |

Have you ever worked or lived in a country other than Saint Vincent and the Grenadines?

() yes () no. If yes kindly list below

Name of country	Social Insurance number in that country	Residence		Employment	
		Y-M	Y-M	Y-M	Y-M

I declare that the foregoing statements are true to the best of my knowledge and belief.

Signature of Claimant

If unable to sign, mark 'x' and have it witnessed by a Lawyer, Justice of the Peace, Medical Doctor, Notary Public, Permanent Civil Servant, Police Office (above the rank of Inspector).

Signature of witness:

Name of witness:

Profession or occupation:

Address:

Date:

D-M-Y

Please complete fully and send immediately to the National Insurance Office. Failure to apply within 3 months of the date of your 60th birthday may mean loss of some benefit.



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: _____

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 (Year/Month/Day)	To (Year/Month/Day)	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 (Year/Month/Day)	Return (Year/Month/Day)	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 (Year Month Day)

X _____

Telephone number

Canada / Saint Vincent and the Grenadines Agreement

**Documents and/or information required to support your application [CAN-SVG 1]
for a Saint Vincent and the Grenadines Old Age Pension and Age Grant**

Complete the attached form:

- **Canadian Residence [SC ISP5013]** indicating your period(s) of residence in Canada

The applicant must submit original or certified copies of the following:

- Birth certificate
- marriage certificate, if married
- Proof of the dates of entry(ies) to Canada and departure(s) from Canada (such as: Immigration 1000, passport, visa, ship or airline tickets etc.)

The following original document (if applicable) must accompany the application to Saint Vincent and the Grenadines:

- A sworn affidavit/declaration from a third party attesting to the difference in name: *where there is a difference in name*

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 do not need to resubmit them.