Canada / Portugal Agreement

Applying for a Portuguese Old Age and/or Disability Benefit

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.

CDN - P 1

REQUERIMENTO DE PRESTAÇÕES DE INVALIDEZ OU VELHICE DA SEGURANÇA SOCIAL PORTUGUESA AO ABRIGO DO ACORDO ENTRE PORTUGAL E O CANADÁ

APPLICATION FOR PORTUGUESE DISABILITY OR OLD AGE BENEFITS UNDER THE PORTUGAL - CANADA SOCIAL SECURITY AGREEMENT

DÉMANDE DE PRESTATIONS PORTUGAISES D'INVALIDITÉ OU DE VIEILLESSE AUX TERMES DE L'ACCORD DE SÉCURITÉ SOCIALE ENTRE LE PORTUGAL ET LE CANADA

Assinalar a prestação pretendida
Check the benefit for which you wish to apply
Cochez la prestation demandée

☐ Pensão de invalidez / Disability pension / Pension d'invalidité

☐ Pensão de velhice / Old age pension / Pension de vieillesse

PREENCHER EM LETRA DE IMPRENSA / PLEASE PRINT / ÉCRIVEZ EN LETTRES MOULÉES

1. INFORMAÇÕES SOBRE O SEGURADO / INFORMATION CONCERNING THE INSURED PERSON / RÉNSEIGNEMENTS CONCERNANT L'ASSURÉ

1.1. Nomes próprios / First names / Prénoms _____ Apelidos / Surnames / Noms de famille _____

Cidadãos de origem portuguesa devem indicar os nomes próprios e apelidos tal como constam em documento oficial português (bilhete de identidade ou passaporte)
Citizens of Portuguese origin must indicate their first names and surnames as shown on an official Portuguese document (identity card or passport)
Les citoyens d'origine portugaise doivent indiquer leurs prénoms et noms de famille tels qu'indiqués sur un document officiel portugais (carte d'identité ou passeport)

Número da Segurança Social Portuguesa
Portuguese Social Security Number
Numéro d'assurance sociale du Portugal
|_|_|_|_|_|_|_|_|_|

Número da Segurança Social no Canadá
Canadian Social Security Number
Numéro d'assurance sociale du Canada
|_|_|_|_|_|_|_|_|_|

1.2. Número fiscal de contribuinte em Portugal (se possuir cartão de contribuinte, juntar fotocópia)
Taxpayer number in Portugal (if you have taxpayer card, please enclose a photocopy)
Número fiscal au Portugal (si vous possedéz une carte fiscale, veuillez inclure une photocopie)
|_|_|_|_|_|_|_|_|_|

1.3. Endereço / Address / Adresse

Número, rua, apart., caixa postal
Number, Street, Apt., P.O. Box
Numéro, rue app., case postale

Cidade ou localidade
City or Town
Ville ou village

Província ou território
Province or territory
Province ou territoire

Código postal
Postal Code
Code postal

1.4. Nome do pai / Father's name / Nom du père
Nome da mãe / Mother's name / Nom de la mère

Nomes próprios / First Names / Prénoms

Apelidos / Surnames / Noms de Famille

1.5. Data de nascimento / Date of birth / Date de naissance

Dia Mês Ano
Day Month Year
Jour Mois Année
___/___/___

Lugar de nascimento
Place of birth
Lieu de naissance

Cidade ou localidade
City or town
Ville ou village

Freguesia
Parish
Paroisse

Distrito ou provincia
District or province
District au province

País
Country
Pays

1.6. Estado civil (marcar V)
Marital status (check the appropriate box)
État civil (cochez la case appropriée)

Solteiro(a) Single Célibataire	Casado(a) Married Marié(e)	Viúvo(a) Widower(widow) Veuf(veuve)	Divorciado(a) Divorced Divorcé(e)	Separado(a) Separated Separé(e)
☐	☐	☐	☐	☐

1.7. Profissão exercida nos três anos anteriores ao requerimento
Occupation held in the last three years prior to the claim
Profession exercée dans les trois dernières années précédant la demande

_____

Se, após o requerimento continuar a exercer profissão, qual ?
After having made the claim do you continue working ? Spécify:
Est-ce que vous continuez à exercer une profession après avoir presenté la demande? Indiquez laquelle.

_____

1.8. Caixas de Previdência ou Centros Regionais de Segurança Social para onde descontou em Portugal
Social security Funds or Regional Centres to which contributions were made in Portugal
Caisses ou Centres Régionaux de Sécurité Social où vous avez cotisé au Portugal

Denominação / Name / Nom	Número de Segurança Social Social Security number Numéro d'assurance sociale	Datas / Dates / Dates De / From / De	 Até / To / À
_____	_____	___/___/___	___/___/___
_____	_____	___/___/___	___/___/___
_____	_____	___/___/___	___/___/___

1.9. Recebe pensão de acidente de trabalho ou doença profissional ?
Are you receiving a work-related pension as the result of an accident or occupational disease ?
Recevez-vous une pension suite à un accident du travail ou à une maladie professionnelle ?

☐ Sim / Yes / Oui ☐ Não / No / Non

Valor mensal da pensão
Monthly amount of pension
Montant mensuel de la pension

_____
_____

Instituição devedora
Paying institution
Institution débitrice

_____
_____

1.10. Recebeu ou vai receber alguma indemnização em consequência de acidente da responsabilidade de terceiros ?
Have you received or will you receive compensation as a result of an accident caused by a third party ?
Avez-vous déjà reçu ou allez vous recevoir une prestation en raison d'un accident de la responsabilité d'un tiers ?

☐ Sim / Yes / Oui ☐ Não / No / Non

Valor / Amount / Montant

_____

☐ Global
Lump-sum payment
Global

☐ Mensal
Monthly Amouns
Mensuel

1.11. Trabalhou noutros países e esteve aí abrangido pela segurança social ?
Have you worked in other countries where you had social security coverage ?
Avez-vous travaillé dans un autre pays où vous étiez assujetti à la sécurité sociale ?

☐ Sim / Yes / Oui ☐ Não / No / Non

País / Country / Pays	Datas / Dates / Dates De / From / De	 Até / To / À
_____	___/___/___	___/___/___
_____	___/___/___	___/___/___
_____	___/___/___	___/___/___

2. INFORMAÇÕES SOBRE O CONJUGE / INFORMATION CONCERNING THE SPOUSE / RENSEIGNEMENTS CONCERNANT LE CONJOINT

2.1. Nomes próprios / First names / Prénoms _____ Apelidos / Surnames / Noms de famille _____

Os cidadãos de origem portuguesa devem indicar os nomes próprios e apelidos tal como constam em documento oficial português (bilhete de identidade ou passaporte)
Citizens of Portuguese origin must indicate their first names and surnames as shown on an official Portuguese document (identity card or passport)
Les citoyens d'origine portugaise doivent indiquer leurs prénoms et noms de famille tels qu'indiqués sur un document officiel portugais (carte d'identité ou passeport)

_____

2.2 Data de nascimento / Date of birth / Date de naissance
Dia Mês Ano / Day Month Year / Jour Mois Année
___/___/___

Data de casamento / Date of marriage / Date de mariage
Dia Mês Ano / Day Month Year / Jour Mois Année
___/___/___

Profissão / Occupation / Profession
_____

2.3. O cônjuge exerce uma actividade salariada ? / Is your spouse a salaried employee ? / Votre conjoint exerce-t-il (elle) une activité salariée ?
☐ Sim / Yes / Oui ☐ Não / No / Non

Valor do salário mensal / Amount of monthly salary / Montant du salaire mensuel
_____

Denominação da entidade patronal / Employers'name and address / Nom et adresse de l'employeur
_____

2.4. O cônjuge exerce uma actividade não salariada ? / Is your spouse self-employed ? / Votre conjoint exerce-t-il (elle) un emploi autonome ?
☐ Sim / Yes / Oui ☐ Não / No / Non

Valor mensal das retribuições / Monthly income from self-employment / Revenu mensuel de cet emploi
_____

Ramo de actividade / Type of activity / Genre d'activité
_____

2.5. Caixas de Previdência ou Centros Regionais de Segurança Social para onde o cônjuge desconta ou descontou / Social Security Funds or Regional Centres to which your spouse contributes or has contributed / Caisses ou Centres Régionaux de Sécurité Sociale où votre conjoint cotise ou a cotisé

Denominação / Name of Fund or Centre / Nom de Caisse ou du Centre
_____

Número da Segurança Social / Social Security number / Numéro d'assurance sociale
_____

2.6. O cônjuge recebe ou requereu qualquer pensão ? / Does your spouse receive or has he or she applied for a pension ? / Votre conjoint reçoit-il (elle) une pension ou a-t-il (elle) demandé une pension ?
☐ Sim / Yes / Oui ☐ Não / No / Non

Valor mensal da pensão / Monthly amount of pension / Montant mensuel de la pension
_____

Instituição devedora / Paying institution / Institution débitrice
_____

2.7. Outros rendimentos do cônjuge / Spouse's other income / Autres revenus de votre conjoint

Valor mensal / Monthly amount / Montant mensuel
_____

Natureza dos rendimentos / Type of income / Genre de revenu
_____

3. RENDIMENTOS DO SEGURADO / INCOME OF THE INSURED PERSON / REVENU DE L'ASSURÉ

3.1. Pensões / Pensions / Pensions

Instituições devedoras Paying institutions Institutions débitrices	Valores mensais Monthly amounts Montants mensuels

3.2. Montante dos salários recebidos pelo exercício de uma actividade profissional salariada
Income from salaried employment
Revenu d'un emploi salarié

Denominação e endereço das entidades patronais Employers' names and addresses Noms et adresses des employeurs	Salário mensal Monthly salary Salaire mensuel

3.3. Rendimentos líquidos pelo exercício de actividade como comerciante
Net income from the operation of a business
Revenu net provenant de l'opération d'un commerce

Rendimento mensal pelo exercício da actividade Monthly income from business Revenu mensuel provenant du commerce	Lucro anual da exploração Year's profit Profit annuel

3.4. Rendimentos comuns do segurado e do cônjuge
Joint income of the insured person and spouse
Revenu commun de l'assuré et du conjoint

Natureza dos rendimentos Type of income Genre de revenu	Valores mensais Monthly amount Montant mensuel

4. INFORMAÇÕES SOBRE O REQUERENTE COM NECESSIDADE DE ASSISTÊNCIA PERMANENTE DE TERCEIRA PESSOA
CLAIMANT NEEDING THE CONSTANT ASSISTANCE OF ANOTHER PERSON
RENSEIGNEMENTS CONCERNANT LE REQUÉRANT QUI A BÉSOIN DE L'ASSISTANCE CONSTANTE D'UNE TIERCE PERSONNE

Identificação / Identification / Identification

Identificação da terceira pessoa que presta assistência
Identification of the person who assists the claimant
Identification de la tierce personne qui assiste le requérant

Endereço completo / Complete Address / Adresse

Considera-se que uma pessoa tem necessidade de assistência permanente de uma terceira quando não possa praticar com autonomia os actos indispensáveis à satisfação das necessidades humanas básicas - (cuidados de higiene pessoal, alimentação, locomoção). DEVE SER CERTIFICADO ATRAVÉS DE RELATÓRIO MÉDICO.
The person concerned is deemed to need constant assistance of another person when the ordinary activities of everyday life can not be performed by him/herself - (personal hygiene, feeding, movement). MEDICAL REPORT MUST BE PRESENTED.
Or considère qu'une personne a besoin de l'assistance constante d'une tierce personne si elle ne peut pas s'occuper d'elle même - (hygiène personnelle, alimentation, locomotion). ON DOIT PRÉSENTER UN RAPPORT MÉDICAL.

5. DECLARAÇÃO DO REQUERENTE / DECLARATION BY APPLICANT / DÉCLARATION DU REQUÉRANT

Pelo presente, solicito as prestações de Invalidez / Velhice da Segurança Social Portuguesa. Declaro que pelo conhecimento que tenho sobre as informações dadas no presente requerimento, estas são verdadeiras e completas e comprometo-me a avisar o Centro Nacional de Pensões de qualquer alteração que possa afectar o direito às prestações.
I hereby apply for Portuguese Disability or Old Age benefits. I declare that, to be best of my knowledge, the information provided in this application is accurate and complete and I undertake to inform the National Pension Centre in Portugal of any changes which may affect my entitlement to benefits.
Par les présentes, je demande des prestations portugaises d'invalidité ou de vieillesse. Je déclare qu'à ma connaissance, les renseignements fournis dans la présente demande sont véridiques et complets et je m'engage à aviser le Centre National des Pensions du Portugal de tout changement pouvant affecter le droit aux prestations.

_____ ____/____/____
Assinatura / Signature / Signature — Data / Date / Date

DECLARAÇÃO DA TESTEMUNHA SE O REQUERENTE ASSINOU POR MEIO DE (X)
DECLARATION OF WITNESS WHEN APPLICANT SIGNS BY MARK (X)
DÉCLARATION DU TÉMOIN SI LE REQUÉRANT SIGNE D'UNE CROIX (X)

NOTA: A assinatura feita por meio de uma cruz (x) só é válida quando esta declaração é assinada por uma testemunha que conhece o requerente.
NOTE: Signature by mark (x) is acceptable if a witness who knows the applicant signs this declaration.
À NOTER: La signature au moyen d'une croix (x) n'est valide que si un témoin qui connait le requérant signe cette déclaration.

Li o conteúdo do presente pedido ao requerente que pareceu compreendê-lo e assinou com uma (x).
I have read the contents of this application to the applicant who appeared to understand them and who made his or her mark (x).
J'ai lu le contenu de la presente demande au requérant qui a semblé le comprendre et qui a signé d'une croix (x).

ASSINATURA DA TESTEMUNHA (em letra corrente) SIGNATURE OF WITNESS (do not print) SIGNATURE DU TEMOIN(ne pas signer en lettre moulées)	Data Date Date
ENDEREÇO DA TESTEMUNHA ADRESS OF WITNESS ADRESS DU TEMOIN	Nº de Telefone Telephone nº Nº de telephone

6. PARA USO EXCLUSIVO DOS SERVIÇOS / FOR OFFICE USE ONLY / À L'USAGE EXCLUSIF DU BUREAU

Para ser completado pela instituição competente do Canadá
To be completed by the competent institution in Canada
À être complété par l'institution compétente du Canada

Certifico que os elementos de identificação contidos no presente formulário foram retirados dos documentos oficiais apresentados pelo requerente.
I hereby certify that the vital statistics data contained on this form are taken from official documents provided by the applicant.
Par les présentes, j'atteste que les données personnelles inscrites sur ce formulaire ont été tirées des documents officiels fournis par le requérant.

	Dia	Mês	Ano
Data de entrada do requerimento	Day	Month	Year
Date application received	Jour	Mois	Année
Date de réception ce la demande			

____/____/____

Data / Date / Date ____/____/____

Carimbo ou selo branco
Stamp or blank seal
Timbre ou sceau sec

_____
Assinatura / Signature / Signature

Canada/Portugal Agreement

Documents and/or information required to support your application [CDN-P 1 for a Portuguese Old Age and/or Disability Pension

You must complete the attached form(s):

- **Canadian Residence [ISP 5013]** [*only if you have less than 10 years (for an Old Age pension) or 5 years (for a Disability pension) of contributions to the Canada Pension Plan]*

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

- Birth certificate or Cédula Pessoal
- An official Portuguese document indicating your full name, birth and birthplace (such as: birth or baptismal certificate, Cédula Pessoal, identity card, or passport)
- Proof of the dates of your entry(ies) to Canada and departure(s) from Canada (such as: Immigration 1000, passport, visa, ship or airline tickets, etc.) [only if you have less than 10 years (for an Old Age pension) or 5 years (for a Disability pension) of contributions to the Canada Pension Plan]
- Medical report if you require the constant assistance of another person. If this is the case, you must also complete section 4 of the application form.

A copy of the following document must be submitted:

• Taxpayer card (if available)

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

_____