Canada / Türkiye Agreement

Applying for a Turkish Survivor 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.

AGREEMENT ON SOCIAL SECURITY BETWEEN THE REPUBLIC OF TURKEY AND CANADA
TÜRKİYE CUMHURİYETİ İLE KANADA ARASINDAKİ SOSYAL GÜVENLİK SÖZLEŞMESİ

CLAIM OF PENSION / AYLIK TALEP DİLEKÇESİ

Article 4 of the Administrative Arrangement İdari Anlaşma Maddesi : 4

1. **Reason and date of application** / Talep nedeni ve tarihi

1.1 ☐ **Invalidity pension** / Malüliyet Aylığı

1.2 ☐ **Old-age pension** / Yaşlılık Aylığı

1.3 ☐ **Widow's/Widower's and Orphan's pension** / Dul ve Yetim Aylığı

1.4 **Date of claim of pension** / Aylık Talep Tarihi : ……

2. **Identification numbers** / Tanıtım numaraları

2.1 **Social insurance number in Canada** / Knada'daki Sigorta No:……..……

2.2 **Social security number in Turkey** / Trkiye'deki Sosyal Güvenlik No :……..……..

Social security institution in Turkey to which the insured was last affiliated /
Sigortalının Türkiye'de en son tabi olduğu sosyal güvenlik kuruluşu

☐ **Social Insurance Institutions** / Sosyal Sigortalar Kurumu

☐ **Pension Fund of the Republic of Turkey** / Emekli Sandığı

☐ **Institution of Self-Employed** / Bağ-Kur

2.3 **The Republic of Turkey identification number** / T.C. Kimlik No
:……..…

3. **Information about the insured person** / Sigortalıya ait bilgiler

3.1 **Family Name /** Soyadı ..... | **Given Name** / Adı ..... | **Family name at birth** / Kızlık Soyadı .....

3.2 **Date of Birth** / Doğum Tarihi ..... | **Place of Birth** / Doğum Yeri ..... | **Father's Given Name** / Baba Adı …….....

3.3 **Sex** / Cinsiyeti ☐ **Male** / Erkek ☐ **Female** / Kadın | **Citizenship** / Uyruğu ……

3.4 **Civil Status** / Medeni hali
☐ **Single** / Bekar ☐ **Married** / Evli ☐ **Widow/Widower** / Dul ☐ **Divorced** / Boşanmış

3.5 **Date of Marriage** / Evlenme Tarihi : …….. | **Date of Divorce** / Boşanma Tarihi : ……

3.6 **Address in Canada** / Kanada'daki Adresi : .....
.....

3.7 **The name, branch, address and account number of bank in Canada** / Kanada'daki banka adı, şubesi, adresi ve hesap numarası : .....
.....

4. Supplementary information about the insured / Sigortalıya ait ek bilgiler

4.1 Is the insured person still working ? / Sigortalı halen çalışmakta mıdır?

☐ **Yes** / Evet ☐ **No** / Hayır

4.2 If the insured person is not working, when did he/she stop working? /
Sigortalı çalışmıyorsa, çalışmanın sona erdiği tarih ……/……/…….

4.3 Does he/she have a trustee/guardian ? / Sigortalının kayyumu / vasisi varmı dır ?

☐ **Yes** / Evet ☐ **No** / Hayır

If YES, what is the family name and given name of the trustee/guardian? /
Cevap evet ise, Kanuni temsilcisinin adı ve soyadı : ……

Address / Adresi : ……

4.4 Did the insured person claim any pension or is he/she receiving any pension? /
Sigortalı daha önce aylık talebinde bulundu mu veya aylık alıyor mu?

☐ **Yes** / Evet ☐ **No** / Hayır

If YES, from which insurance institution? /
Cevap evet ise, hangi sigorta kurumu tarafından?.....

Type of pension / Aylığın türü : ……..

Since which date / Ne zamandan beri : ……..

Number / No : ……

4.5 Is the insured person receiving health insurance benefit payments for temporary incapacity for work? /
Sigortalı hastalık sigortasından geçici iş göremezlik ödeneği alıyor mu?

☐ **Yes** / Evet ☐ **No** / Hayır

If YES, from which date and how much does he/she receive per month? /
Cevap evet ise; hangi sürede ve ayda ne kadar?.....

4.6 Did the insured person work in a third country / Sigortalının üçüncü bir ülkede çalışması var mıdır?

☐ **Yes** / Evet ☐ **No** / Hayır

If YES, which country? / Cevap evet ise hangi ülkede : ……

TO BE COMPLETED IN CASE OF A CLAIM FOR WIDOW'S/WIDOWER'S AND ORPHAN'S PENSION /
DUL VE YETİM AYLIĞI TALEBİ HALİNDE DOLDURULACAKTIR

5. Additional information about the deceased insured person / Sigortalıya ait ek bilgiler

5.1 Place and date of Death / Ölüm yeri ve tarihi : ……. ……/……/……

5.2 Cause of Death / Ölüm sebebi

☐ **Sickness** / Hastalık ☐ **Work Accident** / İşkazası ☐ **Occupational Disease** / Meslek hastalığı

☐ **A third party caused the death of the insured person** /
Üçüncü bir şahsın sebebiyet verdiği vak'a

5.3 Was the deceased receiving any pension ? / Ölen aylık almakta mıydı?

☐ **Yes** / Evet ☐ **No** / Hayır

If YES, from which insurance institution /
Cevap evet ise hangi sigorta kurumundan :.....

Type of pension / Aylığın türü : ……..……..

Number / No : ……

6. Widow/Widower details (Mr-Mrs) / Dul'a ait bilgiler (Bay – Bayan)

6.1 **Family Name** / Soyadı **Given Name** / Adı **Family name at birth** / Kızlık Soyadı

....

Father's Given Name / Baba Adı : .....

6.2 **Date of birth** / Doğum Tarihi : ..... **Place of birth** / Doğum yeri : .....

6.3 **Citizenship** / Uyruğu : ….....……..

Sex / Cinsiyeti ☐ **Male** / Erkek ☐ **Female** / Kadın

6.4 **Date of Marriage** / Evlenme Tarihi : ...../...../.....

6.5 **Was the widow/widower married to the insured person at the time of death?** / Dul sigortalı ile ölüm tarihinde evil miydi?

☐ **Yes** / Evet ☐ **No** / Hayır

6.6 **Has the widow/widower remarried following the death of the insured person?** / Dul, sigortalının ölüm tarihinden sonra tekrar evlenmiş midir?

☐ **Yes** / Evet ☐ **No** / Hayır

If YES, on which date / Cevap evet ise tarihi : ……../……../……..

6.7 **Is the widow/widower receiving any pension?** / Dul bir aylık alıyor mu? ☐ **Yes** / Evet ☐ **No** / Hayır

If YES, indicate the amount of the pension per month / Cevap evet ise, aylığın miktarı : .....

6.8 **Is the widow/widower working as a self-employed person**? / Dul, kendi adına bir faaliyette bulunuyor mu?

☐ **Yes** / Evet ☐ **No** / Hayır

If YES, how much is the amount of his/her wage ? / Cevap evet ise, kazancının miktarı nedir?

.....

6.9 **Address** / Adres : .....

7. Orphan(s) details / Yetimlere ait bilgiler

Given name and family name / Adı ve Soyadı	**Date and place of birth** / Doğum tarihi ve yeri	**Relationship to the deceased** / Sigortalıya yakınlığı	**Citizenship** / Uyruğu

TO BE COMPLETED IN CASE OF ORPHAN(S) UNDER GUARDIANSHIP /
YETİMLERİN VESAYET ALTINDA BULUNMASI HALİNDE DOLDURULACAKTIR

8. Information relating to the guardian / Yetimin vasisine ilişkin bilgiler

8.1 Given name and family name of guardian / Vasinin Adı ve Soyadı :……..
8.2 Address of guardian / Vasinin Adresi :……

Orphan(s)'s - Yetimin / Yetimlerin

	Given name – Family name / Adı – Soyadı	**Address /** Adresi
8.3		
8.4		
8.5		

9.

9.1 Is the orphan(s) claim to a pension from his/her own insurance or from his/her parent's insurance, or is/are the orphan(s) already receiving the same pension? / Yetim/Yetimlerden biri kendi sigortasından veya ebeveynin sigortasından yetim aylığı talep etti mi veya böyle bir aylık alıyor mu?

☐ **Yes** / Evet ☐ **No** / Hayır

If YES / Cevap EVET ise ;
Given name of orphan / Yetimin adı : .....…….
Type of Pension / Aylığın türü : ….....……
From which insurance institution / Hangi sigorta kurumundan : ……..…….
Number / No : ……

9.2 What is/are the name(s) and periods of employment of the orphan(s) who worked as an insured? / Hangi yetim (ler) sigortaya tabi olarak çalıştı (lar) ve hangi süre zarfında?

…….
9.3 What is/are the name(s) and date of employment of the orphan(s)who is/are already working as an insured? / Hangi yetim (ler) halen sigortaya tabi çalışmakta (lar) ve ne zamandan beri?

……...

10. I confirm that the above declarations are true / Yukarıdaki beyanların doğru olduğunu kabul ediyorum

10.1 Given name and family name of claimant who claimed the pension /
Aylık Talebinde Bulunanın Adı – Soyadı : ……

10.2 The date of the claim /
Dilekçe Tarihi : ……..

10.3 The signature of the person who claims the pension /
Aylık Talebinde Bulunanın İmzası : ……

10.4 Address / Adres : ……

10.5 The name, branch, address and account number of bank in Canada / Kanada'daki banka adı, şubesi, adresi ve hesap numarası: .....
.....

11. The Competent Canadian Institution / Yetkili Kanada Kurumu	
Name / Adı :	**(Signature and Stamp)** / Mühür-İmza
Address / Adresi :	
Date / Tarih :	

Footnotes / Dipnot

1- **This form shall be completed by a person residing in Canada wishing to apply for Turkish benefits.**
2- **The reason for the application shall be indicated by selecting one of the alternatives in Section 1 of the form.**
3- **Section 4 of the form must be completed.**
4- **Section 2 of the form must be completed where definite information is available.**
5- **Points 3.1 and 3.2 of the form must be thoroughly completed.**
6- **This form shall be completed by the claimant and certified by the Competent Canadian Institution following which it shall be forwarded to the appropriate Turkish Institution.**

1- Bu formüler Kanada'da oturan ve Türkiye yardımlarına başvurmak isteyen kişiler için düzenlenecektir.
2- Formülerin 1.kısmındaki seçeneklerden talep nedenine göre işaretlenecektir.
3- Formülerin 1. 4 kısmı mutlaka yazılacaktır.
4- Formülerin 2.kısmı, kesin bilgi mevcut ise doldurulacaktır. Bu konuda belge varsa eklenecektir.
5- Formülerin 3.1 ve 3.2 kısmı eksiksiz doldurulması gerekmektedir.
6- Bu formüler, talep sahibinin beyanları doğrultusunda yetkili Kanada Kurumu tarafından doldurulup, onaylandıktan sonra bir nüsha olarak Türk Kurumuna gönderilecektir.

BENEFITS UNDER THE REGULATIONS OF THE SOCIAL INSURANCE INSTITUTIONS OF THE TURKISH SOCIAL SECURITY SYSTEM

WHAT ARE THE CONDITIONS FOR RECEIVING AN INVALIDITY PENSION (FROM THE DIRECTORATE OF SOCIAL INSURANCE INSTITUTIONS) UNDER TURKISH LEGISLATION?

- Designation as disabled according to the Report of the Health Board;
- Payment of insurance contributions for a minimum total period of 1800 days or at least 5 years of insurance and payment of invalidity, old-age, and survivors' pension premiums for at least an average of 180 days in each year of the creditable period;
- Submission of a written application for an invalidity pension after resigning from work.

According to the Canada/Turkey Social Security Agreement, persons residing in Canada and wishing to apply for an **invalidity pension** subject to Turkish legislation must complete the forms TUR/CAN 1 and TUR/CAN 5. International Operations will then forward them to **SSK Başkanlığı, Sigorta İşleri Genel Müdürlüğü, Yurtdışı İşçi Hizmetleri Daire Başkanlığı, Ankara** *[Ministry of Labour and Social Security, General Directorate of Insurance, Head Office of Expatriate Worker Services, Ankara]*.

WHAT ARE THE CONDITIONS FOR RECEIVING (SOCIAL INSURANCE INSTITUTIONS) AN OLD-AGE PENSION UNDER TURKISH LEGISLATION?

According to Act No. 4759, which entered into force on 23 May 2002,

A) Persons eligible for a pension before 08.09.1999 by virtue of the provisions of Act No. 506, Art. 60(A) below, and men who on 08.09.1999 had completed a period of insurance of at least 23 years as well as women who had completed a period of insurance of at least 18 years, can receive an old-age pension, if

a) women have reached age 50, men 55, and have paid their invalidity, old-age and survivors' pension premiums for at least 5000 days, or

b) women have reached age 50, men 55, and have completed a period of insurance of 15 years and have paid their invalidity, old-age and survivors' pension premiums for at least 3600 days, or

c) women have reached age 50, men 55, and women have completed a period of insurance of at least 20 years, men at least 25 years, and have paid their invalidity, old-age and survivors' pension premiums for at least 5000 days.

B) An old-age pension can be awarded as follows, to persons fulfilling, on 23.05.2002, the conditions below:

a) Excluding those covered under Part A), women with a period of insurance exceeding 18 inclusive years, who complete a 20-year creditable period and reach age 40, and men with a period of insurance exceeding 23 inclusive years, who complete a 25-year creditable period and reach age 44, and who have paid their invalidity, old-age and survivors' pension premiums for at least 5000 days,

b) women with a period of insurance of more than 17 inclusive years but less than 18 years, who complete a 20-year creditable period and reach age 41, and men with a period of insurance of more than 21 years and 6 months inclusive but less than 23 years, who complete a 25-year creditable period and reach age 45, and who have paid their invalidity, old-age and survivors' pension premiums for at least 5000 days,

c) women with a period of insurance of more than 16 inclusive years but less than 17 years, who complete a 20-year creditable period and reach age 42, and men with a period of insurance of more than 20 inclusive years but less than 21 years and 6 months, who complete a 25-year creditable period and reach age 46, and who have paid their invalidity, old-age and survivors' pension premiums for at least 5075 days,

d) women with a period of insurance of more than 15 inclusive years but less than 16 years, who complete a 20-year creditable period and reach age 43, and men with a period of insurance of more than 18 years and 6 months inclusive but less than 20 years, who complete a 25-year creditable period and reach age 47, and who have paid their invalidity, old-age and survivors' pension premiums for at least 5150 days,

e) women with a period of insurance of more than 14 inclusive years but less than 15 years, who complete a 20-year creditable period and reach age 44, and men with a period of insurance of more than 17 inclusive years but less than 18 years and 6 months, who complete a 25-year creditable period and reach age 48, and who have paid their invalidity, old-age and survivors' pension premiums for at least 5225 days,

f) women with a period of insurance of more than 13 inclusive years but less than 14 years, who complete a 20-year creditable period and reach age 45, and men with a period of insurance of more than 15 years and 6 months inclusive but less than 17 years, who complete a 25-year creditable period and reach age 49, and who have paid their invalidity, old-age and survivors' pension premiums for at least 5300 days,

g) women with a period of insurance of more than 12 inclusive years but less than 13 years, who complete a 20-year creditable period and reach age 46, and men with a period of insurance of more than 14 inclusive years but less than 15 years and 6 months, who complete a 25-year creditable period and reach age 50, and who have paid their invalidity, old-age and survivors' pension premiums for at least 5375 days,

h) women with a period of insurance of more than 11 inclusive years but less than 12 years, who complete a 20-year creditable period and reach age 47, and men with a period of insurance of more than 12 years and 6 months inclusive but less than 14 years, who complete a 25-year creditable period and reach age 51, and who have paid their invalidity, old-age and survivors' pension premiums for at least 5450 days,

i) women with a period of insurance of more than 10 inclusive years but less than 11 years, who complete a 20-year creditable period and reach age 48, and men with a period of insurance of more than 11 inclusive years but less than 12 years and 6 months, who complete a 25-year creditable period and reach age 52, and who have paid their invalidity, old-age and survivors' pension premiums for at least 5525 days,

j) women with a period of insurance of more than 9 inclusive years but less than 10 years, who complete a 20-year creditable period and reach age 49, and men with a period of insurance of more than 9 years and 6 months inclusive but less than 11 years, who complete a 25-year creditable period and reach age 53, and who have paid their invalidity, old-age and survivors' pension premiums for at least 5600 days,

k) women with a period of insurance of more than 8 inclusive years but less than 9 years, who complete a 20-year creditable period and reach age 50, and men with a period of insurance of more than 8 inclusive years but less than 9 years and 6 months, who complete a 25-year creditable period and reach age 54, and who have paid their invalidity, old-age and survivors' pension premiums for at least 5675 days,

l) women with a period of insurance of more than 7 inclusive years but less than 8 years, who complete a 20-year creditable period and reach age 51, and men with a period of insurance of more than 6 years and 6 months inclusive but less than 8 years, who complete a 25-year creditable period and reach age 55, and who have paid their invalidity, old-age and survivors' pension premiums for at least 5750 days,

m) women with a period of insurance of more than 6 inclusive years but less than 7 years, who complete a 20-year creditable period and reach age 52, and men with a period of insurance of more than 5 inclusive years but less than 6 years and 6 months, who complete a 25-year creditable period and reach age 56, and who have paid their invalidity, old-age and survivors' pension premiums for at least 5825 days,

n) women with a period of insurance of more than 5 inclusive years but less than 6 years who complete a 20-year creditable period and reach age 53, and men with a period of insurance of more than 3 years and 6 months inclusive but less than 5 years, who complete a 25-year creditable period and reach age 57, and who have paid their invalidity, old-age and survivors' pension premiums for at least 5900 days,

o) women with a period of insurance of more than 4 inclusive years but less than 5 years who complete a 20-year creditable period and reach age 54, and men with a period of insurance of more than 2 years, 8 months and 15 days inclusive but less than 3 years and 6 months, who complete a 25-year creditable period and reach age 58, and who have paid their invalidity, old-age and survivors' pension premiums for at least 5975 days,

p) women with a period of insurance of more than 3 inclusive years but less than 4 years who complete a 20-year creditable period and reach age 55 and have paid their invalidity, old-age and survivors' pension premiums for at least 5975 days,

q) women with a period of insurance of more than 2 years, 8 months and 15 days inclusive but less than 3 years, who complete a 20-year creditable period and reach age 56 and have paid their invalidity, old-age and survivors' pension premiums for at least 5975 days.

C)

a) An old-age pension is awarded upon request to women who on 23.05.2002 have reached age 50, men age 55, if they have completed a 15-year period of insurance and paid invalidity, old-age and survivors' pension premiums for 3600 days.

b) Those who do not on 23.05.2002 fulfil the conditions indicated in Point a) can be granted an old-age pension as follows:

   i) women who have reached age 52, men 56, who fulfill the conditions between the dates 24.05.2002 and 23.05.2005,

   ii) women who have reached age 54, men 57, who fulfill the conditions between the dates 24.05.2005 and 23.05.2008,

   iii) women who have reached age 56, men 58, who fulfill the conditions between the dates 24.05.2008 and 23.05.2011,

   iv) women fulfilling the conditions after the date 24.05.2011, who have reached age 58, and men fulfilling the requirements between the dates 24.05.2011 and 23.05.2014, who have reached age 59,

   v) men fulfilling the conditions after the date 24.05.2014, who have reached age 60.

Under the Canada/Turkey Social Security Agreement, persons residing in Canada and wishing to apply for an **old-age pension** subject to Turkish legislation must complete the form TUR/CAN 1. International Operations will then forward it to **SSK Başkanlığı, Sigorta İşleri Genel Müdürlüğü, Yurtdışı İşçi Hizmetleri Daire Başkanlığı, ANKARA.**

WHAT ARE THE CONDITIONS FOR RECEIVING A WIDOW'S/WIDOWER'S/ ORPHAN'S PENSION (FROM THE DIRECTORATE OF SOCIAL INSURANCE INSTITUTIONS) UNDER TURKISH LEGISLATION?

The survivors of a deceased contributor are awarded a pension under the following circumstances:

- Receipt of an invalidity or old-age pension, or
- Invalidity or old-age pension is discontinued, because it had been awarded on the basis of insurable employment, or
- The deceased contributor had paid insurance contributions for at least 1800 days or at had least 5 years of insurance and had paid, during the creditable period, invalidity, old-age and survivors' pension premiums for at least 180 days each year.

Under the Canada/Turkey Social Security Agreement, persons residing in Canada and wishing to apply for a **survivors' pension** subject to Turkish legislation must complete the form TUR/CAN 1. International Operations will then forward it to **SSK Başkanlığı, Sigorta İşleri Genel Müdürlüğü, Yurtdışı İşçi Hizmetleri Daire Başkanlığı, ANKARA.**

Canada / Türkiye Agreement

Documents and/or information required to support your application [TUR/CAN 1] for Turkish Survivor Benefits

Complete the attached forms:

- **Declaration of Attendance at School or University [ISP 1401]** (for children between the ages of 18 and 25 who are attending school)
- **Employment Information [TUR/CAN 3]** for the deceased

Original or certified documents to be submitted:

- Birth certificate (for you, the deceased and dependent children)
- Marriage certificate (if applicable)
- Death certificate

Original documents to be submitted:

- Proof of the widower's invalidity and dependence on his wife at the time of her death
- Medical documents for disabled children
- Statement from daughters over age 18 confirming their status as unmarried, unemployed and dependent upon the deceased parent
- Proof of the parent's dependency on the deceased at the time of death

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.

Human Resources Development Canada | Développement des ressources humaines Canada

PROTECTED WHEN COMPLETED - B
DISPONIBLE EN FRANÇAIS - ISP 1401 F

DECLARATION OF ATTENDANCE AT SCHOOL OR UNIVERSITY

Canada Pension Plan

SECTION A - TO BE COMPLETED BY STUDENT

1. SOCIAL INSURANCE NO. OF CONTRIBUTOR	Mr. Mrs. Miss Ms. CONTRIBUTOR'S GIVEN NAME AND INITIAL (Please print)	FAMILY NAME
2. YOUR SOCIAL INSURANCE NO.	Mr. Mrs. Miss Ms. YOUR GIVEN NAME AND INITIAL (Please print)	FAMILY NAME

3. MAILING ADDRESS	Number and Street	P.O. Box or R.R. No.	City, Town or Village
	Province / Territory	Country	Postal Code
4. HOME ADDRESS (If different from cheque address)	Number and Street	P.O. Box or R.R. No.	City, Town or Village
	Province / Territory	Country	Postal Code

5A. Student ID Number	**5B.** Name of School, University, College, Junior College, Training Center, etc.

6A. TYPE OF ENROLLMENT (if "EVENING" or "OTHER", please provide an explanation in Number 8) ☐ FULL TIME ☐ EVENING TIME ☐ OTHER	**6B.** NUMBER OF COURSES	**6C.** ENROLLED IN (Specify Course, Grade or Program)

7A. NUMBER OF HOURS YOU ARE REQUIRED TO ATTEND PER WEEK FOR COURSE, GRADE OR PROGRAM. Hours per week ▶	**7B.** WHEN DID OR WILL YOUR CURRENT ATTENDANCE BEGIN? Year Month ▶	**7C.** WHEN WILL YOUR CURRENT ATTENDANCE END? Year Month ▶

8. Give duration and reasons for any absence(s) during your current and past academic year plus any additional explanation with reference to question 6A above.

9. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING A CANADA PENSION PLAN BENEFIT AS A RESULT OF THE DISABILITY OR DEATH OF A CONTRIBUTOR NOT IDENTIFIED IN 1. ABOVE? ☐ YES ☐ NO ▶ SOCIAL INSURANCE NO. OF THAT CONTRIBUTOR

IT IS AN OFFENCE TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS DECLARATION

I hereby declare that, to the best of my knowledge and belief, the information given above is true and complete. I understand to notify Human Resources Development Canada should **I interrupt** or **terminate** my attendance at school or university. I hereby authorize the above school or university to provide the Canada Pension Plan Administration with information regarding my enrollment and attendance.

DATE	SIGNATURE OF STUDENT	TELEPHONE NUMBER ( )

SECTION B - TO BE COMPLETED BY SCHOOL OR UNIVERSITY

To the best of our knowledge and belief, the answers to the questions in Section A above, are correct unless otherwise stated below:

Additional Comments: _____

Does the above noted course load meet or exceed the minimum requirement to be considered a full-time student at your school or university? ☐ YES ☐ NO

NAME AND ADDRESS OF SCHOOL OR UNIVERSITY	NAME OF AUTHORIZED PERSON
	SIGNATURE
	TITLE
	DATE / TELEPHONE NO. ( )

PLEASE PRINT AND INCLUDE THE NEXT PAGE WHEN YOU APPLY FOR THIS BENEFIT

Human Resources Development Canada
Développement des ressources humaines Canada

Date

FOR OFFICE USE ONLY
À L'USAGE DU BUREAU SEULEMENT

A.L. | OCON

If you are applying for the first time disregard the following and complete the declaration on page 1 of this form.

S'il s'agit de votre première demande, ne tenez pas compte de ce qui suit et remplissez la déclaration qui se trouve à la page 1 du présent formulaire.

As you may recall, it is necessary to suspend payment of your benefit effective with the month following the month in which your current academic year ends which includes your vacation period, if applicable. Payments may be reinstated, however, after you have completed and submitted this declaration to the Regional Processing Centre indicated above when you return to school or university. It will be to your advantage to return this completed form as soon as possible after you return to school or university.

Vous vous souviendrez peut-être que nous devons suspendre le paiement de vos prestations à compter du mois suivant la fin de votre année académique. Cette dernière inclut la période des vacances, s'il y a lieu. Cependant, le paiement pourra être rétabli lorsque vous retournerez à l'école ou à l'université, et après avoir rempli et soumis cette déclaration au Centre de traitement régional susmentionné. Vous auriez tout intérêt à retourner cette formule dûment remplie le plus tôt possible après votre retour aux études.

The Canada Pension Plan provides that benefits for children between the ages of 18 and 25 are to be paid directly to such children if they meet the prescribed conditions of eligibility. As the above noted child will soon reach age 18, the last month for which you will receive payment of the benefit on behalf of this child will be the month of the child's 18th birthday. In order to receive the benefit directly, the child must complete the declaration on the reverse of this form. Once completed, this form should be returned to the Regional Processing Centre indicated above.

En vertu de la *Loi sur le Régime de pensions du Canada*, la prestation aux enfants âgés de 18 à 25 ans est versée directement à l'enfant s'il remplit les conditions d'admissibilité établies. Comme l'enfant susmentionné aura bientôt 18 ans, vous ne recevrez plus la prestation en son nom à compter du mois suivant son 18e anniversaire. Pour que cette prestation lui soit versée directement, l'enfant doit remplir la déclaration qui se trouve au verso de la présente. Cette formule dûment remplie devra être envoyée au Centre de traitement régional indiqué ci-dessus.

If you have any questions about this matter, please contact your nearest Human Resources Centre of Canada. Please quote the Social Insurance Number of the contributor on all correspondence.

Si vous avez besoin de renseignements supplémentaires à ce sujet, veuillez communiquer avec le Centre des ressources humaines du Canada le plus près de chez vous. Prière de mentionner le numéro d'assurance sociale du cotisant dans toute lettre ou autre document.

SECTION C - FOR OFFICE USE ONLY —— À L'USAGE DU BUREAU SEULEMENT

SOCIAL INSURANCE NUMBER / NUMÉRO D'ASSURANCE SOCIALE	ACCESS CODE / CODE D'ACCÈS	ACTION / MESURE	BNFT. / PREST.	DT. EFF. DE (M Y-A)	CHILD SQNC Nº SÉR. ENF	MISCELLANEOUS 1 DIVERS 1 (OLD) (ANCIEN)
01 09	10 16	17 20	21 23	27 30	31	32 36

NUMBER OF LINES / NOMBRE DE LIGNES

AD	C	S	D	E	F/N	AC
60	61 62	63 64	65 66	67 68	69	70 71

Approved pursuant to Subsection 59 of the Canada Pension Plan for continuing payment until advised otherwise.
Demande de paiement continu jusqu'à avis contraire aux termes du paragraph 59 du Régime de pensions du Canada.

GIVEN NAME (AND INITIAL) / PRÉNOM (ET INITIALE)	BIRTH NAISSANCE (M Y-A)	CA
19 30	31 34	70 71

AUTHORIZED SIGNATURE - SIGNATURE AUTORISÉE	DATE

NAME - ADDRESS NOM-ADRESSE

TITLE / TITRE	GIVEN NAME / PRÉNOM	SURNAME / NOM DE FAMILLE	TYPE NM ADDR / GENRE NM ADR	POSTAL CODE / CODE POSTAL	FOREIGN CODE / CODE ÉTRANGER	CONS CODE / CODE REGR	NO LNS / Nº LIGNES	LANG	AL / LA	
10 13	14 28	29 48	49 50	51 56	57 60	61 64	65 66	67 68	70 71	FA

10 39	40 69
	FB
	FC

	DATE	TYPE OF REJECT / GEN. DE REJET	BATCH NO / Nº DE MISE EN LOT.	CYCLE	DATE	SIGNATURE
1						
2						

AGREEMENT ON SOCIAL SECURITY BETWEEN THE REPUBLIC OF TURKEY AND CANADA
TÜRKİYE CUMHURİYETİ İLE KANADA ARASINDAKİ SOSYAL GÜVENLİK SÖZLEŞMESİ

EMPLOYMENT INFORMATION / ÇALIŞMAYA AİT BİLDİRİM

Article VIII, X of the Agreement Sözleşme Maddesi : VIII, X

Article 4 of the Administrative Arrangement İdari Anlaşma Maddesi : 4

1. Identification numbers / Tanıtım numaraları

1.1 Social insurance number in Canada / Kanada'daki Sigorta No :……

1.2 Social security number in Turkey / Türkiye'deki Sosyal Güvenlik No :……

Social security institution in Turkey to which the insured was last affiliated / Sigortalının Türkiye'de en son tabi olduğu sosyal güvenlik kuruluşu

☐ **Social Insurance Institutions** / Sosyal Sigortalar Kurumu

☐ **Pension Fund of the Republic of Turkey** / Emekli Sandığı

☐ **Institution of Self-Employed** / Bağ-Kur

1.3 The Republic of Turkey identification number / T.C. Kimlik No :……

2. Reason for Claim / Talep nedeni

☐ **Record of insurance periods** / Hizmet tespiti ☐ **Invalidity** / Malullük

☐ **Old-age** / Yaşlılık ☐ **Death benefits** / Ölüm

3. Insured / Sigortalı

3.1 Family Name / Soyadı **Given Name** / Adı **Family name at birth** / Kızlık Soyadı

....

3.2 Place and date of birth / Doğum Yeri ve Tarihi : ……

3.3 Father's Given Name / Baba adı **Sex** / Cinsiyeti **Citizenship** / Uyruğu

…… …… ……

3.4 Address in Canada / Kanada'daki Adresi: .....

……

4. Claimant /Dilekçe sahibi

4.1 Family Name / Soyadı **Given Name** / Adı **Family Name at birth** / Kızlık Soyadı

…….. …… ……

4.2 Date of Birth / Doğum Tarihi **Place of Birth** / Doğum yeri **Father's Given Name** / Baba adı

…… …… ……

Relationship with the insured person / Sigortalıya yakınlığı : ……..

5.

Have you been employed in a country other than Canada and Turkey?
Kanada ve Türkiye'den başka üçüncü bir ülkede çalışmanız var mıdır?

☐ **Yes** / Evet ☐ **No** / Hayır

If YES, in which country ? / Cevap evet ise, hangi ülkede?

……..

6. Employment information / Çalışmaya ait bilgiler

Duration and location of employment / Çalışılan süre ve yerler

From / …… den	**To** / ……e kadar	**Name and address of employer** / İşyerinin adı ve adresi	**Type of work** / Çalışılan işin türü	**Relevant social security institution** / Bağlı bulunduğu sosyal güvenlik kurumu

7. Claimant / Beyanda bulunanın

Family Name / Soyadı ..... **Given Name** / Adı ..... **Family name at birth** / Kızlık Soyadı .....

Date / Tarih :…… **Signature** / İmzası ……

Footnotes / Dipnot

1- **This form shall be completed and signed by a person residing in Canada wishing to apply for Turkish benefits.**
2- **Section 1 of the form shall be completed where definite information is available.**
3- **Section 6 of the form shall include employment information in countries other than Canada, including Turkey.**

1- Bu formüler, Kanada'da oturan ve Türkiye yardımlarına başvurmak isteyen kişi tarafından doldurulup imzalanacaktır.
2- Formülerin 1. kısmı kesin bilgi mevcut ise doldurulacaktır.
3- Formülerin 6. kısmına Kanada haricinde Türkiye ve diğer ülkelerde çalışma var ise, kaydedilecektir.