Canada/Morocco Convention

Applying for a Moroccan survivors' pension and/or death 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; 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.

	CONVENTION ON SOCIAL SECURITY BETWEEN CANADA AND MOROCCO	**Form CAN-MAR 1**

PROCESSING OF AN APPLICATION FOR:

☐ ***Old Age Security*** ☐ ***Survivors' pension***
☐ ***Disability pension*** ☐ ***Death benefit***

Articles 7, 8, 13, 14, 15 and 16 of the Convention
Articles 4 and 7 of the Administrative Arrangement

Date application received: ……. /……. /……
Day Month Year

1 Information about the insured person:

1.1 Last name(s): ..... First name(s): ..... Maiden name: .....
Father's first and last names: .....
Mother's first and last names: .....

1.2 Date and place of birth: …… / …… / ……
day month year

1.3 CIN n°*:.....

1.4 Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

1.5 Social Security n° in Morocco: .....

1.6 Competent institution(s) in Morocco: .....

1.7 Social Insurance n° in Canada: .....

1.8 Social Security n° from another country: .....Name of country: .....

1.9 Address of insured person: .....

1.10 Bank and account n°: .....
(attach statement of account information to form)

In the case of an application for a survivors' pension: .....

1.11 Date of death: …… / …… / ……
day month year

1.12. Was the insured person in Morocco: ☐ **monogamous** ☐ **polygamous**

If polygamous, please indicate the number of spouses: ……

* National identity card for the applicant of a Moroccan benefit

2 Additional information about the insured person:

2.1 When the application was submitted, the insured person:

☐ was still working ☐ no longer worked date of beginning of inability to work: ..... / ..... / .....
day month year

- Is the disability the result of an accident at work or occupational disease? ☐ yes ☐ no

2.2 Date work ended: ..... / ..... / .....
day month year

2.3 Is (or, if deceased, was) the insured person the recipient of a pension or benefit: in Canada? Yes ☐ No ☐
in Morocco? Yes ☐ No ☐

2.4 If yes:

2.4.1 Reference n° of the pension or benefit:

- In Morocco: .....
- In Canada: .....

2.4.2 Amount: …… Monthly: ..... Quarterly: .....

2.4.3 Debtor institution:

- In Morocco: .....
- In Canada: ..... ……

3 **Information about the applicant (survivors' pension):**

3.1 Last name(s): ..... First name(s): ..... Maiden name: .....

3.2 Date of birth: ..... / ..... / .....
day *month* *year*

3.3 Relationship: ..... Sex: □ M □ F CIN nº: .....

3.4 Address: .....
.....

3.5 Bank and account nº: .....
(attach statement of account information to form)

3.6 Date of marriage: ..... / ..... / .....
day *month* *year*

3.7 Date of divorce (if applicable): ..... / ..... / .....
day *month* *year*

4 **Dependent children (survivors' pension):**

	First and Last names	Date of birth	Relationship	Does the child have a disability?
1				yes □ no □
2				yes □ no □
3				yes □ no □
4				yes □ no □
5				yes □ no □
6				yes □ no □

5 **To be completed by the liaison agency in Canada only**

5.1 Name: International Operations

5.2 Address:
INTERNATIONAL OPERATIONS
Ottawa, Ontario K1A 0L4
CANADA

5.3 Date application submitted: ..... / ..... / .....
day *month* *year*

Seal and signature

The list of documents to provide for each benefit is attached to this form.

Canada / Morocco Convention

Documents and/or information required to support your application [CAN-MAR1] for a Moroccan survivors' pension and/or death benefit

Complete the attached form:

- ***Canadian Residence – Information Regarding a Deceased Person*** **[SC ISP5015]**
- ***Certificate of existence – Declaration on the honour of the applicant*** (must be issued within the past 3 months and be certified by a Service Canada Centre or the Consulate of the Kingdom of Morocco)

Originals or certified copies to be submitted:

- Birth certificate for you, the deceased and the children declared on your application
- Marriage certificate
- Death certificate
- Registration card issued by the competent authority in Morocco for the deceased
- National identity card or identification page of passport for the deceased
- Your personal bank account statement
- Certificate of monogamy or polygamy, if applicable
- Certificate of name change for you, if applicable

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.

Service Canada

PROTECTED B (when completed)

Personal Information Bank ESDC PPU 175

CANADIAN RESIDENCE - INFORMATION REGARDING A DECEASED PERSON

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 the deceased was 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 the deceased lived in Canada after the age of 18 and provide proof of all his/her dates of entry and departure (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 his/her 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 or the deceased by blood or marriage, who can confirm his/her 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

X _____

Date (YYYY-MM-DD)

_____

Telephone number

_____

	Certificat d'existence **Certificate of existence** **Déclaration sur l'honneur du demandeur *** **Declaration on the honour of the applicant***	**Direction de la Stratégie** **Direction of Strategy** **Convention de Sécurité Sociale Maroc-Canada** **Social Security Convention Morocco-Canada**

***It is important that you*/Il est très important que vous*:**
Use a **pen** and **print** as clearly as possible/Utilisiez un **stylo** et **écriviez** le plus lisiblement possible en lettres moulées

Nom : Last name:	
Prénom : Given Name:	
Numéro de sécurité sociale au Maroc : (composé de 9 chiffres) Moroccan Social Security Number : (composed of 9 numbers)	
Numéro d'assurance social au Canada : Canadian Social Insurance Number :	
Adresse dans le pays de résidence : Address in the country of residence :	
N° d'une pièce d'identité (S.V.P specifiez) Identity Card Number (Please specify)	

Déclare sur l'honneur, qu'à la date du : Jour : _____ Mois : _____ Année : _____ est toujours en vie.
Declare on the honour, that on the date of: Day: _____ Month: _____ Year: _____ is still living.

Signature du demandeur: _____
Signature of applicant :

Pour le Centre Service Canada : **For service Canada Center :** **Signature et cachet : _____** **Signature and stamp :** **Date : _____** **Date :**	**Pour le Consulat du Royaume du Maroc de la ville de résidence :** **For the Consulate of the Kingdom of Morocco in the city of residence :** **Signature et cachet : _____** **Signature and stamp:** **Date : _____** **Date :**

*** L'authentification de cette déclaration sur l'honneur peut être faite par l'une des deux autorités suscitées/The authentification of this declaration on the honour can be done by one of the two authorities.**