# Canada/Republic of North Macedonia Agreement

## Applying for a Macedonian Survivors 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 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.

**ДОГОВОР ПОМЕЃУ РЕПУБЛИКА МАКЕДОНИЈА И КАНАДА ЗА СОЦИЈАЛНО ОСИГУРУВАЊЕ**
**SOCIAL SECURITY AGREEMENT BETWEEN THE REPUBLIC OF MACEDONIA AND CANADA**
***TRAITÉ SUR L'ASSURANCE SOCIALE ENTRE LA RÉPUBLIQUE DE MACÉDOINE ET LE CANADA***

# БАРАЊЕ ЗА СТАРОСНА, ИНВАЛИДСКА И СЕМЕЈНА ПЕНЗИЈА
# APPLICATION FOR OLD-AGE, DISABILITY AND SURVIVOR PENSIONS
# DEMANDE DE PENSION DE VIEILLESSE, D'INVALIDITÉ ET DE SURVIVANT

**1. Носител на кого се доставува барањето за пензија (надлежен носител или орган за врска) / Authority to which the application for a pension is submitted (competent authority or contact agency) / Autorité à laquelle la demande est adressée (autorité compétente ou agence de contact)**

| | |
|---|---|
| 1.1 | Назив/Name/Nom |
| 1.2 | Адреса/Address/Adresse |

**Барање за /Application for / Demande de:**

Упаства : Ве молиме соодветниот одговор означете го со "x"/ Instructions: Please provide details and mark relevant boxes with an " x" / Instruction: Veuillez fournir les détails et marquer les réponses appropriées avec une "x"

**Старосна пензија / Old Age pension / Pension de vieillesse** ☐

**Инвалидска пензија*/Disability pension* / Pension d'invalidité*** ☐

**Семејна пензија / Survivor pension / Pension de survivant** ☐

**Семејна пензија за деца / Survivor pension for children / Pension de survivant pour enfants** ☐

**Дата на поднесување на барање / Date of submission of the application / Date de dépôt de la demande**

**.....-.....-.....**

Ден-месец-Година / Day-Month-Year / Jour-mois-an

## ДЕЛ I / SECTION I /PARTIE I

### 1 Лични податоци за осигуреникот / Particulars of the insured person / Renseignements personnels de la personne assurée

Упаства : Ве молиме соодветниот одговор означете го со "x"/ Instructions: Please provide details and mark relevant boxes with an " x" / Instruction: Veuillez fournir les détails et marquer les réponses appropriées avec une "x"

| | |
|---|---|
| 1.1 | Презиме / Surname / Nom de famille .....<br>Презиме при раѓање и сите други презимиња/ Surname at birth and any other surnames / Nom de famille à la naissance et tout autre nom de famille ..... |
| 1.2 | Име / First name / Prénom …….... |
| 1.3 | Дата на раѓање/Date of birth / Date de naissance .....-.....-.....<br>Ден-месец-Година/Day-Month-Year / Jour-mois-an<br>Место на раѓање / Place of birth / Lieu de naissance ..... |

| | |
|---|---|
| 1. 4 | Брачен статус / Marital Status / État familial ☐ Неженет / Single / Célibataire ☐ Женет / Married / Marié<br>☐ Разведен / Divorced / Divorcé ☐ Вдовец-вдовица / Widow -Widowed / Veu\|f-ve |
| 1.5 | Осигуреникот е / The insured person is / La personne assurée est<br>☐ Инвалид / Has been or was disabled / Invalide ☐ Трајно / Permanently / En permanence<br>☐ Привремено / Temporarly / Temporairement<br>Од /From / Depuis ..... До / Until / Jusqu'à ..... |
| 1.6 | Дата на престанок на осигурувањето / Last date of employment / Date de fin de l'assurance. .....-.....-.....<br>дд-мм-гггг/DD-MM-YYYY/jj-mm-aaaa |
| 1.7 | Дали е корисник на пензија? / Are you a pension beneficiary? / Est-elle prestataire d'une pension?<br>Да/Yes/Oui ☐ Не/No/Non ☐<br>Ако е да, наведете пензиски број / If yes, specify the pension number / Si "oui", indiquez le numéro de prestataire<br>Во Македонија/In Macedonia / En Macédoine ……..... |
| 1.8 | Адреса на местото на живеење / Address of the place of residence / Adresse à domicile<br>…… |
| 1.9 | Има ли стаж во трета држава?Did he/she have periods of insurance contributions in a third country? / Possède-t-elle des périodes de cotisations d'assurance dans un tiers pays?<br>Да/Yes/Oui ☐ Не/No/Non ☐<br>Ако е "да" , наведете ја државата. / If "yes", specify the country. / Si "oui", spécifiez le pays.<br>…… |

**2 Податоци за банката / Banking Information in Canada / Renseignements bancaires au Canada**

| | | |
|---|---|---|
| 2.1 | Име и презиме на имателот на сметката / First name and last name of the account holder / Prénom et nom du détenteur du compte | |
| 2.2 | Име на банката / Name of the bank / Nom de la banque | |
| 2.3 | Адреса на банката / Address of the bank / Adresse de la banque | |
| 2.4 | Код на банката / Bank code / Code de la banque | |
| 2.5 | Број на сметката / Account number / Numéro de compte | |

**ДЕЛ II се пополнува само за : / SECTION II is completed only for: / PARTIE II à remplir seulement pour**

**□ семејна пензија / survivor pension / une pension de survivant**

**□ семејна пензија (за деца и други корисници) / survivor pension (for children and other beneficiaries) / une pension de survivant (pour enfants et autres bénéficiaires)**

## 1 Податоци за починатиот / Particulars of the deceased / Renseignements sur la personne défunte

Упаства : Ве молиме соодветниот одговор означете го со ”x”/ Instructions: Please provide details and mark relevant boxes with an “ x” / Instruction: Veuillez fournir les détails et marquer les réponses appropriées avec une “x”

| | |
|---|---|
| 1.1 | Единствен матичен број на граѓанинот / Citizen’s Unique Identification Number / Numéro unique d’identification du citoyen<br>\| \| \| \| \| \| \| \| \| \| \| \| \| \| |
| 1.2 | Личен број / Personal Number / Numéro personnel<br>\| \| \| \| \| \| \| \| \| \| \| |
| 1.3 | Канадски број на социјално осигурување / Canadian Social Insurance Number / Numéro d’assurance sociale au Canada<br>\| \| \| \| \| \| \| \| \| \| |
| 1.4 | Презиме / Surname / Nom de famille .....<br>Презиме при раѓање и сите други презимиња / Surname at birth and any other surnames / Nom de famille à la naissance et tout autre nom de famille ..... |
| 1.5 | Ime / First name / Prénom ……..... |
| 1.6 | Дата на раѓање / Date of Birth / Date de naissance .....-.....-.....<br>Ден-месец-година/Day-Month-Year / Jour-mois-an |
| 1.7 | Дата на смртта / Date of Death / Date de décès .....-.....-.....<br>Ден-месец-година/Day-Month-Year / Jour-mois-an |
| 1.8 | Адреса на местото на живеење пред смртта/Address of the last place of residence before deceased passed away / Dernière adresse du défunt (de la défunte) avant la mort<br>..... |
| 1.9 | Дали бил/а корисник на пензија / Was he/she a pension beneficiary / Était-il/elle prestataire d’une pension?<br>□ Да / Yes / Oui □ He / No / Non<br>Ако е да, наведете пензиски број / If yes, specify the pension number / Si “oui”, indiquez le numéro de pension<br>во Македонија / in Macedonia / en Macédoine ..... |
| 1.10 | Дали имал/а стаж во трета држава? / Did he/she have periods of insurance cotributions in a third country? / Possédait-il/elle des périodes de cotisations à l’assurance-retraite dans un tiers pays?<br>□Да / Yes / Oui □ He / No / Non |

| | |
|---|---|
| | Ако е “да” , наведете ја државата. / If “yes”, specify the country. / Si “oui”, spécifiez le pays.<br>..... |

**2 Податоци за вдовицата/ецот и другите корисници на правото / Particulars of the widow/widower and other beneficiaries / Renseignements sur le veuf / la veuve et autres bénéficiaires**

Упаства : Ве молиме соодветниот одговор означете го со ”x”/ Instructions: Please provide details and mark relevant boxes with an “ x” / Instruction: Veuillez fournir les détails et marquer les réponses appropriées avec une “x”

| | |
|---|---|
| | . □ Вдовица / Widow / Veuve □ Вдовец / Widower / Veuf<br>□ Други корисници на правото(мајка и татко, маќеа и очув) / Other beneficiaries (mother and father, stepmother and stepfather) / Autres bénéficiaires (mère et père, belle-mère et beau-père) |
| 2.1 | Презиме / Surname / Nom de famille .....<br>Презиме при раѓање и сите други презимиња/ Surname at birth and any other surnames / Nom de famille à la naissance et tout autre nom de famille ..... |
| 2.2 | Име / First name /Prénom ..... |
| 2.3 | Дата на раѓање / Date of Birth / Date de naissance .....-.....-.....<br>Ден-месец-година / Day-Month-Year / Jour-mois-an |
| 2.4 | Дата на склучување на брак / Date of Marriage / Date de mariage .....-.....-.....<br>Ден-месец-Година / Day-Month-Year / Jour-mois-an |
| 2.5 | Единствен матичен број на граѓанинот / Citizen’s Unique Identification Number / Numéro unique d’identification du citoyen<br>\|_\|_\|_\|_\|_\|_\|_\|_\|_\|_\|_\|_\|_\| |
| 2.6 | Личен број / Personal Number / Личен број / Personal Number / Numéro personnel<br>\|_\|_\|_\|_\|_\|_\|_\|_\|_\|_\| |
| 2.7 | Дали е во работен однос / Is he/she employed / Occupe-t-il/elle un emploi Да/Yes/Oui □ Не/No/Non □ |
| 2.8 | Дали е корисник на пензија? / Is he/she a pension beneficiary? / Est-il/elle prestataire d’une pension?<br>Да/Yes/Oui □ Не/No/Non □<br>Ако да, да се наведе пензискиот број / If yes, specify the pension number / Si “oui”, indiquez le numéro de pension<br>…… |
| 2.9 | Адреса / Address / Adresse.…… |

**3 Податоци за децата на починатиот / Particulars of the children of the deceased / Renseignements sur les enfants de la personne défunte**

| 3.1 | Презиме и име / Last name and first name / Nom et prénom | Дата на раѓање / Date of birth / Date de naissance<br>*Ден-Месец-Година / Day-Month-Year / Jour-mois-an* | Име и презиме на таткото / First name and last name of the father / Prénom et nom du père | Име и презиме на мајката / First name and last name of the mother / Prénom et nom de la mère | Доказ за идентификација / Proof of identity / Preuve d'identité<br>во Република Македонија:Извод на родените / in the Republic of Macedonia, Birth certificate / En République de Macédoine: extrait de naissance<br>Во Канада: извод за родените / in Canada: birth certificate / au Canada: certificat de naissance | Детето е на школување или не/ /The child is a student or is not a student / L'enfant est ou n'est pas aux études :<br>Да/Yes/Oui ☐<br>Не/No/Non ☐<br>Доказ: Школска потврда / Proof: school certificate / Preuve: certificat scolaire |
|---|---|---|---|---|---|---|
| | .....<br>.....<br>……<br>……<br>…… | …….<br>…….<br>…….<br>…….<br>……. | ……..<br>……<br>……<br>……<br>…… | ……<br>……<br>……<br>……<br>…… | ……<br>……<br>……..<br>……<br>……. | ……<br>……<br>……<br>……<br>…… |
| 3.2 Адреса / Address / Adresse<br>…….... | | | | | | |

**4 Се пополнува во случај на поднесено барање за семејна пензија при смрт на двата родителa.****

**To be completed for survivor pension applications in the event of the death of both parents.****

**À remplir pour une demande de pension de survivant en cas de décès du père et de la mère.****

**4.1. Лични податоци за таткото / Particulars of the father / Renseignements sur le père**

Упаства : Ве молиме соодветниот одговор означете го со "x"/ Instructions: Please provide details and mark relevant boxes with an " x" / Instruction: Veuillez fournir les détails et marquer les réponses appropriées avec une "x"

| |
|---|
| 1 Презиме / Surname / Nom de famille ……. |
| 2 Име / Name / Prénom ..... |
| 3 Презиме при раѓање и сите други презимиња / Surname at birth and any other surnames / Nom de famille à la naissance |

et tout autre nom de famille ……

4 Единствен матичен број на граѓанинот / Citizen's Unique Identification Number / Numéro unique d'identification du citoyen

5 Личен број / Personal Number / Numéro personnel

6 Дата на раѓање / Date of birth / Date naissance ……..-……-……
Ден-месец-година/Day-Month-Year / Jour-mois-an

7 Дата на смртта / Date of death / Date de décès ……-……-……
дд-мм-гггг / dd-mm-yyyy / jj-mm-aaaa

8 Последна адреса / Last Address / Dernière adresse ……

9 Дали е корисник на пензија? / Is he a pension beneficiary? / Est-il prestataire d'une pension?

Да/Yes/Oui □ Не/No/Non □

Ако да, наведете го пензискиот број, видот на пензијата и кој е носител на пензиското осигурување / If yes, specify the type of pension, pension number and insurance authority / Si « oui », spécifiez le type de pension, le numéro de pension et l'autorité de l'assurance

……

**4.2.Лични податоци за мајката / Particulars of the mother / Renseignements sur la mère**

1 Презиме / Surname / Nom de famille …….

2 Име / Name / Nom de famille à la naissance .....

3 Презиме при раѓање и сите други презимиња/ Surname at birth and any other surnames / Nom de famille à la naissance et tout autre nom de famille

.....……

4 Единствен матичен број на граѓанинот / Citizen's Unique Identification Number / Numéro unique d'identification du citoyen

5 Личен број / Personal Number / Numéro personnel

6 Дата на раѓање / Date of birth / Date de naissance ……..-……-……
Ден-месец-година / Day-Month-Year / Jour/mois-an

7 Дата на смртта / Date of death / Date de décès ……-……-……
дд-мм-гггг / dd-mm-yyyy / jj-mm-aaaa

8 Последна адреса / Last Address / Dernière adresse ..... ……

9 Дали таа е корисник на пензија? / Is she a pension beneficiary? / Est-elle prestataire d'une pension?

Да/Yes/Oui □ Не/No/Non □

Ако да, наведете го пензискиот број, видот на пензијата и кој е носител на пензиското осигурување / If yes, specify the pension number, type of pension and insurance authority / Si « oui », spécifiez le type de pension, le numéro de pension et l'autorité de l'assurance

…….

**5 Изјава на подносителот за податоците / Applicant's declaration / Déclaration du demandeur/de la demanderesse**

Свесен/а за кривичната одговорност за давање неточни податоци изјавувам дека сите податоци содржани во барањето се вистинити и тоа го потврдувам со своерачниот потпис./ Aware of criminal responsibility in case of giving incorrect information, I declare that all the data contained in the request are correct and I confirm this by my own signature / J'ai été averti(e) de la responsibilité criminelle pour des renseignements incorrects, je déclare que tous les renseignements contenus dans cette demande sont corrects et je les confirme en y apposant ma propre signature.

**6 Носител кој го обработил барањето / Authority that processed the application / L'autorité qui a traité la demande**

<table>
<tr><td>6.1</td><td colspan="3">Име / Name / Nom …….</td></tr>
<tr><td>6.2</td><td colspan="3">Адреса/Address / Adresse…….</td></tr>
<tr><td rowspan="2">6.3</td><td rowspan="2">Печат / Official stamp / Sceau</td><td>6.4</td><td>Дата/Date<br>.....-.....-.....<br>Ден-месец-Година / Day-Month-Year / Jour-mois-an</td></tr>
<tr><td>6.5</td><td>Потпис/Signature</td></tr>
</table>

***Забелешки / Notes***

**При поднесување на барање за остварување на инвалидска пензија задолжително да се достави лекарско стручно мислење. / A specialist medical opinion must be submitted when applying for a disability pension. / En cas de demande d'une pension d'invalidité, il est obligatoire de fournir une opinion médicale émise par un spécialiste.*

***Барање за семејна пензија при смрт на двата родителa се поднесува за најмалку две деца. / An application for a survivor pension in the event of the death of both parents is submitted for at least two children. / Une demande de pension de survivant du décès du père et de la mère se fait en faveur d'au moins deux enfants.*

# Canada/Republic of North Macedonia Agreement

## Documents and/or information required to support your application [CAN-RM 1] for a Macedonian Survivor Pension

**Complete the attached forms:**

- ***Canadian Residence – Information Regarding a Deceased Person*** **[SC ISP5015]**
- ***Declaration of Attendance at School or University*** **[SC ISP1401]** for children aged 15 to 26 (if applicable)

**Original or certified copies to be submitted:**

- Birth certificate for you, the deceased person and children
- Death certificate
- Marriage certificate (if applicable)
- Macedonian working books of the deceased person (if you do not have the deceased person's Macedonian working books, you must provide a statement confirming you do not have them in your possession and you must also provide information regarding their employers and their periods of insurance in North Macedonia)
- Proof of employment in the Republic of North Macedonia of the deceased person (decision of employment, or any other proof that can certify the working period)
- Proof of the deceased person's dates of entry(ies) into Canada and departure(s) from Canada (such as: Immigration 1000, passport, visa, ship or airline tickets, etc.)

**Information required:**

- Personal Identification Number (PIN) of citizen (13-digit number) of the deceased (if you do not have their PIN, you must provide a statement confirming you do not have it)

**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

_____

Service Canada

**PROTECTED B (when completed)**

# DECLARATION OF ATTENDANCE AT SCHOOL OR UNIVERSITY

## SECTION A - TO BE COMPLETED BY STUDENT AFTER THE START OF FIRST DAY OF CLASS

**1.** Contributor's Social Insurance Number | Contributor's Given Name and Initial | Family Name

**2.** Your Social Insurance Number | Preferred Language ◯ English ◯ French | Your Given Name and Initial | Family Name

**3.** Your Home Address | Home Address (No., Street, Apt. No.,R.R.) | City, Town or Village | Province or Territory | Country | Postal Code

**4.** Mailing Address (If different from home address) | Mailing Address (No., Street, Apt. No., P.O. Box, R.R.) | City, Town or Village | Province or Territory | Country | Postal Code

**5A.** Student ID Number

**5B.** Name of School, University, College, Training Centre, etc.

**6A.** Type of Enrollment (if "Evening" or "Other", please provide an explanation in Number 8)

◯ Full Time ◯ Evening ◯ Other

**6B.** Number of courses per Term

**6C.** Enrolled In (Specify Course, Grade or Program)

**7A** Number of hours you are required to attend for course, grade or program.

Hours per week

**7B** When did your current attendance begin?

YYYY MM DD

**7C** When will your current attendance end?

YYYY MM DD

**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 if "Evening" or "Other" was selected.

**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 question 1?

◯ Yes ◯ No

Social Insurance Number of that Contributor

**10.** Direct deposit (for Canada only) *For direct deposit to a financial institution outside Canada, please contact us.*

If your application is approved, your monthly payments will be deposited into <u>your</u> account at your financial institution. Complete the boxes below (you may need to contact your financial institution to get this information).

Branch Number (5 digits) | Institution Number (3 digits) | Account Number (maximum of 12 digits)

Name(s) on the account | Telephone number of your financial institution

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

## SECTION B - DECLARATION AND SIGNATURE

I hereby declare that, to the best of my knowledge and belief, the information given above is true and complete. I understand to notify Service 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.

The information you provide is collected under the authority of the *Canada Pension Plan* legislation to determine your eligibility for benefits. The Social Insurance Number (SIN) is collected under the authority of section 52 of the *Canada Pension Plan Regulations* and in accordance with Treasury Board Secretariat Directive on the SIN as an authorized user of the SIN. The SIN will be used to ensure an individual's exact identification so that contributory earnings can be correctly posted allowing for benefits and entitlements to be accurately calculated.

Submitting this application is voluntary. However, if you refuse to provide your personal information, the Department of Employment and Social Development Canada (ESDC) will be unable to process your application.

The information you provide may be used and/or disclosed for policy analysis, research, and/or evaluation purposes. In order to conduct these activities, various sources of information under the custody and control of ESDC may be linked. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you (such as a decision on your entitlement to a benefit).

The information you provide may be shared within ESDC, with any federal institution, provincial authority or public body created under provincial law with which the Minister of ESDC may have entered into an agreement, and/or with non-governmental third parties for the purpose of administering the *Canada Pension Plan*, other acts of Parliament and federal or provincial law as well as for policy analysis, research and/or evaluation purposes. The information may be shared with the government of other countries in accordance with agreements for the reciprocal administration or operation of that law and of the *Canada Pension Plan*.

Your personal information is administered in accordance with the *Canada Pension Plan* and the *Privacy Act*. You have the right of access to, and to the protection of, your personal information. It will be kept in Personal Information Bank ESDC PPU 146. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following Web site address: www.infosource.gc.ca. Info Source may also be accessed online at any Service Canada Centre.

**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 may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

| **Signature of Student** | Date of Application<br>YYYY MM DD | Telephone Number<br>(including area code) |
|---|---|---|
| **X** | | |

## SECTION C - TO BE COMPLETED BY SCHOOL OR UNIVERSITY AFTER THE START OF FIRST DAY OF CLASS

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 Number |

**FOR OFFICE USE ONLY**

**Approved pursuant to Section 59 of the Canada Pension Plan for continuing payment until advised otherwise.**

**Authorized signature** **Date**