

Canada/Albania Agreement

Applying for an Albanian old age pension

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.



**AGREEMENT ON SOCIAL SECURITY BETWEEN CANADA AND THE REPUBLIC OF ALBANIA
 ACCORD DE SÉCURITÉ SOCIALE ENTRE LE CANADA ET LA RÉPUBLIQUE D'ALBANIE
 MARRËVESHJE PËR SIGURIMET SHOQËRORE NDËRMJET KANADASË DHE REPUBLIKËS SË SHQIPËRISË**

**APPLICATION FORM FOR AN OLD AGE PENSION IN ALBANIA
 FORMULAIRE DE DEMANDE DE PENSION DE VIEILLESSE EN ALBANIE
 FORMULAR KËRKESË PENSIONI PLEQËRIE NË SHQIPËRI**

1	Pension Applicant /Demandeur de pension/ / Kërkuesi i pensionit
1.1	Surnames /Noms / Mbiemrat.....
1.2	Names /Prénoms / Emrat
1.3	Name and surname of the father / Nom et prénom du père/ Emri dhe mbiemri i babait :
1.4	Name and surname of the mother / Nom et prénom de la mère/ Emri dhe mbiemri i nënës:
1.5	Gender/ Sexe / ☐ male /masculin/ ☐ female / féminin/ Gjinia mashkull femër
1.6	Date of birth /Date de naissance/ Data e lindjes.....
1.7	Place of birth / Lieu de naissance/ Vendlindja: :.....
1.8	Status / Etat civil/ Gjendja civile ☐ single/célibataire/ beqar/e ☐ re-married/ remarié(e)/ i/e rimartuar ☐ married/ marié(e) / i/e martuar ☐ separated/ séparé(e) / i/e ndarë ☐ divorced / divorcé(e)/ i/e divorcuar/ ☐ widow/er/veuf(ve)/ i/e ve/ Since /depuis / që prej/
1.9	Address / Adresse Adresa.....
1.10	E-mail address or phone number / Adresse e-mail ou numéro de téléphone / Adresë e-mali ose numër telefoni :
1.11	Social security number /N° d'assurance sociale/ Nr.i sigurimit shoqëror: in Canada (SIN) /au Canada (NAS)/ në Kanada (SIN)..... in Albania (NID) /en Albanie (NID)/ në Shqipëri (NID).....

1.12 Application on another person's behalf/ L' introduction de la demande se fait par un tiers autorisé par l'assuré/Aplikimi nëpërmjet një personi tjetër

(Please attach the authorization /Veillez joindre la procuration spéciale/ Ju lutemi bashkëlidhni autorizimin)

Surnames/ Noms/

Mbiemrat.....

Names / Prénoms/

Emrat

Address/ Adresse /

Adresa

.....

E-mail address or phone number/ Adresse e-mail ou numéro de téléphone/

Adresë e-mali ose numër telefoni :

2 Bank identification /Identification bancaire/ Identifikimi bankar

2.1 Surnames and names of the account holder/

Noms et prénoms du titulaire/

Mbiemrat dhe emrat e mbajtësit të llogarisë.

2.2 Name of bank /Nom de la banque/

Emri i bankës

.....

2.3 Address of bank/Adresse de la banque/

Adresa e bankës

.....

2.4 BIC bank code /Code bancaire BIC/

Kodi bankar BIC

.....

2.5 IBAN bank account and SWIFT CODE /

Compte bancaire IBAN et SWIFT CODE /

Llogaria bankare IBAN dhe SWIFT CODE

3

3.1 Old age pension must start/ La pension de vieillesse doit commencer/ Pensi i pleqërisë duhet të fillojë

3.2 ☐ At the earliest with a pension reduction/ Avec le premier cas possible avec une reduction de pension /
Në rastin e parë të mundshëm me reduktim pensioni

☐ At the earliest without a pension reduction/ Avec le premier cas possible sans reduction de pension/
Në rastin e parë të mundshëm pa reduktim pensioni

3.3 ☐ The applicant still exercises a professional activity in Canada as below /Le demandeur exerce encore une activité professionnelle au Canada comme / Unë kërkuesi i përfitimit ushtroj ende në Kanada një aktivitet profesional si :

☐ employed / salariée / i punësuar

☐ self-employed /travailleur indépendant / i vetëpunësuar

3.4 ☐ I (the benefit applicant) declare that I do not exercise a professional activity in Canada as below / Je, le demandeur n'exerce pas d'activité professionnelle au Canada comme / Unë, kërkuesi i përfitimit nuk ushtroj aktivitet profesional në Kanada si:

☐ employed / salariée / i punësuar

☐ self-employed /travailleur indépendant / i vetëpunësuar

since / depuis le / që prej

3.5 I the benefit applicant declare that the last effective working day / Je,le demandeur déclare que le dernière journée effective de travail / Unë kërkuesi i përfitimit deklaroj se dita e fundit efektive e punës.....

4	The person specified in the box 1 La personne désignée au cadre 1 Personi i përcaktuar në kutinë 1	has applied for the following benefits/ a demandé les prestations suivantes/ ka kërkuar përfitimet e mëposhtme	receives the following benefits / bénéficie des prestations suivantes/ përfiton nga shërbimet e mëposhtme
4.1	Continuation of payment in case of incapacity for work /Continuation du paiement du salaire en cas d'incapacité de travail/ Vazhdimi i pagesës në rast paafësie në punë	☐	☐
4.2	Work disability disease reimbursement / Indemnités de maladie pour incapacité de travail/ Rimbursim sëmundjeje për paafësi në punë/	☐	☐
4.3	Invalidity pension/ Pension d'invalidité/ Pension invaliditeti	☐	☐
4.4	Survivor's pension / Pension de survivant/ Pension familjar	☐	☐
4.5	Occupational accident at work or occupational disease Pension /Rente d'accident du travail ou maladie professionnelle/ Pension nga aksidenti në punë ose sëmundje profesionale	☐	☐
4.6	Unemployment or early retirement pension benefits / Prestation de chômage ou de préretraite/ Përfitimet nga papunësia ose pensioni i parakohshëm	☐	☐
4.7	Others/ Autres / Të tjera		

5 **Supplementary information on benefits provided in box 5**
Renseignements complémentaires concernant les prestations visées au cadre 5
Informacione plotësuese lidhur me përfitimet e parashikuara në kutinë 5

5.1	Type of benefit / Type de prestation/ Natyra e përfitimit	Period or starting date/ Période ou date d'effet/ Periudha ose data e fillimit	Monthly amount/ Montant mensuel Shuma mujore
			
	...	..	.
			
	...	..	.
			
	...	..	.
			
	...	..	.
			
	...	..	.
			
	...	..	.
	Institution of granting benefits/		

5. 2	Institution débitrice de la prestation / Institucioni dhënës i përfitimit: Denomination/Address/Dénomination/ Adresse/ Emërtimi/ Adresa:.....
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**Information on employment periods in Albania/
 Informations sur les périodes d'emploi en Albanie /
 Informacione lidhur me periudhat e punësimit në Shqipëri/**

Please provide the following information / Veuillez nous fournir les informations suivantes svp /
 Ju lutemi jepni këtu informacione mbi:

- employment periods/périodes d'emploi / periudhat e punësimit
- self-employment periods/ périodes de travail indépendant/ periudhat e vetëpunësimit
- voluntary contributions / contributions volontaires/ kontributet vullnetare
- equivalent periods / périodes assimilées/ periudhat ekuivalente

If the applicant of pension speaks Albanian, the job type and the employers should be completed in Albanian /
 Si le demandeur de pension connaît la langue albanaise, il est préférable que le type d'emploi et les employeurs soit complété
 aussi en albanais / Nëse kërkuesi i pensionit është njohës i gjuhës shqipe, mundësisht lloji i punës dhe subjektet shqiptare të
 plotësohen në gjuhën shqipe.

**I declare the following / Je déclare ce qui suit/
 Deklaroj si më poshtë vijon:**

No./ Nr.	Enterprise / institution (before 1994)/ L'entreprise /l'institution (avant l'année 1994)/ Ndërmarrja/institucioni (para vitit 1994)	Since/ Depuis / Nga data	Until/ Jusqu'au Deri më	Type of work / Type de travail/ Lloji i punës	Document proving the period (a workbook, certificate, etc., if available)/ Le document qui atteste la période (carnet de travail, attestation, etc, si disponible) Dokumentin që provon periudhën (librezë pune, vërtetim, etj, nëse disponohet)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
Compulsory military / Service obligatoire militaire / Shërbimi i detyrueshëm ushtarak				Soldier/soldat / ushtar	
Graduated in the University - (woman)/ J'ai terminé les études supérieures (femme)/ Kam kryer shkollën e lartë (grua)				Student / Étudiante/ Student	

Political prisoner /Prisonnier politique / I burgosur politik				Prisoner / Prisonnier / I burgosur	
Political exiled / Exilé politique/ I internuar politik				Exiled/ Exilé / I internuar	
Working in Agriculture Cooperative with basic salary and supplementary years/ Travail à la Coopérative agricole à salaire de base et années supplémentaires / Punë në KB me pagë bazë dhe vite shtesë					
Working in Agriculture Cooperative with rates /Travail à la Coopérative agricole défini selon les normes / Punë në Kooperativë Bujqësore me norma				Farmer/ Agriculteur/trice/ Bujk /Bujkeshë	
Unemployment benefits / Indemnités de chômage / Në pagesë papunësie				Assistance / Rente/ Asistencë	
Nr./ No.	The employer Entity (after 1994)/ Le sujet employeur (après 1994)/ Subjekti punëdhënës (pas vitit 1994)	Since / Depuis/ Nga data	Until/ Jusqu'au/ Deri më	Type of work / Type de travail/ Lloji i punës	Documents proving the period/ Le document attestant la période/ Dokumenti që provon periudhën
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Self-employed/ Indépendant / I Vetëpunësuar				Physical person Personne physique/ Person fizik	
Self-employed in Agriculture/Agriculteur privé i / I vetëpunësuar në bujqësi				Private farmer / Agriculteur privé/ bujk privat	
Voluntary contribution /Contribution volontaire / Kontribut vullnetar /					
Early retired military /Militaire en pré-retraite/Ushtarak në pension të parakohshëm					
In invalidity Pension (full / partial)/ En pension d'invalidité (totale/ partielle)/ Në pension invaliditeti (i plotë/i pjesshëm)					
In special miner treatment/ En traitement spécial du mineur/ Në trajtim të veçantë minatori					
In transitory payment, according to Law no. 10142/ En payement de transition, selon la Loi nr. 10142/ Në pagesë kalimtare, sipas Ligjit nr. 10142/					
In transitory payment, according to Law no. 8097/					

En payment de transition, selon la Loi nr. 8097/ Në pagesë kalimtare, sipas Ligjit nr. 8097				
Spouse of the transferred military/ Conjoint du militaire détaché/ Bashkëshort i ushtarakut të transferuar/				
Invalid caretaker / Gardien de l'invalidé/ Kujdestar i invalidit				

I confirm the above statements with these documents as well /

Les déclarations susmentionnées sont à vérifier par les documents suivants/

Deklarimet e sipërsënuara i vërtetoj edhe me këto dokumenta:

No/Nr	Description of documents to be submitted /Description des documents à soumettre / Përshkrimi i dokumentave që dorëzohen	Mark X/ Marque X/ Shenja X
1.	Copy of passport, ID card or personal birth certificate /Copie de passeport, copie de la carte d'identité ou certificat de naissance / Kopje e pashaportës, kartës së identitetit ose certifikatë lindje personale	
2.	Workbook / Livret d'emploi/ Libreza e Punës	
3.	Certificate of conviction as politically persecuted / Certificat de condamnation en tant que persécutés politiques/ Vërtetim i kohës së vuajtjes së dënimit për të përndjekurit politikë	
4.	Special Procuration / Procuration spéciale/ Prokurë ose certifikatë kujdestarie	
5.	University diploma for women / Diplôme universitaire pour les femmes / Diploma e shkollës së lartë për gratë /	
6.	Marriage certificate / Certificat de mariage/ Certifikatë martese	

6

6.1 Date of submission of this application / Date d'introduction de la présente demande /
Data e paraqitjes së kësaj kërkesë:

.....

6.2 The starting date of pension / Début de la pension /
Fillimi i pensionit

.....

6.3 Declaration of the Applicant / Déclaration du demandeur / Deklarata e kërkesit

I certify that, under my sole responsibility, all information provided herein is true and complete. I authorize the country's social security institution that is a signatory to this Agreement to provide the Social Insurance Institute in Albania with all information and supporting documents it has that are or may be related to this claim for benefits.

Je certifie sous ma responsabilité personnelle, que les renseignements communiqués sont vrais et complets. J'autorise l'Institution de sécurité sociale du pays qui est signataire de cet Accord à fournir à L'institution de sécurité sociale en Albanie tous les renseignements et les pièces justificatives en sa possession qui sont relatives à cette demande de prestation

Unë vërtetoj se, nën përgjegjësinë time personale, që të gjitha informacionet e dhëna këtu janë të vërteta dhe të plota. Unë autorizoj institucionin e sigurimeve shoqërore të vendit i cili është nënshkrues i kësaj Marrëveshjeje që t'i sigurojë Institutit të Sigurimeve Shoqërore në Shqipëri të gjitha informacionet dhe dokumentet mbështetëse që ai ka, të cilat janë ose mund të lidhen me këtë kërkesë për përfitime.

Signature du demandeur/ Applicant's signature / Nënshkrimi i kërkesit

6.4 Notes /Observations/ Vërejtje

.....

...

.....

...

.....

...

.....

7. Information on insurance periods in third countries/.....

Information sur les périodes d'assurance dans les pays tiers/

Informacione mbi periudhat e sigurimit në vendet e treta

Please attach evidence, (if available)/.....

Veuillez joindre des preuves, (si disponibles) /

Ju lutemi bashkëlidhni dëshmi, (nëse disponohen).....

Have you been employed **outside**

Albania?/

☐ no/non / jo

☐ yes/oui / po

Avez-vous été employé en dehors de
l'Albanie?/

A keni qenë i/(e) punësuar **jashtë**

Shqipërisë?

If yes, please give other details/

Si oui, s'il vous plaît donner d'autres détails/

Nëse po, ju lutem jepni hollësi të tjera..

Period/ Periudha	from /par/ nga	to/ jusqu'à /deri	Country/ État /Shteti
Period/ Periudha	Insurance Institute/ Institut d'assurance/ Institucioni i sigurimit		Insurance Number/ Numéro d'assurance Numri i sigurimit
	from /par/ nga	to / jusqu'à /deri	Country/ État / Shteti
Period/ Periudha	Insurance Institute / Institut d'assurance Institucioni i sigurimit		Insurance Number / Numéro d'assurance Numri i sigurimit
	from / par/ nga	to / jusqu'à /deri	Country/ État/ Shteti
Period/ Periudha	Insurance Institute / Institut d'assurance Institucioni i sigurimit		Insurance Number / Numéro d'assurance Numri i sigurimit
	from/ / par/ nga	to // jusqu'à /deri	Country/ État /Shteti
Period/ Periudha	Insurance Institute / Institut d'assurance Institucioni i sigurimit		Insurance Number / Numéro d'assurance Numri i sigurimit
	from/ / par /nga	to // jusqu'à /deri	Country/ État /Shteti
Period/ Periudha	Insurance Institute / Institut d'assurance Institucioni i sigurimit		Insurance Number / Numéro d'assurance Numri i sigurimit
	from/ / par /nga	to // jusqu'à /deri	Country/ État /Shteti

8	Canadian Liaison Agency / Agence de Liaison au Canada / Agjencia Ndërlidhëse Kanadeze
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8.	Denomination / Dénomination / Emërtimi
----	--

1	
	
	
	

8.	Address / Adresse/ Adresa
----	---------------------------

2	
	...
	
	...
	
	...

8.	Stamp /Cachet /		7.4	Date/ Date /
----	-----------------	--	-----	--------------

3	Vula			Data.....
---	------	--	--	-----------

	7.5	Signature/ Signature /
		Nëshkrimi

Canada/Albania Agreement

Documents and/or information required to support your application [CAN/AL 4] for an Albanian old age pension

Complete the attached form(s):

- *Canadian Residence* [SC ISP5013]

Originals or certified copies to be submitted:

- Birth certificate, passport ID page or ID card
- Documents attesting employment history in Albania
- Original workbook
- Marriage certificate, if applicable
- University diploma, if you are a female
- Certificate of conviction, if you were politically persecuted
- Power of attorney or guardianship certificate, 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.



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

Canadian Social Insurance Number: _____

PROTECTED B (when completed)

4. Please give us the names, addresses and telephone numbers of at least two people, not related to you by blood or marriage, who can confirm your Canadian residence:

Name	Address	City	Telephone Number

DECLARATION OF APPLICANT

I declare that this information is true and complete.

NOTE: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan* or the *Old Age Security Act*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

Signature

Date (YYYY-MM-DD)

X _____

Telephone number
