

Application for Canada Pension Plan Disability benefits under the Agreement on Social Security between Canada and the Federative Republic of Brazil

CAN-BRA 1 (D1)

Preferred language for correspondence English French					Pleas	se:	- Read the enclosed guide				
					1 100		- Complete the unshaded areas o				only
SECTION 1 - I	NFORMATION ABO	OUT THE CO	NTRIBU	TOR		I				For use	
Brazilian Workers Identification Number Canadian Social Insurance Number										Institut Brazil o	
										Date of	receipt:
2. Male	○ Female										
Given Name	ven Name and Initial Family Name Family Name at Birth							Verified	l by:		
3. Name on C	anadian Social Insur	ance Card		4.	Date of	Birth (Y	YYY-MM	-DD)			
same as	question 2 or					,	birth cer	,			
	440011011 = 01										
5. Marital Stat Single	us	○ Comm	ion-Law		Separate	ed () Divorce	ed C	Surviv	ing spoر اon-law	use or partner
6. Home Addre	ess (No., St., Apt.,RF	R.)			(City, Tov	vn or Vill	age			
Province or	Territory	Coun	try						Postal	Code	
-		· · · · · · · · · · · · · · · · · · ·									
7. Mailing Add	ress (No., St., Apt.,R	R.) if differer	nt from H	ome Ad	dress (City, Tov	vn or Vill	age			
Dravinas ar	Tamitam.	Cour	4 m .						Dootol	Cada	
Province or	тепцогу	Coun	ury						Postal	Code	
									· · · · · · · · · · · · · · · · · · ·		
8. In which Ca	nadian province did y	you last resid	le?								
9. Indicate per	ods of residence and	d/or periods	of emplo	yment in	a count	ry other	than Ca	nada an	d Brazil.		
Name of Country	Social Secur	itv	Residence			Employment				Has a benefit been	
	Number in th	-	From		o	From		То		requested?	
	Country	Year	Month	Year	Month	Year	Month	Year	Month	Yes	No
										\bigcirc	\bigcirc
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Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada.

	PROTECTED B (when completed)						
10. Since January 1, 1966, have you or your spouse of Allowances or the Child Tax Benefit for a child bo		•	•	ole for Canadian	Family		
Contributor Yes No Spouse or Comr	mon-law	partner	Yes	No			
SECTION 2 - INFORMATION ABOUT THE CONTRI	BUTOR'	S CHILDRE	N				
11. Do you have children under the age of 18 in your custody and control?				etween the ages school or univers			
Yes If "Yes", please complete question 11 and No attach a birth certificate for each child.				each child should application.	d complete a		
11A. Child's Given Name	Family	Name f Birth (YYY	For use by the Social Security Institution of Brazil only				
O M I O Famala	Date		_				
Male Female					Verified by:		
O Natural child							
If you answered "Other", please explain the circumstances.							
11B. Child's Given Name	Family	Nama					
	1 diriiiy	ivame			For use by the		
		f Birth (YYY	Y-MM-DD)		For use by the Social Security Institution of Brazil only		
			Y-MM-DD)		Social Security Institution of		
		f Birth (YYY	Y-MM-DD)		Social Security Institution of Brazil only		
	Date of	f Birth (YYY	Y-MM-DD)		Social Security Institution of Brazil only		
○ Natural child ○ Legally adopted child	Date of	f Birth (YYY	Y-MM-DD)		Social Security Institution of Brazil only		
Natural child Legally adopted child If you answered "Other", please explain the circ If there is not sufficient space to list all y	Date of Othecumstand	f Birth (YYY) er ces.	estion(s) 11 a	· •	Social Security Institution of Brazil only Verified by:		
Natural child Legally adopted child If you answered "Other", please explain the circ If there is not sufficient space to list all y a separate sheet of pa 12. If you have a natural or legally adopted child under	Date of Othecumstand	f Birth (YYY) er ces. dren in que	estion(s) 11 a	tion.	Social Security Institution of Brazil only Verified by:		
Natural child Legally adopted child If you answered "Other", please explain the circ If there is not sufficient space to list all y a separate sheet of pa	Date of Othecumstand	f Birth (YYY) er ces. dren in que	estion(s) 11 a	tion. d control of some	Social Security Institution of Brazil only Verified by:		

PROTECTED B (when completed) Canadian Social Insurance Number 13. On behalf of any of your children listed in question 11, has an application been made for, or have benefits been received from: Applied Received Canada Pension Plan No Yes No Yes Yes No Yes No Quebec Pension Plan If you answered "Yes" to either of the above, indicate under which Social Insurance Number. Canadian Social Insurance Number ____ Canadian Social Insurance Number SECTION 3 - TO BE SIGNED BY THE APPLICANT AND, IF APPLICANT SIGNS WITH MARK, BY A WITNESS. If you are applying on behalf of the applicant, indicate on a separate sheet of paper your full name and address, and the reason you are making this application. 14. Declaration and signature I declare that, to the best of my knowledge, the information given in this application is true and complete. I authorize the social security institution of the country which is a Party to this Agreement to furnish to Service Canada all the information and evidence in its possession which relate or could relate to this application for benefits. 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. The SIN will also be used for income verification purposes with the Canada Revenue Agency to deliver better service to you, and minimize government duplication. 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 nongovernmental 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, of the OAS Act 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 (CPP). 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.qc.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 Applicant Date of Application

NOTE: Signature by mark is acceptable if witnessed by any responsible person who must complete the following declaration.

Telephone number (including area, city or regional code)

(YYYY-MM-DD)

Canadian Social Insurance Num		PROTECTED B (when completed)					
15. Declaration of witness							
I read the contents of the or her mark in my prese		nt who appeared to f	ully understand and who made his				
Signature of	Witness	Name of Witness (Please print)					
Address of Witness							
	TO BE COMPLETED BY THE	LIAISON AGENCY IN CA	NADA				
Date of Receipt Year Month Day	Effective Date Year Month Day		Payment Age onth Day A B T				
Certified by:	Date	Verified by:	Date				