

Canadian Social Insurance Number

PROTECTED B (when completed)

10. Since January 1, 1966, have you or your spouse or common-law partner been eligible for Canadian Family Allowances or the Child Tax Benefit for a child born after December 31, 1958?

Contributor Yes No Spouse or Common-law partner Yes No

SECTION 2 - INFORMATION ABOUT THE CONTRIBUTOR'S CHILDREN

11. Do you have children under the age of 18 in your custody and control?
Yes If "Yes", please complete question 11 and attach a birth certificate for each child.
No

Do you have children between the ages of 18 and 25 in full time attendance at school or university?
Yes If "Yes", each child should complete a separate application.
No

11A. Child's Given Name

Family Name

For use by the Social Security Institution of Brazil only

Date of Birth (YYYY-MM-DD)

Male Female

Verified by:

Natural child Legally adopted child Other

If you answered "Other", please explain the circumstances.

11B. Child's Given Name

Family Name

For use by the Social Security Institution of Brazil only

Date of Birth (YYYY-MM-DD)

Male Female

Verified by:

Natural child Legally adopted child Other

If you answered "Other", please explain the circumstances.

If there is not sufficient space to list all your children in question(s) 11 and / or 12, please use a separate sheet of paper and attach it to this application.

12. If you have a natural or legally adopted child under the age of 18, in the custody and control of someone else, please provide the following information:

Child's Full Name

Custodian's Full Name

Custodian's Address

Child's Full Name

Custodian's Full Name

Custodian's Address

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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	Yes	No	Yes	No
Quebec Pension Plan	Yes	No	Yes	No

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.

Note: 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 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, 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.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 Applicant _____

Date of Application (YYYY-MM-DD) _____

Telephone number (including area, city or regional code) _____

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

15. Declaration of witness

I read the contents of this application to the applicant who appeared to fully understand and who made his or her mark in my presence.

Signature of Witness

Name of Witness (Please print)

Address of Witness

TO BE COMPLETED BY THE LIAISON AGENCY IN CANADA

Date of Receipt Year Month Day	Effective Date Year Month Day	Date of Payment Year Month Day	Age A B T		
Certified by:	Date	Verified by:	Date		