



SEGURANÇA SOCIAL

IDENTIFICATION OF NATURAL PERSONS COVERED BY THE CITIZENSHIP SOCIAL PROTECTION SYSTEM

1 IDENTIFICATION OF THE BENEFIT APPLICANT

Full name			
Birth date	year month day	Social Security Identification Number	
Taxpayer no.			
Sex	<input type="radio"/> F <input type="radio"/> M	Civil status	Nationality
Identification document	no.	from	year month day
<small>(Citizen Card, Identity Card, Civil Registration Certificate, Residence Permit, etc.)</small>			
Birthplace: Parish	Municipality	District	
Father's name			
Mother's name			

2 ADDRESS OF THE BENEFIT APPLICANT

Address			
Postal code			
Locality			
District	Municipality	Parish	
Mobile phone / Phone no.	Fax no.	Email	

3 REASON FOR THE IDENTIFICATION REQUEST ⁽¹⁾

Benefit name			
Reason			
Do you also want to identify the household member(s)?	<input type="radio"/> Yes <input type="radio"/> No	If you ticked No , please go to Table 5	
(1) Benefits application (Social pension, Social Integration Income, Parental Social Allowance, Adoption Social Allowance, etc.) / access to social supports granted by the Social Security system / other reason requiring registration in the Social Security system.			

4 IDENTIFICATION OF THE HOUSEHOLD MEMBER(S) IN THE CASE OF A PORTUGUESE CITIZEN

Member 1	Full name			
	Birth date	ano mês dia	Sex (F or M)	<input type="checkbox"/> Civil status
	Birthplace: Country	District	Municipality	
	Parish	Nationality		
	Identification document	No.	from	year month day
	<small>(Citizen Card, Identity Card, Civil Registration Certificate, Residence Permit, etc.)</small>			
	Other identification document			
	Certificate no.	Certificate year	Civil Registry Office	
	Taxpayer no.			
	Family relationship with the benefit applicant (Please tick with an x the corresponding situation)			
<input type="checkbox"/> Spouse or partner <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Father/Mother <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Grandfather/Grandmother <input type="checkbox"/> Son-in-law/Daughter-in-law				
<input type="checkbox"/> Adopter <input type="checkbox"/> Adoptee <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Stepson/Stepdaughter <input type="checkbox"/> Under guardianship <input type="checkbox"/> Judicially entrusted <input type="checkbox"/> Other				
Do you want to identify another(other) household member(s)? <input type="radio"/> Yes <input type="radio"/> No If you ticked Yes, please complete the Continuation Sheet, Mod. RV 1017/1-DGSS.				

5 IDENTIFICATION OF THE HOUSEHOLD MEMBER(S) IN THE CASE OF A FOREIGN CITIZEN

Member 2

Forename(s) and Surname(s)

Family name

Surname at birth

Forename(s)

Filiation (To be completed by French citizens born outside the French metropolitan territory and Spanish citizens)

Father's surname

Father's forename(s)

Mother's surname

Mother's forename(s)

Birthplace

Locality

Province or department

Department code Country

Other identification elements

Birth date Sex (F or M) Civil Status

Type of identification document

ID document no.

Taxpayer no.

Family relationship with the benefit applicant (Please tick with an x the corresponding situation)

Spouse or partner Son/Daughter Father/Mother Brother/Sister Grandfather/Grandmother Son-in-law/Daughter-in-law

Adopter Adoptee Stepfather/Stepmother Stepson/Stepdaughter Under guardianship Judicially entrusted Other

Do you want to identify another(other) household member(s)? Yes No If you ticked **Yes**, please complete the Continuation Sheet, Mod. RV 1017/1-DGSS.

6 CERTIFICATION OF THE BENEFIT APPLICANT

The information provided corresponds to the truth and does not omit any relevant details.

I am aware that I must notify the Social Security services of any change in the information provided, **within 5 working days** from the date on which the change occurs.

year month day

Signature of the applicant or another person on his/her behalf, in accordance with a valid identification document

7 INFORMATION AND DOCUMENTS TO SUBMIT

This form is aimed to collect the necessary data to identify a benefit applicant and/or the respective household members who do not have a Social Security Identification Number (NISS) yet.

Instructions for completing Table 5 – Identification of the household members in the case of a foreign citizen

- The family name includes the indication of the usual surname acquired by marriage.
- The surname at birth must always be indicated (if it is the same as the family name, please indicate "IDEM").
- The expressions "KNOWN AS" and "ALIAS" and the particles must be indicated according to the civil registry order.
- Please indicate all the forenames according to the civil registry order.
- In the case of French cities that cover several "arrondissements", please mention the respective number (e.g., "Paris 14").

Documents to submit

This form must be submitted with the following documents (per household member, if applicable):

- Valid ID document, namely: Citizen Card or Identity Card, Civil Registration Certificate, Birth Certificate or Passport;
- Taxpayer document;
- Form model RV 1006-DGSS – Identificação complementar (Additional personal information) and the documents requested therein, in the case of foreign citizens.
- Valid residence permit, in the case of a citizen from a country outside the territorial scope of the European Union.

8 WHERE TO SUBMIT THE FORM

This form must be submitted in any Social Security Customer Information Service, preferably together with the application for a social benefit/support, or in any other situation that requires the person's registration in the Social Security system.

The personal data provided in this application will be processed by the competent Social Security services (Instituto da Segurança Social, I.P., Instituto da Segurança Social dos Açores, I.P.R.A and Instituto de Segurança Social da Madeira, IP-RAM) for the purposes of this form and will be kept for the period strictly necessary to fulfil such purposes.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection.

For more information on data protection, please consult the Social Security website at www.seg-social.pt

SIGNATURE VALIDATION (to be completed by the Social Security services)

I confirm that the signature of the: **applicant or** **person on his/her behalf** is in accordance with the following ID document:

Citizen Card Identity Card Passport Other _____

Number _____ Valid until

year	month	day
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Social Security signature and stamp

False statements are punished according to the law