

1 Personal details of the applicant

Full name

Social Security Identification Number

Birth date - -
year month day

The name will be updated only if you do not have a Citizen Card.

2 Contact details

Mobile phone no.

Phone no.

Email

This data will be recorded in the Social Security Information System.

3 Address *To be completed only if you do not have a Citizen Card*

Address

Locality Postal Code

District Municipality Parish

This data will be updated only if you do not have a Citizen Card.

4 Statements

- ▶ The information I have provided is complete and true.
- ▶ I am aware that false statements are punished according to the law.

Date - -
year month day

Signature

Signature of the applicant or of another person on his/her behalf (signature of another person when the applicant cannot or does not know how to sign) according to a valid identification document.

5 Information

Documents to submit

- ▶ Valid ID document of the applicant, namely the Citizen Card, Identity Card, Passport or another document with a photograph.
- ▶ Valid ID document of the person signing on behalf of the applicant, if the applicant cannot or does not know how to sign.

Where to submit the application

- ▶ The documents may be sent by post to the Social Security District Centre of your residence area, or submitted in person at any Social Security Customer Information Service.

Information (continuation)**i** Notes

- ▶ If the applicant cannot or does not know how to sign, it is necessary to submit a document attesting this fact.
- ▶ If the applicant is covered by the Accompanied Adult Scheme, his/her accompanying person must submit the judgment certifying this status.
- ▶ If the applicant wants to communicate a change of address and has a Citizen Card, he/she can do so:
 - ▷ On the ePortugal portal, using the Citizen Card authentication method, the Digital Mobile Key or the portal's virtual assistant;
 - ▷ In person, at the Citizen Spaces (*Espaços Cidadão*);
 - ▷ At the Citizen Card customer information desks.

Data protection

The collected personal data 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*) and will be kept for the period necessary to fulfil their intended purpose.

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

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

To be completed by the Social Security services

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

Citizen Card Identity Card Passport Other

Number

Valid until

 - -
year month day
Signature and stamp