

Personal details of the beneficiary

1.1. Identification

Full name

Social Security Identification Number

Birth date

 - -
year month day

Mobile phone/Phone number

Email

Please state the allowance/support/benefit/measure/supplement or pension whose payment you intend to authorise to a third party:

Example: Solidarity Supplement for the Elderly

1.2. Reason for the impediment

- I am physically incapacitated due to illness or disability
- I am accommodated in a social support establishment or similar
- I am serving a prison sentence or other custodial measure
- Another reason:

1.3. Impediment period

- Temporary Permanent (without time limit)

If you answered **temporary**, please indicate the period: from - - to - -
year month day year month day

Personal details of the authorised person (third party)

Full name

Social Security Identification Number

Birth date

 - -
year month day

Address

Locality

Postal Code

Mobile phone/Phone number

Email

Please indicate the authorised person's relationship with the beneficiary:

- Legal representative Guardian Informal carer Other:
- Accompanying person (within the scope of the Legal Scheme for Accompanied Adults)

