

Statement of Occupational Activity



Please complete this statement if you are working in Portugal or abroad.

Personal details of the beneficiary/applicant

Full name	
Social Security Identification Number	Birth date year month day
Details of the employer/worker's	employment situation ————————————————————————————————————
Employer no. 1	
Name	
Social Security Identification Number Address	
Postal Code -	Country
Occupation/activity	Tasks performed
Job position	Work period from to
Risks to which you are or have been subject/p	
Employer no. 2	
Name	
Social Security Identification Number	
Address	
Postal Code	Country
Occupation/activity	Tasks performed
Job position	Work period from - to to year month day
Risks to which you are or have been subject/p	

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Social Security Identification Number	
Address	
Postal Code	Country
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Occupation/activity	Tasks performed
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	NA/- ul
ob position	Work period
	from to
Risks to which you are or have been subject/products with which yo	
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Social Security Identification Number	
Address	
Postal Code	C
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Occupation/activity	Tacks performed
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Details of the employer/worker's employment situation (continuation)

Details of the employer/worker's employr	nent situation (continuation) ————————————————————————————————————
Employer no. 6	
Name	
Social Security Identification Number	
Address	
Postal Code	Country
Occupation/activity	Tasks performed
Job position	Work period
	from year - on to year on onth day year on onth day
Risks to which you are or have been subject/products wit	:h which you work or have worked
Statements —	
am aware that false statements are punished according	g to the law.
I declare that the information I have provided is complet	e and true.
Date	Signature
year month day	
, and the second	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.
Data protection	
	al Security Services (<i>Instituto da Segurança Social, I.P., Instituto da a Social da Madeira, I.PRAM</i>) and will be kept for the period necessary to
fulfil their intended purpose.	our personal data and to fulfilling their obligations wihin the scope of
data protection. For further information on data protection, please consult the	
To Turkier information on data protection, please consult to	ie social security website at www.seg-social.pt
To be completed by the Social Security service	es
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	Cignotius and stamp
	Signature and stamp
year — month — day	Signature and Stamp