

## 1 Personal details of the applicant

Full name

Social Security Identification Number

Birth date

 -  - 

year month day

Mobile phone/Phone no.

Email

## 2 Occupational activity details

Name of the employer

Line of business

Occupation/activity

Tasks performed

Risks to which you are subject and/or products with which you work

Address

Locality

Postal Code

 - 

Mobile phone/Phone no.

Fax

Email

End date of the activity that caused the occupational disease:

 -  - 

year month day

## 3 Statements

**I am aware** that false statements are punished according to the law.

**I undertake:**

- ▶ not to continue or return to work in activities subject to the risk of occupational disease for which I am a pensioner;
- ▶ to inform the Social Security services of any changes to the information provided, **within 10 working days** from the date on which they occurred.

**I declare** that the information I have provided is complete and true.

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.

## Data protection



The collected 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, I.P.-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](http://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

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
year		month		day

Signature and stamp