



1 Personal details of the declarant

Full name

Taxpayer no.

Social Security Identification Number

Birth date

 - -
year month day

ID document

Citizen Card

Identity Card

Passport

Residence Permit

Number

Valid until

 - -
year month day

2 Personal details of the authorised person (person to whom the declarant gives authorisation)

Full name

Taxpayer no.

Social Security Identification Number

Birth date

 - -
year month day

Address

Locality

Postal Code

 -

ID document

Citizen Card

Identity Card

Passport

Residence Permit

Number

Valid until

 - -
year month day

If the person concerned is a lawyer or solicitor, please indicate his/her professional certificate number

3 Authorisation and validity period of the declaration

You can select more than one option.

I authorise the person indicated in table 2, to:

Collect the official documents requested.

Access my personal data registered in the Social Security database, for the following purpose(s):

3

Authorisation and validity period of the declaration (continuation)

Apply for the allocation of a Social Security Identification Number (NISS).

This Declaration **can only be used once, within the respective validity period and only for the purposes indicated therein.**

Declaration valid until

____ - ____ - ____
year month day

4

Statements

I am aware that:

- ▶ the data contained in this document are registered in the Social Security Information System;
- ▶ I can personally consult the information concerning me and ask for it to be corrected;
- ▶ this authorisation cannot be used for Special Education Allowance purposes;
- ▶ false statements are punished according to the law.

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

Date

____ - ____ - ____
year month day

Signature

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

5

Information



Documents to submit

Valid civil identification document of the declarant and of the authorised person, with signature and photograph:

- ▶ Citizen Card, Identity Card, Passport or Residence Permit.

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

Validation of the declarant's signature (person identified in table 1)

I confirm that the signature of the **declarant** **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

Validation of the authorised person's identity (person identified in table 2)

I confirm that the identity of the **authorised person** is in accordance with the following identification document:

Citizen Card

Identity Card

Passport

Other

Number

Valid until

- -
year month day

Signature and stamp