SEGURANÇA SOCIAL

APPLICATION
ALLOCATION OF SOCIAL SECURITY IDENTIFICATION NUMBER

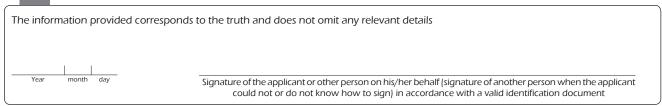**PLEASE READ THE INFORMATION CAREFULLY BEFORE COMPLETING THE FORM**

1 APPLICANT`S PERSONAL DATA

1.1 FORENAME(s) AND SURNAME

Family name [1]

Surname at birth [1]

Forename (s) [2]

1.2 FILIATION

Father`s surname

Father`s forename (s)

Mother`s surname

Mother`s forename (s)

1.3 OTHER INFORMATION

Sex ◯ M ◯ F   civil status _____   Birth date | Year | month | day |

Nationality _____

Valid Identification Document _____ N.º _____ of | Year | month | day |
(Passport, Residence Permit, Citizen Card, other)

Mobile Phone / Phone _____   E-mail _____

BIRTHPLACE

Locality [3]

Province or department [4]

Country

Registration number in the Social Security system of the country of nationality

Comments _____

1.4 ADRESS

Address

Locality

Postal Code | | | | | - | | | | |

District _____   Municipality _____   Parish _____

1) The surname includes the indication of the usual surname acquired by marriage.
The surname at birth must always be indicated (if it is the same as the family name, please indicate "IDEM").
The expressions "KNOWN AS" and "ALIAS" and the particles must be indicated according to the civil registry order.
(2) Please indicate all the forenames according to the civil registry order.
(3) In the case of French cities that cover several "arrondissements", please mention the respective number (e.g., "Paris 14").
(4) This field must be completed by the insured persons who are French or Italian nationals.
'Province or department of birth' means the territorial division of the birthplace.
Examples:
- In the case of France, if the commune of birth is "LILLE", please indicate "NORD 59" (department of birth).
- In the case of Italy, if the commune of birth is "RIMINI", please indicate "FORLI" (province of birth).

False statements are punished according to the law

2 | **CERTIFICATION**

The information provided corresponds to the truth and does not omit any relevant details

‾‾‾‾‾‾‾‾|‾‾‾|‾‾‾‾
Year   month   day

Signature of the applicant or other person on his/her behalf (signature of another person when the applicant could not or do not know how to sign) in accordance with a valid identification document

3 | **DOCUMENTS TO SUBMIT**

Valid identification document (Citizen Card or Passport , Residence Permit or other).

The personal data provided in this application 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) for the purposes of this form and will be kept for the period strictly necessary to fulfil such purposes.

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

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

SIGNATURE VALIDATION (to be completed by the Social Security services)

I confirm that the signature of: ☐ **applicant or** ☐ **person on his/her behalf** matches that on the following identification document:

◯ Citizen Card   ◯ Identity card   ◯ Passport   ◯ Other _____

Number |_|_|_|_|_|_|_|_|_|_|_|_|_| valid until |_|_|_|_|_|_|
                                                year month day

Signature and stamp of Social Security