

Application for Parental Allowance - continuation sheet

| _ | Identification of the allowance | ı of the allowance beneficiary 🚽 🚽 ا | | |
|---|---------------------------------------|--------------------------------------|--|--|
| | Full name | | | |
| | | | | |
| | Social Security Identification Number | Birth date | | |
| | | year month day | | |
| | Mobile phone/Phone no. | Email | | |
| | | | | |

| Personal details of the app | licant | | | | |
|---|---|----------------|--|--|--|
| Full name | Full name | | | | |
| | | | | | |
| Social Security Identification Number | Taxpayer Number | Birth date | | | |
| | | year month day | | | |
| Please indicate the situation between | Please indicate the situation between the applicant and the person identified in <u>table 1</u> . | | | | |
| O Mother/Person treated as such | Father/Person treated as such | | | | |
| Guardian | Other | | | | |
| | please specify | | | | |

Statements

- The information I have provided is complete and true;
- False statements are punished according to the law.

| Date | Signature |
|----------------|--|
| year month day | |
| | 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. |

Information

A

This form must be submitted together with the allowance application form, <u>RP 5049</u>, if the applicant is the beneficiary's legal representative.

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 | | | |
|---|--------------------------|---------------------|--|
| Citizen Card | Oldentity Card OPassport | Other | |
| Number | Valid until | Signature and stamp | |
| | | | |