

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	