

FOR SELF-EMPLOYED PERSONS

EXEMPTION FROM PAYING CONTRIBUTIONS

1 BENEFICIARY'S DETAILS					
Full name					
Social Security Identification Number					
Tax identification number Image: Finance Office code					
Mobile/Phone no.					
2 CIRCUMSTANCES GIVING RISE TO THE REQUEST FOR AN EXEMPTION					
Mark 🗶 in the relevant box					
I am an employee and my average monthly remuneration is equal to or greater than the Social Support Index (IAS) value					
I hold a pension with another Portuguese or foreign social welfare system (1) (please tick the type below):					
Invalidity / old age / retirement					
Occupational illness / accident at work, resulting in incapacity of 70% or more					
(1) E.g. unincorporated funds, Caixa Geral de Aposentações [General Pensions Fund], or a foreign entity.					
3 CIRCUMSTANCES GIVING RISE TO THE REQUEST FOR AN EXEMPTION					
I hereby declare that:					
the average monthly income concerned is less than 4 times the IAS value.					
the self-employed work and the employed work are performed for separate undertakings that are not affiliated with each other.					
the employed activity is covered by another mandatory social welfare system that includes all of the situations covered by the regime for self-employed persons.					
I declare that the self-employed activity can legally be combined with the pension.					
I undertake to notify any changes in the information provided within 10 days of such changes taking effect.					
The declarations made herein are truthful and do not omit any relevant information.					
year month day Signature of the applicant or another person on his/her behalf, in accordance with a valid identification document					

(1) In accordance with Article 157 of the Contributory Regimes Code (as enacted by Lei No. 110/2009 of 16 September) and Articles 59 to 61 of Decreto Regulamentar No. 1-A/2011 of 3 January, both as amended.
 This form is intended for use by self-employed persons who, in their capacity as employees or pensioners, are covered by another social welfare system.

False statements and omissions are punishable by law

4 DOCUMENTS TO BE PROVIDED

The applicant's social security identification card or, failing that, a valid form of identification, such as a Portuguese Citizen Card, an identity card, a civil registry document, a birth certificate or a passport;

A statement from the employer specifying the declared monthly remuneration (if the applicant is in active employment) or a statement from the competent Portuguese or foreign institution confirming the applicant's status as a pensioner or, in the event of occupational illness or accident at work, specifying the degree of incapacity.

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 signa	ature of: 🗌 applicant	or 🗌 person on	his/her behalf matches that on the following identification docur	ment:	
Citizen Card	O Identity card	O Passport	Other		
Number		Expiry date	e year month day Signature and stamp of Social Security	у	