

Application for Canada Pension Plan Disability benefits under the Agreement on Social Security between Canada and the Republic of Hungary

Personal Information
Bank HRSDC PPU 175

SC ISP5053-HUN (2008-04) E Internet Version

Canadian Social Insurance Number			
SECTION 2 - INFORMATION ABOUT THE CONTRIBUTOR'S CHILDREN (continued)			
11B. Child's Given Name		Family Name	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth Year Month Day	
<input type="checkbox"/> Natural child <input type="checkbox"/> Legally adopted child <input type="checkbox"/> Other			
If you answered " Other ", please explain the circumstances.			
If there is not sufficient space to list all your children in question(s) 11 and / or 12, please use a separate sheet of paper and attach it to this application.			
12. If you have a natural or legally adopted child under the age of 18, in the custody and control of someone else, please provide the following information:			
12A. Child's Full Name		Custodian's Full Name	
		Custodian's Address (No., Street, Apt. No.)	
12B. Child's Full Name		Custodian's Full Name	
		Custodian's Address (No., Street, Apt. No.)	
13. On behalf of any of your children listed in question 11, has an application been made for, or have benefits been received from:			
Applied Received			
Canada Pension Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
Quebec Pension Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered " Yes " to either of the above, indicate under which Social Insurance Number.			
Social Insurance Number		Social Insurance Number	

IT IS AN OFFENCE UNDER CANADIAN LAW TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS APPLICATION.

SECTION 3 - TO BE SIGNED BY THE APPLICANT AND, IF APPLICANT SIGNS WITH MARK, BY A WITNESS.			
Note: If you are applying on behalf of the applicant, indicate on a separate sheet of paper your full name and address, and the reason you are making this application.			
14. Declaration of Applicant		Declaration of Witness	
I hereby apply for a disability benefit under the Canada Pension Plan and declare that, to the best of my knowledge, the information herein is true and complete. I agree to notify Service Canada of any changes in circumstances which may affect my eligibility to benefits. I authorize the social security institution which is Party to this Agreement to furnish to Service Canada all the information and evidence in its possession which relate or could relate to this application for benefits. In addition, I realize that my personal information governed by the <i>Privacy Act of Canada</i> may be disclosed where authorized under the Canada Pension Plan.		I have read the contents of this application to the applicant who appeared to fully understand them and who made his or her mark in my presence.	
Signature of Applicant		Signature of Witness	
Date of Application		Name of Witness (Please Print)	
Year Month Day			
Telephone Number (including area, city or regional code)		Address of Witness (No., Street, Apt. No.)	
[]			
TO BE COMPLETED BY THE LIAISON AGENCY IN CANADA			
Date of Receipt		Eligibility Date	
Year Month Day		Year Month Day	
Date of Payment		Age	
Year Month Day		A B T	
Certified by:		Verified by:	
Date		Date	