

1 Identification of the allowance beneficiary

Full name

Social Security Identification Number

Birth date

year month day

Mobile phone/Phone no.

Email

2 Personal details of the applicant

Full name

Social Security Identification Number

Taxpayer Number

Birth date

year month day

Please indicate the situation between the applicant and the person identified in table 1.

☐ Mother/Person treated as such

☐ Father/Person treated as such

☐ Guardian

☐ Other

please specify

3 Statements

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

Date

year month day

Signature

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.

4 Information

This form must be submitted together with the allowance application form, RP 5096, 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 Online Service (*Segurança Social Direta*) at www.seg-social.pt.

To be completed by the Social Security services

I confirm that the signature of the ☐ **applicant** ☐ **person that signed on his/her behalf** is in accordance with the following identification document:

☐ Citizen Card ☐ Identity Card ☐ Passport ☐ Other

Number

Valid until

	-		-	
year		month		day

Signature and stamp