

Canada/Denmark Agreement

Applying for Danish benefits

Here is some important information you need to consider when completing your application.

Please ensure you sign the application. If you are signing with a mark, (for example: "X") the signature of a witness is required.

Your application must be supported by documentation. Please submit the documents requested. Failure to complete the application and provide the requested documentation may result in delays in processing your application.

Where original documents are specifically requested, originals must be submitted with your application. You should keep a certified true copy of any originals you send us for your records. Some countries require original documentation which will not be returned to you.

You may submit the original or a photocopy that is certified as true for any of the documents where originals are not required. It is better to send certified copies of documents rather than originals. If you choose to send original documents, send them by registered mail. We will return the original documents to you. We can only accept a photocopy of an original document if it is legible and if it is a certified true copy of the original. Our staff at any Service Canada centre will photocopy your documents and certify them free of charge. If you cannot visit a Service Canada Centre, you can ask one of the following people to certify your photocopy:

Accountant; Chief of First Nations Band; Commissioner for Oaths; Employee of a Service Canada Centre acting in an official capacity; Funeral Director; Justice of the Peace; Lawyer, Magistrate, Notary; Manager of Financial Institution; Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Naturopathic Doctor, Nurse Practitioner, Ophthalmologist, Optometrist, Pharmacist, Psychologist, Registered Nurse; Member of Parliament or their staff; Member of Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Official of a federal government department or provincial government department, or one of its agencies; Official of an Embassy, Consulate or High Commission; Officials of a country with which Canada has a reciprocal Social Security Agreement; Police Officer; Professional Engineer; Social Worker; Teacher, University Professor.

People who certify photocopies must compare the original document to the photocopy, state their official position or title, sign and print their name, give their telephone number and indicate the date they certified the document.

They must also write the following statement on the photocopy: **This photocopy is a true copy of the original document which has not been altered in any way.**

If a document has information on both sides, both sides must be copied and certified. You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you.

Return your completed application, forms and supporting documents to:

International Operations
Service Canada
P.O. Box 250
Fredericton NB E3B 4Z6
CANADA

Disclaimer:

This application form has been developed by external sources in cooperation with Employment and Social Development Canada. The content and language contained in the form respond to the legislative needs of those external sources.

Sendes til:
To be sent to:
A envoyé à:

Dansk-Canadisk Overenskomst om Social Sikring

CAN-DN 1

Agreement between Canada and Denmark on Social Security

Accord entre le Canada et le Danemark sur la Sécurité Sociale

Sikringsstyrelsen
Æbeløgade 1
Postboks 2566
2100 Copenhagen Ø
Denmark

ANSØGNING OM UDBETALING AF
APPLICATION FOR PAYMENT OF AN
DEMANDE DE VERSEMENT D'UNE

FORTIDSPENSION
ANTICIPATORY
PENSION ANTICIPÉE

FOLKEPENSION
OLD AGE PENSION
PENSION DE
VIEILLESSE

FOR DANSKE OG CANADISKE STATSBORGERE MED BOPÆL I CANADA
FOR DANISH AND CANADIAN CITIZENS RESIDING IN CANADA
AUX CITOYENS DANOIS ET CANADIENS QUI RESIDENT AU CANADA

(§4 i Den administrative Aftale)
(§4 of the Administrative Arrangement)
(§4 de l'Arrangement administratif)

Blanketten bedes udfyldt med
blokbogstaver eller tydelig
skrift.

Please complete the form in
block letters or in very
legible writing.

Le formulaire doit être rempli
en caractères d'imprimerie ou
en écriture très lisible.

1. ANSØGER/APPLICANT/REQUERANT(E)

1.1. Efternavn Fornavne Pigenavn
Family name First names Maiden name
Nom de famille Prénoms Nom de jeune fille

2.2 Fødselsdato Fødested Køn Nationalitet
Date of birth Place of birth Sex Citizenship
Date de naissance Lieu de naissance Sexe Citoyenneté

1.3 Civilstand ugift gift fraskilt separeret
Marital status single married divorced legally separated
Etat civil célibataire marié(e) divorcé(e) séparé(e) de
(sæt kryds i det felt, der passer)
(mark with a cross the
appropriate box)
(marquer d'une croix
la case appropriée)

Samliv ophævet enke/enkerand
No longer cohabiting widow/widower
Ne cohabitent plus veuve/veuf

1.4 Address/Adresse: _____

1.5 CPR-Nr./Danish personal no./Numéro personnel danois:

Dato/Date:

Underskrift/Signature:

Stempel/Stamp/Cachet:

Udfyldes af det canadiske
kontaktorgan

To be completed by the Canadian
liaison agency

A être rempli par l'organisme
de liaison canadien

Modtaget den:
Received on:
Reçu le:

Rigtigheden af oplysningerne i
rubrik 1-3 bekræftes herved.
The correctness of the vital date
in boxes 1-3 is hereby certified.

L'exactitude des données per-
sonnelles aux cases 1-3 est cer-
tifiée par la présente

NATIONALITET bekræftes
CITIZENSHIP certified
CITOYENNETÉ certifiée

oplyst
stated
spécifiée

CIVILSTAND bekræftes
MARITAL STATUS certified
ETAT CIVIL certifié

oplyst
stated
spécifié

2	EVENUEL ÆGTEFÆLLE SPOUSE, IF ANY CONJOINT, S'IL Y EN A														
2.1	Efternavn Family name Nom de famille	Fornavne First names Prénoms	Pigenavn Maiden name Nom de jeune fille												
2.2	Fødselsdato Date of birth Date de naissance	Fødested Place of birth Lieu de naissance	Køn Sex Sexe Nationalitet Citizenship Citoyenneté												
2.3	Address/Adresse														
2.4	Dato for ægteskabets indgåelse: Date of marriage: Date du mariage:														
2.5	Hvis ægtefællen er afgået ved døden, dato og sted for dødsfaldet: If your spouse has died, please state the date and place of death: Si votre conjoint est décédé, indiquer la date et le lieu du décès:														

3	BØRN UNDER 18 ÅR CHILDREN UNDER 18 YEARS OF AGE ENFANTS DE MOINS DE 18 ANS														
	<table border="0"> <thead> <tr> <th data-bbox="209 1491 895 1525">Navn/Name/Nom</th> <th data-bbox="895 1491 1477 1525">Fødselsdato/Date of birth/Date de naissance</th> </tr> </thead> <tbody> <tr> <td data-bbox="209 1581 895 1615">1. _____</td> <td data-bbox="895 1581 1477 1615">_____</td> </tr> <tr> <td data-bbox="209 1682 895 1715">2. _____</td> <td data-bbox="895 1682 1477 1715">_____</td> </tr> <tr> <td data-bbox="209 1783 895 1816">3. _____</td> <td data-bbox="895 1783 1477 1816">_____</td> </tr> <tr> <td data-bbox="209 1883 895 1917">3. _____</td> <td data-bbox="895 1883 1477 1917">_____</td> </tr> <tr> <td data-bbox="209 1984 895 2018">4. _____</td> <td data-bbox="895 1984 1477 2018">_____</td> </tr> </tbody> </table>			Navn/Name/Nom	Fødselsdato/Date of birth/Date de naissance	1. _____	_____	2. _____	_____	3. _____	_____	3. _____	_____	4. _____	_____
Navn/Name/Nom	Fødselsdato/Date of birth/Date de naissance														
1. _____	_____														
2. _____	_____														
3. _____	_____														
3. _____	_____														
4. _____	_____														

4	BOPÆLS- OG BESKÆFTIGELSESPERIODER TILBAGELAGT I DANMARK PERIODS OF RESIDENCE/EMPLOYMENT COMPLETED IN DENMARK PÉRIODES DE RÉSIDENCE/D'EMPLOI ACCUMULÉES AU DANEMARK																										
A. Kommuner, i hvilke ansøgeren har været bosat, og bopælsperioder i de enkelte kommuner Municipalities in which the applicant has been resident and the periods of residence in the individual municipalities Communes dans lesquelles le/la requérant(e) a résidé et la durée de résidence dans chaque commune																											
	Kommune/Kommuner Municipality/Municipalities Commune/Communes	Bopælsperiode/Bopælsperioder Period/Periods of residence Période/Périodes de résidence	<table border="1"> <thead> <tr> <th data-bbox="1133 504 1189 537">Fra</th> <th data-bbox="1133 548 1189 582">Til</th> </tr> </thead> <tbody> <tr> <td data-bbox="1133 593 1189 627">From</td> <td data-bbox="1133 638 1189 672">To</td> </tr> <tr> <td data-bbox="1133 683 1189 716">Du</td> <td data-bbox="1133 728 1189 761">Au</td> </tr> <tr> <td data-bbox="1133 772 1189 806">Fra</td> <td data-bbox="1133 817 1189 851">Til</td> </tr> <tr> <td data-bbox="1133 862 1189 896">From</td> <td data-bbox="1133 907 1189 940">To</td> </tr> <tr> <td data-bbox="1133 952 1189 985">Du</td> <td data-bbox="1133 996 1189 1030">Au</td> </tr> <tr> <td data-bbox="1133 1041 1189 1075">Fra</td> <td data-bbox="1133 1086 1189 1120">Til</td> </tr> <tr> <td data-bbox="1133 1131 1189 1164">From</td> <td data-bbox="1133 1176 1189 1209">To</td> </tr> <tr> <td data-bbox="1133 1220 1189 1254">Du</td> <td data-bbox="1133 1265 1189 1299">Au</td> </tr> <tr> <td data-bbox="1133 1310 1189 1344">Fra</td> <td data-bbox="1133 1355 1189 1388">Til</td> </tr> <tr> <td data-bbox="1133 1400 1189 1433">From</td> <td data-bbox="1133 1444 1189 1478">To</td> </tr> <tr> <td data-bbox="1133 1489 1189 1523">Du</td> <td data-bbox="1133 1534 1189 1568">Au</td> </tr> </tbody> </table>	Fra	Til	From	To	Du	Au	Fra	Til	From	To	Du	Au	Fra	Til	From	To	Du	Au	Fra	Til	From	To	Du	Au
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B. Perioder med beskæftigelse/selvstændig virksomhed i Danmark Periods of employment/self-employment in Denmark Périodes de travail pour le compte d'autrui ou pour son propre compte au Danemark NB! Skal kun udfyldes af canadiske statsborgere To be completed by Canadian citizens only A être rempli seulement par les citoyens canadiens																											
a. Lønnet beskæftigelse Paid employment Activité salarié	Navn(e) og adresse(r) på arbejdsgiver(e) Name(s) and address(es) of employer(s) Nom(s) et adresse(s) de l'employeur/des employeurs	Beskæftigelsesperioder hos den/de nævnte arbejdsgiver(e) Periods of employment with the said employer(s) Périodes d'emploi auprès de l'employeur/des employeurs cité(s)	(dato og år) (date and year) (date et année)																								
		<table border="1"> <thead> <tr> <th data-bbox="774 1680 829 1713">Fra</th> <th data-bbox="774 1724 829 1758">Til</th> </tr> </thead> <tbody> <tr> <td data-bbox="774 1769 829 1803">From</td> <td data-bbox="774 1814 829 1848">To</td> </tr> <tr> <td data-bbox="774 1859 829 1892">Du</td> <td data-bbox="774 1926 829 1960">Au</td> </tr> <tr> <td data-bbox="774 1971 829 2004">Fra</td> <td data-bbox="774 2049 829 2083">Til</td> </tr> <tr> <td data-bbox="774 2094 829 2128">From</td> <td data-bbox="774 2161 829 2195">To</td> </tr> <tr> <td data-bbox="774 2206 829 2240">Du</td> <td data-bbox="774 2273 829 2240">Au</td> </tr> <tr> <td data-bbox="774 2318 829 2240">Fra</td> <td data-bbox="774 2419 829 2240">Til</td> </tr> <tr> <td data-bbox="774 2464 829 2240">From</td> <td data-bbox="774 2553 829 2240">To</td> </tr> <tr> <td data-bbox="774 2598 829 2240">Du</td> <td data-bbox="774 2688 829 2240">Au</td> </tr> </tbody> </table>	Fra	Til	From	To	Du	Au	Fra	Til	From	To	Du	Au	Fra	Til	From	To	Du	Au							
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b. Selvstændig virksomhed / Self-employment / Emploi autonome

Virksomhedens/firmaets navn og adresse
Name and address of the enterprise or firm
Nom ou raison sociale de
l'entreprise, la firme

Perioder i hvilke ansøgeren har drevet virksomheden
Periods of self-employment
Périodes d'emploi autonome

	Fra	Til
	From	To
	Du	Au
1. _____	Fra	Til
	From	To
	Du	Au
2. _____	Fra	Til
	From	To
	Du	Au
3. _____	Fra	Til
	From	To
	Du	Au
4. _____	Fra	Til
	From	To
	Du	Au
5. _____	Fra	Til
	From	To
	Du	Au

5 EVENTUEL NUVÆRENDE BESKÆFTIGELSE
EMPLOYMENT AT PRESENT, IF ANY
ACTIVITE PROFESSIONNELLE EVENTUELLE A PRESENT

1. Den forsikrede er fortsat beskæftiget som arbejdstager selvstændig erhvervsdrivende
The insured person is still employed salarié self-employed
L'assuré(e) exerce toujours un emploi salarié autonome
2. Dato for ophør af sædvanlig beskæftigelse
Date of cessation of normal professional activity
Date de cessation de l'activité professionnelle normale _____

6 INDTÆGTSOPLYSNINGER FRA ANSØGERE OM FOLKEPENSION
INFORMATION OF INCOME FROM PERSONS APPLYING FOR AN OLD AGE PENSION
INFORMATION DES REVENUS DES REQUERANT(E)S D'UNE PENSION DE VIEILLESSE

Følgende personer behøver ikke at udfylde indtægtserklæringerne på side 5 og 6, hvis de kun søger folkepensionens grundbeløb (uden det indtægtsregulerede pensionstillæg):

- a) Personer i alderen 67-69 år, der er ophørt med erhvervsmæssig beskæftigelse
b) Personer, der er fyldt 70 år

The following persons do not have to complete the Declarations of Income on pages 5 and 6, if they are applying only for the basic amount of the old age pension (and not for the pension supplement which is income-related):

- a) persons of 67-69 years who have ceased their normal professional activity
b) persons who have attained the age of 70 years

Pour les personnes suivantes, il n'est pas nécessaire de remplir les Déclarations de Revenus aux pages 5 et 6, si elles demandent seulement le montant de base de la pension de vieillesse (et non pas le supplément de pension dont le montant est fonction des revenus):

- a) les personnes entre 67 et 69 ans qui ont cessé leur activité professionnelle normale
b) les personnes qui ont atteint l'âge de 70 ans.

7	INDTÆGTSERKLÆRING DECLARATION OF INCOME DECLARATION DE REVENUS	(forventede indtægter fra ansøgningsdatoen og 1 år frem) (expected income during the 12 months from the date of application) (revenus prévus pour une période d'une année à dater de la date de l'introduction de la demande)	
		Ansøgerens indkomst Applicant's income Revenus du requérant/ <u>de la requérante</u> i året in the year dans l'année	Ægtefællens indkomst Spouse's income Revenus du conjoint <u>_____</u> i året in the year dans l'année
	Arbejdsindtægter uden fradrag af skat Earned income without deduction for tax Revenus touchés sans déductions pour fins d'impôt		
	Arbejdsløshedsundersøttelse Unemployment benefit Prestations de chômage		
	Sygedagpenge Sickness benefit Prestations d'assurance maladie		
	Canadisk alderspension Canadian old age pension Pension de vieillesse du Canada		
	Canadisk efterladtepension Canadian survivor's pension Pension de survivant du Canada		
	Canadisk invalidepension Canadian invalidity pension Pension d'invalidité du Canada		
	Rente på grund af arbejdsskade An on-going benefit on account of an industrial injury Prestations en raison d'un accident de travail		
	Anden pension (specificeret) Other benefits (specify) Autres prestations (spécifier)		
	Indtægter ved selvstændig erhvervsvirksomhed Income from self-employed activity Revenus d'un emploi autonome		
	Renter af værdipapirer Interests from bonds Intérêts provenant d'obligations		
	Renter af indestående i sparekasse eller bank Interests on deposits in savings bank or bank Intérêts de dépôts en caisse d'épargne ou en banque		
	Andre indtægter (specificeret) Other income (specify) Autres revenus (spécifier)		
	Social bistandshjælp Social assistance Aide sociale		

9

UNDERSKRIFT / SIGNATURE

Undertegnede erklærer på tro og love, at spørgsmålene er besvaret i overensstemmelse med sandheden. Jeg forpligter mig til straks at give social- og sundhedsforvaltningen underretning om enhver forandring i mine personlige og økonomiske forhold af betydning for pensionen.

I, the undersigned, declare that to the best of my knowledge and belief my answers to the questions are true. I promise to advise the "Social- og sundhedsforvaltningen" immediately of any changes of my personal and financial circumstances that might affect my pension.

Je, soussigné(e), déclare sur mon honneur et ma conscience que mes réponses aux questions sont véridiques. Je m'oblige à avertir la "Social- og sundhedsforvaltningen" sans délai de tout changement de mes circonstances personnelles et financières susceptibles d'affecter ma pension.

Sted og dato:

Place and date:

Lieu et date:

Underskrift:

Signature:

Bilag:

Enclosures:

Pièces jointes:

Canada / Denmark Agreement

Documents and/or information required to support your application [CAN-DN 1] for a Danish Old Age and/or Anticipatory Pension

Complete the attached form:

- Canadian Residence [SC ISP5013] indicating your period(s) of residence in Canada

Original or certified documents to be submitted:

- Birth certificate
- Proof of current citizenship (such as: current passport, citizenship certificate, etc.)
- Marriage certificate (if applicable)
- Proof of the dates of entry into and departure from Canada (such as: immigration documents, passport stamps, visa, travel tickets, etc.)

Information required:

- Your Canadian Social Insurance Number: _____

IMPORTANT: If you have already submitted any of the documents required when you applied for a Canada Pension Plan or Old Age Security benefit, you do not need to resubmit them.

CANADIAN RESIDENCE

Canadian Social Insurance Number: _____

Mr. Mrs.

Ms. Miss

Given Name and Initial

Family Name

The following information is required to support your application for benefits under a social security agreement. If required, please provide additional information on a separate sheet of paper.

1. If you were born outside of Canada, please provide us with the following information:

Date of arrival in Canada (YYYY-MM-DD): _____

Place of arrival in Canada: _____

2. List all the places where you have lived in Canada after the age of 18 and provide proof of all your entries and departures (Permanent Resident card, Record of Landing (IMM 1000), complete passport, airline tickets, etc.):

From YYYY-MM-DD	To YYYY-MM-DD	City	Province/Territory

3. List all absences from Canada, which were longer than six months, during your Canadian residence listed in number 2 above:

Departure YYYY-MM-DD	Return YYYY-MM-DD	Destination	Reason

Canadian Social Insurance Number: _____

PROTECTED B (when completed)

4. Please give us the names, addresses and telephone numbers of at least two people, not related to you by blood or marriage, who can confirm your Canadian residence:

Name	Address	City	Telephone Number

DECLARATION OF APPLICANT

I declare that this information is true and complete.

NOTE: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan* or the *Old Age Security Act*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

Signature

Date (YYYY-MM-DD)

X _____

Telephone number
