

Canada / Romania Agreement

Applying for a Romanian Age Limit, Early Retirement or Partial Early Retirement Pension

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; 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, Pharmacist, Psychologist, Nurse Practitioner, 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; Postmaster; Professional Engineer; Social Worker; Teacher.

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
Ottawa, Ontario K1A 0L4
CANADA

Disclaimer:

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

ACORD ÎN DOMENIUL SECURITĂȚII SOCIALE ÎNTRE ROMÂNIA ȘI CANADA
 AGREEMENT ON SOCIAL SECURITY BETWEEN CANADA AND ROMANIA

**CERERE PENTRU PENSIA PENTRU LIMITĂ DE VÂRSTĂ/ ANTICIPATĂ/ ANTICIPATĂ PARȚIALĂ
 A CLAIM FOR AN AGE LIMIT PENSION/ EARLY RETIREMENT/ PARTIAL EARLY RETIREMENT**

Articolele 12, 13, 14, 17 din Acord/ Articles 12, 13, 14, 17 of the Agreement
 Articolul 4 din Acordul Administrativ/ Article 4 of the Administrative Agreement

Partea A a acestui formular se completează de către solicitantul care are rezidența pe teritoriul Canadei pentru a fi transmis instituției competente din România. Solicitantul va completa și formularul CAN/RO 207 "Declarație privind cariera asiguratului" care va fi anexat prezentei solicitări. Instituția competentă canadiană va verifica exactitatea informațiilor menționate în prezentul formular, va completa Partea B a acestui formular la care va anexa formularul CAN-RO 4 "Formular de legătură". Trebuie anexate, de asemenea, toate documentele care privesc perioadele de asigurare realizate pe teritoriul României./

Part A of this form must be filled in by the claimant who resides in Canada to be sent to the competent institution from Romania. The claimant shall fill in the form CAN/RO 207 "Statement attesting the insured's career" which will be attached to the present request. The Canadian competent institution shall verify the accuracy of the information mentioned in this form, fill in the Part B of this form and attach the CAN-RO 4 "Liaison form" on it. Also, it must be attached all the documents attesting the insurance periods accomplished in Romania.

PARTEA A/ PART A

1	Instituția destinată / Receiving institution
1.1	Denumire/ Designation:
1.2	Adresă/ Address:

Subsemnatul / I

2	Cu următoarele date de identificare personală/ With the following personal identification data	
2.1	Numele/ Family name:	
2.2	Prenumele/ First name:	
2.3	Numele de familie la naștere/ Family name at birth	
2.4	Numele anterioare, dacă este cazul, / Previous names, if applicable:	
2.5	Sex/ Sex : <input type="checkbox"/> Masculin/ Male <input type="checkbox"/> Feminin/ Female	
2.6	Data nașterii/ Date of birth _____/_____/_____ ziua/day / luna/month / anul/year	2.7 Locul nașterii/ Place of birth: (localitatea, județul sau regiunea, țara/ town, county or region, country)
	
2.8	Adresa/ Address:.....	
2.9	Codul numeric personal (CNP) în România/ Personal numerical code (PNC) in Romania:	
2.10	Ultimul loc de asigurare (angajare) din România (localitatea, județul)/ The last insurance (working) place in Romania (town, county).....	

3	<input type="checkbox"/> Solicit transferul bancar al drepturilor ce mi se cuvin din cadrul sistemului public de pensii în <input type="checkbox"/> EURO <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> GBP, detaliile bancare necesare efectuării transferului bancar fiind următoarele ^{1/} / I request the bank transfer of my rights from the public pension system to which am entitled to in <input type="checkbox"/> EURO <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> GBP, the bank information needed for the bank transfer are detailed below:	
3.1	Numele și prenumele titularului/ Family name and first name for the owner
3.2	Denumirea băncii/ Bank name
3.3	Adresa băncii/ Address of the bank
3.4	Cod de identificare bancară (BIC/SWIFT) Bank identification code (BIC/SWIFT)
3.5	Numărul de cont internațional bancar (IBAN)/ International bank account number (IBAN)

4		
4.1	În prezent/ At present	<input type="checkbox"/> desfășor / I'm pursuing <input type="checkbox"/> nu mai desfășor / I'm not pursuing
		<input type="checkbox"/> o activitate profesională salariată <input type="checkbox"/> Employed <input type="checkbox"/> o activitate profesională independentă <input type="checkbox"/> Self employed
din/ since: _____ / _____ / _____ ziua/day / luna/month / anul/year		
4.2	Ultima zi efectivă de activitate / The last day of activity: _____ / _____ / _____ ziua/day / luna/month / anul/year	
4.3	<input type="checkbox"/> Am un handicap pre-existent calității de asigurat/ I have a handicap previously to the quality of insured person	<input type="checkbox"/> Sunt nevăzător/oare/ I'm a blind person
	De la data de / since: _____ / _____ / _____ ziua/day / luna/month / anul/year	
	Documentul care atestă handicapul/ The document certifying the handicap	<input type="checkbox"/> este anexat/ it's attached <input type="checkbox"/> nu a putut fi prezentat/ it couldn't be attached
4.4	<input type="checkbox"/> Am locuit cel puțin 30 de ani în Baia Mare, Copșa Mică și Zlatna, pe o rază de 8 km în jurul acestor localități/ I have lived for at least 30 years in Baia Mare, Copșa Mică and Zlatna, 8 km radius around those localities	
	<input type="checkbox"/> Prenumele mamei/ <input type="checkbox"/> First name of the mother	<input type="checkbox"/> Prenumele tatălui/ <input type="checkbox"/> First name of the father
	Documentul care atestă acest fapt/ The document certifying this fact	<input type="checkbox"/> este anexat/ it's attached <input type="checkbox"/> nu a putut fi prezentat/ it couldn't be attached

5				
5.1	<p>În susținerea cererii mele depun/prezint următoarele documente din România, în original, spre a fi transmise de instituția competentă din Canada, în copie certificată, instituției competente din România/ I submit, in support of my application, the following documents from Romania, in original, to be sent by the competent institution of Canada, in certificate copy, to the competent institution in Romania:</p> <ul style="list-style-type: none"><input type="checkbox"/> carnet de muncă/ work book seria/series nr/no.....<input type="checkbox"/> livret militar/ military service record seria/series nr/no.....<input type="checkbox"/> act de identitate/ identity card seria/series nr/no.....<input type="checkbox"/> pașaport/ passport seria/series nr/no.....<input type="checkbox"/> certificat de naștere/ birth certificate seria/series nr/no.....<input type="checkbox"/> diploma de studii și foaia matricolă sau adeverință de certificare a perioadelor de studii învățământ superior/ graduation diploma and transcript or a document certifying of the university studies period seria/series nr/no.....din/since<input type="checkbox"/> adeverință privind sporurile la salariu/ certificate of salary increases nr/no..... din/since<input type="checkbox"/> adeverință privind condițiile de muncă/ certificate on working conditions nr/no..... din/since<input type="checkbox"/> alte acte pentru dovedirea perioadelor de activitate și a veniturilor realizate/ other documents attesting the periods of activity and income achieved.....			
5.2	<p><input type="checkbox"/> Optez ca data acordării de către instituția competentă din România a drepturilor de pensie să fie*/ I choose the date for granting the pension rights from the competent institution from Romania to be*: ____/____/____ ziua/day / luna/month / anul/year</p> <p><i>*se va completa numai în cazul în care solicitantul dorește înscrierea la drepturi de pensie de bătrânețe la o dată ulterioară celei la care îndeplinește condițiile prevăzute de legislația în vigoare din România/ to be filled in only if the claimant wishes the old age pensions rights to be granted at a later date than the date when he meets the legal conditions in Romania</i></p>			
5.3	<p>Solicít ca plata să se efectueze/ I request the payment to be made:</p> <table border="1" data-bbox="219 1035 1526 1360"><tr><td data-bbox="219 1035 873 1360"><input type="checkbox"/> direct în Canada/ directly to Canada</td><td data-bbox="873 1035 1526 1360"><input type="checkbox"/> către un reprezentant legal din România/ to a legal representative in Romania: <input type="checkbox"/>statut*..... <input type="checkbox"/> documentul care atestă acest statut/the document certifying this statute: <input type="checkbox"/>este anexat/is annexed <input type="checkbox"/>nu a putut fi prezentat pentru următorul motiv/could not be presented for the following reason:..... *tutore, curator, mandatar/ tutor, committee, proxy, etc.</td></tr></table>		<input type="checkbox"/> direct în Canada/ directly to Canada	<input type="checkbox"/> către un reprezentant legal din România/ to a legal representative in Romania: <input type="checkbox"/> statut*..... <input type="checkbox"/> documentul care atestă acest statut/the document certifying this statute: <input type="checkbox"/> este anexat/is annexed <input type="checkbox"/> nu a putut fi prezentat pentru următorul motiv/could not be presented for the following reason:..... *tutore, curator, mandatar/ tutor, committee, proxy, etc.
<input type="checkbox"/> direct în Canada/ directly to Canada	<input type="checkbox"/> către un reprezentant legal din România/ to a legal representative in Romania: <input type="checkbox"/> statut*..... <input type="checkbox"/> documentul care atestă acest statut/the document certifying this statute: <input type="checkbox"/> este anexat/is annexed <input type="checkbox"/> nu a putut fi prezentat pentru următorul motiv/could not be presented for the following reason:..... *tutore, curator, mandatar/ tutor, committee, proxy, etc.			
5.4	<p>Observații/ Observations:</p> <p>.....</p>			

6	Declar pe propria răspundere că în România/ I declare on my honor that in Romania:	
6.1	<input type="checkbox"/> dețin /I own <input type="checkbox"/> nu dețin/ I don't own	cod numeric personal atribuit de autoritățile abilitate române/ Personal numerical code set by Romanian authorities
	<input type="checkbox"/> am deținut/ I owned <input type="checkbox"/> nu am deținut/I didn't own	cod numeric personal atribuit de autoritățile abilitate române/ Personal numerical code set by Romanian authorities
6.2	<input type="checkbox"/> primesc din România/ I receive from Romania	<input type="checkbox"/> o altă pensie sau ajutor social - dosar nr./ another pension or social support - file no. <input type="checkbox"/> pensie din alt sistem de pensii integrat sistemului public de pensii – dosar nr./ pension from another pensions system integrated into the public pensions system – file no.: <input type="checkbox"/> pensie din alt sistem de pensii neintegrat sistemului public de pensii – dosar nr./ pension from another pensions system not integrated into the public pension system – file no.: <input type="checkbox"/> indemnizație - dosar nr./ indemnity – file no.: <input type="checkbox"/> indemnizație de șomaj/ unemployment indemnity <input type="checkbox"/> indemnizație acordată persoanelor cu handicap/ indemnity for persons with disabilities
6.3	Mă oblig a anunța, în termen de 15 zile, instituției competente din Canada, orice schimbare ce va surveni în cele declarate mai sus, pentru ca această instituție să poată transmite informațiile instituției competente din România/ I under take to announce, within 15 days, the competent institution of Canada, any change which will occur in the above mentioned, so this institution will be able to submit information to the competent institution in Romania	
6.4	În cazul în care nu îmi voi respecta declarația asumată prin prezenta cerere, mă oblig să restitui integral sumele încasate nelegal, suportând rigorile legii./ If I will not comply to the present declaration assumed by this request, I undertake to repay the illegal amounts received, supporting the rigors of the law.	
6.5	Declar că, potrivit cunoștințelor mele, informațiile furnizate în această cerere sunt adevărate și complete. Sunt de acord ca cele două instituții de securitate socială din statele care sunt Părți ale acestui Acord să-și furnizeze reciproc toate informațiile și datele pe care le dețin relevante sau care ar putea fi relevante în soluționarea acestei cereri de prestații/ I declare that, to the best of my knowledge, the information given in this application is true and complete. I authorize both social security institutions of the states which are Parties to this Agreement to provide each other all the information and evidence in their possession which relate or could relate to this application for benefits.	
6.6	Am citit și completat cu atenție conținutul declarației de mai sus, după care am semnat./ I have carefully read and complete the above statement, and consequently I signed.	
6.7	Semnătura solicitantului sau reprezentantului legal / Claimant's or legal representative's signature 	6.8 Data completării/Filling in date / / ziuă/day / luna/month / anul/year

PARTEA B/ PART B

7	Informații diverse/ Miscellaneous information	
7.1	Numărul de referință al dosarului/ Reference number of the file: în România/ in Romania: în Canada/ in Canada:	
7.2	Data introducerii prezentei cereri/ Date of submission of this claim: _____ / _____ / _____ ziua/day / luna/month / anul/year	
7.3	Data acordării pensiei de către instituția competentă canadiană/ Date when the pensions rights was granted by the Canadian competent institution: _____ / _____ / _____ ziua/day / luna/month / anul/year	
7.4	Formulare anexate/ Attached forms:	<input type="checkbox"/> CAN / RO 207
	Formulare solicitate/ Forms required:	<input type="checkbox"/>
	Alte documente/ Other documents:
7.5	Observații/ Observations:	
7.6	<input type="checkbox"/> Exactitatea informațiilor menționate în prezentul formular a fost verificată de instituția expeditoare / The accuracy of the information mentioned in this form was verified by the sending institution	

8	Instituția expeditoare/The sending institution		
8.1	Denumire/ Designation		
8.2	Adresă/ Address:		
8.3	Semnătura și ștampila/ Signature and stamp	8.4	Data/ Date _____ / _____ / _____ ziua/day / luna/month / anul/year

ACORD ÎN DOMENIUL SECURITĂȚII SOCIALE ÎNTRE ROMÂNIA ȘI CANADA
 AGREEMENT ON SOCIAL SECURITY BETWEEN CANADA AND ROMANIA
 ACORD DE SECURITE SOCIALE ENTRE LE CANADA ET LA ROUMANIE

DECLARAȚIE PRIVIND CARIERA ASIGURATULUI
STATEMENT ATTESTING THE INSURANT'S CAREER
DECLARATION CONCERNANT LA CARRIERE DE L'ASSURÉ

Articolele: 12,13,14,17 din Acord/ Articles: 12, 13,14,17 of the Agreement /Articles12,13,14,17 de l'Accord
 Articolul 4 din Acordul Administrativ/ Article 4 of the Administrative Agreement / Article 4 de l'Accord Administratif

Acest formular va fi completat de solicitantul care are rezidența pe teritoriul Canadei pentru instituția competentă din România și va fi anexat formularelor CAN/RO 202, CAN/RO 203 sau CAN/RO 204/

This form will be filled in by the claimant who is residing in Canada for the competent institution from Romania and will be attached to the forms CAN/RO 202, CAN/RO 203 or CAN/RO 204/

Ce formulaire sera rempli par le demandeur qui a la résidence sur le territoire du Canada, pour l'institution compétente de Roumanie et sera joint aux formulaires CAN/RO 202, CAN/RO 203 ou CAN/RO 204.

1	Instituția destinată / Receiving institution / L'institution destinataire
1.1	Denumire/ Designation / Dénomination:
1.2	Adresa/ Address/ Adresse:

2	Informații privind asiguratul/ Information concerning the insured person / Informations concernant la personne assurée:	
2.1	Numele/ Family name/ Nom de famille:	
2.2	Prenumele/ First name / Prénom :	
2.3	Numele de familie la naștere/ Family name at birth/ Nom de famille à la naissance:	
2.4	Numele anterioare, dacă este cazul / Previous names, if applicable / Noms antérieurs, si applicable:	
2.5	Sex/ Sex: <input type="checkbox"/> Masculin/ Male / Masculin <input type="checkbox"/> Feminin/ Female / Féminin	
2.6	Data nașterii/ _____ / _____ / _____ Date of birth ziua/day/jour/ luna/month/mois anul/year/année Date de naissance	2.7 Locul nașterii/ Place of birth/ Lieu de naissance: (localitatea, regiunea sau județul, țara/ town, region or county, country /localité, region ou département, pays)
2.8	Adresa/ Address/ Adresse:.....	
2.9	Codul numeric personal (CNP) în România/ Personal numerical code (PNC) in Romania / Code numérique personnel (CNP) en Roumanie:	
	Număr de asigurare socială în Canada/ Social insurance number in Canada/ Numéro d'assurance sociale au Canada:	

3	Instituția expeditoare/ The sending institution/ L'institution expéditrice		
3.1	Denumire/ Designation / Dénomination:		
3.2	Adresa/ Address / Adresse:		
3.3	Semnătura și ștampila / Signature and stamp Signature et cachet	3.4	Data/ Date/Date

4	Perioada/ Period / Période		Denumirea și sediul social al angajatorului sau domeniul activității independente/ Name and registered office of the employer or the field of independent activity / Le nom et siège social de l'employeur ou le domaine de l'activité indépendante	Locul ¹ și țara unde s-a desfășurat activitatea/ Place ¹ and country where the activity was performed / Lieu ¹ et pays ou l'activité a été exercée	a) Meseria sau funcția/muncă specifică /Profession or occupation/specific work / Métiers ou fonction/ travail spécifique b) Sistemul de asigurare ² / Insurance system ² /Système d'assurance ² c) Tipul asigurării ³ / Type of insurance ³ /Type d'assurance ³
	De la/ From De	Până la/ Until Jusqu'à			
	1	2	3	4	5
1					a) b) c)
2					a) b) c) b)
3					a) b) c)
4					a) b) c)
5					a) b) c)
6					a) b) c)
7					a) b) c)
8					a) b) c)
9					a) b) c)
10					a) b) c)
11					a) b) c)
12					a) b) c)

.....
Data/ Date/Date

.....
Semnătura/ Signature/ Signature

¹ pentru România a se menționa și județul/ for Romania to be mentioned also the county/ pour la Roumanie, il faut mentionner aussi le département.

² pentru persoanele care au fost asigurate în sistemul public și/sau în sisteme neintegrate sistemului public/ for the persons who were insured within the public pensions system and/ or within other pensions systems, non/integrated to the public pensions system/ pour les personnes qui ont été assurées dans le système public et/ou dans des systèmes ne-intégrés au système public.

³ O – perioade obligatorii/ compulsory period/ périodes obligatoires; A – perioade asimilate/ periods treated as such/ périodes assimilées; V – perioade voluntare/ voluntary periods / périodes volontaires.

CANADIAN RESIDENCE

Canadian Social Insurance Number _____

Mr. Mrs.

Ms. Miss

First Name and Initial

Last 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: _____

• 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 (immigration 1000, complete passport, airline tickets, etc.):

From (Year/Month/Day)	To (Year/Month/Day)	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 (Year/Month/Day)	Return (Year/Month/Day)	Destination	Reason

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. (It is an offence to make a misleading statement)

Signature: X

Date: _____

Year Month Day

Telephone number: () - _____

Canada / Romania Agreement

Documents and/or information required to support your application [CAN/RO 202] for a Romanian Age Limit, Early Retirement or Partial Early Retirement Pension

Complete the attached form(s):

- **Statement Attesting the Insurant's Career [CAN/RO 207]** indicating your employment history
- **Canadian Residence [SC ISP5013]**

Original documents to be submitted:

- Birth certificate
- Romanian identity card
- Romanian passport (if applicable)
- Degree from university or document certifying the period(s) in attendance at university (if applicable)
- Romanian work book(s)
- Records of military service (if applicable)
- Documentation supporting your work history in Romania including periods of work, income, increases in salary and working conditions

Original or certified documents to be submitted:

- Proof of the dates of your entry(ies) to Canada and departure(s) from Canada (such as: Immigration 1000, passport, visa, ship or airline tickets, etc.)

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.