



For Those Living Outside Of Canada

If you live outside of Canada and have appealed to OCRT, please complete this form to further assist us in the processing of your appeal.

Appellant Information:

Your Name: _____

Social Insurance Number (SIN)
or Appeal Number: _____

Address - Apt, Street No, Street: _____

City: _____

Province: _____

Country: _____

Postal Code: _____

Telephone Number: () _____

Fax Number (if applicable): () _____

E-mail (if applicable): _____

1) Will you be attending your Review Tribunal Hearing in person?

Yes

No

2) Will a family member, friend or a representative attend the hearing to represent you at the hearing?

Yes: Please complete the **“Authorization to Disclose”** form.

No:

Name of Appellant: _____

Social Insurance Number: _____

3a) Are you fluent in one of the official languages of Canada?

English: Yes No

French: Yes No

3b) Will you require the services of an interpreter for another language other than English or French?

Yes No

3c) If you have answered "YES", please indicate for which language and dialect:

Language of Interpretation: _____

Dialect (if applicable): _____

Comments/Notes:

Signature

Date

***Please return this
form to:***

**Office of the Commissioner of Review Tribunals
Canada Pension Plan/Old Age Security
P.O. Box 8250, Station "T"
Ottawa, ON
Canada K1G 5S5**