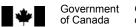
ų	Government Gouvernement of Canada du Canada					
SOCIAL INSURANCE NUMBER APPLICATION			FINDER NO DATE			
			DO NOT WRITE IN THIS AREA			
	LEGAL CHANGE OF NAME(S)					
	CHANGE OF STATUS					
	JPDATE TO RECORD (no card will be issued) CHANGE TO THE EXPIRY DATE					
_	DTHER - SPECIFY					
INFORMATION CONCERNING THE APPLICANT PRINT CLEARLY IN BLUE OR BLACK INK						
	NAME TO BE First Given Name Other Given Names ((to b	be printed on card) Family Name			
1	SHOWN ON CARD					
2	DATE OF Day Month Year BIRTH	3	GENDER Male Check if you are a twin, triplet, etc.			
	MOTHER'S Given Name(s) Family Name		Given Name(s) Family Name			
4	NAME (at birth)	5	FATHER'S NAME			
	APPLICANT'S City, Town or Village Province		Country			
6	PLACE OF BIRTH					
7	APPLICANT'S FAMILY NAME AT BIRTH	8	OTHER FAMILY NAME(S) PREVIOUSLY USED			
9	HAVE YOU EVER HAD A SOCIAL INSURANCE NO Yes '	10	IF "YES", WRITE YOUR NUMBER HERE			
11	STATUS IN Check one of the following: CANADA Canadian Registered Citizen Indian Resident	12	Home Telephone Number Daytime Telephone Number			
	Are you currently residing in Canada?					
	In care of (if different than item 1)					
	MAIL TO (Address where you want your					
13	card to be sent) Number and Street	Apartment No.				
	City, Town or Village		Province Postal Code			
	City, Town of Village		Fishince Fusial Coue			
	If the applicant is under 12 years of age, the father, mother or legal guardian	n mu	ust sign and indicate his/her relationship. If you are a			
14	guardian, you must submit a document showing proof of legal guardianship. If " APPLICANT'S SIGNATURE	'X" i:	is used as a signature, have two witnesses sign here.			
The	name(s) formerly used will be maintained in the Social Insurance Number reg	ister	r. Information collected on this form is used for the purpose of issuing Social Insuranc			
	bers. Its collection is authorized by the Employment Insurance Act. For more de nublication Info Source, Bank No. HRDC PPU 390, available in Human Resource		ils on the uses and rights concerning inspection and correction of the information, refer t ntres of Canada and major public libraries			
	S AN OFFENCE TO KNOWINGLY APPLY FOR MORE THAN ONE SOCIAL IN					
DC	NOT WRITE BELOW - FOR LOCAL OFFICE USE ONLY					
	ALL NAMES Given Names		Family Name			
Α	AS SHOWN ON PRIMARY DOC.					
	DATE OF BIRTH Day Month Year PRIMARY Abbrev	viatio	ion			
В	AS SHOWN ON PRIMARY DOC.		D NUMBER ON DOCUMENT			
Е	SUPPORTING Abbreviation F LOCAL OFFICE DOCUMENT SEEN F LOCAL OFFICE F		CERTIFICATION STAMP			
G	FEE PAID					
_	Amount \$ Receipt No.					
μ	REMARKS / REASON FOR PRIORITY REQUEST					
н						
			Usercode			



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INSTRUCTION SHEET

A- Complete the application form.

- B- You must provide an original primary document according to your status in Canada. Refer to leaflet "Documents you need to apply for a Social Insurance Number (SIN) " (IN-105).
- C- If the name on your primary document is different from the name you are now using, you must also submit an original supporting document. Refer to leaflet "Documents you need to apply for a Social Insurance Number (SIN)" (IN-105).
- D- If you are replacing your SIN card, you must pay a \$10.00 fee (subject to change). Make your personal cheque, bank draft or money order payable in Canadian funds to the RECEIVER GENERAL FOR CANADA. You may pay in cash at a Human Resource Centre of Canada. DO NOT MAIL CASH.
- E- If you are a guardian, you must submit an original document showing proof of legal guardianship in order to sign an application form on behalf of the applicant.

The information contained in the vital statistics registers and the Citizenship and Immigration Canada records can be used to validate information that you provide with this application form when presenting a document orginating from these sources.

If you are employed, it is important that the name and Social Insurance Number under which you are working are identical to the name and Social Insurance Number that appear on your card. This will ensure that your Canada Pension Plan and/or Quebec Pension Plan contributions are properly credited to you.

TO APPLY IN PERSON

We encourage you to take your application and original document(s) to the nearest Human Resource Centre of Canada. Your application will be certified and your document(s) will be returned to you immediately.

TOAPPLYBYMAIL

If it is not convenient for you to apply in person, you may mail your application and original document(s) required, and fee if applicable, to the address below. Your document(s) will be returned with your card. **PLEASE NOTE THAT WE ARE NOT ACCOUNTABLE FOR DOCUMENTS LOST IN TRANSIT.**

Social Insurance Registration P.O. Box 7000 BATHURST NB E2A 4T1 If your application is in order, you should receive your Social Insurance Number card in approximately three weeks. If you do not receive your SIN card within this period, please call 1 800 206-7218.

FOR MORE INFORMATION

Visit the Social Development Canada Web site at www.sdc.gc.ca or dial toll-free 1 800 206-7218. For general enquiries, you can also contact us by e-mail at sin-nas@sdc-dsc.gc.ca .

DETACH HERE

DETACH HERE

PROTECTED WHEN COMPLETED - A

DO NOT WRITE BELOW - FOR LOCAL OFFICE USE ONLY



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ACKNOWLEDGMENT OF APPLICATION FOR A SOCIAL INSURANCE NUMBER

The *Employment Insurance Act* requires a person to apply for a Social Insurance Number and to produce his/her Social Insurance Number card to his/her employer within three (3) days after having received it. However, the legislation does not prevent persons from working in insurable employment prior to being issued a Social Insurance Number and card.

Accordingly, this acknowledges that		
	(DO NOT u	HRCC STAMP use SIN Certification Stamp)
has applied for a first Social Insurance Number.		
has applied for a replacement card.		
has applied to change the expiry date.		
Social Insurance Number		
When the application is approved, the Social Insurance Number card will be sent to the address specified by the applicant at the time of application.	Initials	Date