



**Agreement on Social Security between  
the Republic of the Philippines and the Kingdom of Sweden**

<b>To</b>	<b>From</b>
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**1. Nature of the request/reply**

**Mark the relevant box with a cross**

<input type="checkbox"/> Old-age pension	<input type="checkbox"/> Invalidity pension	<input type="checkbox"/> Accident at work or occupational disease
<input type="checkbox"/> Survivors pension	<input type="checkbox"/> Applicable legislation	

**2. Particulars of the claimant**

Surname	
Middle name	
Forename	
Date of birth (DD/MM/YY)	
Citizenship	
Address	
Philippine SSS/GSIS Number	Case number in the Philippines
Swedish Personal Identification Number	Case number in Sweden

**3. Information/document required**

**Mark the relevant box with a cross**

<input type="checkbox"/> Application regarding: _____	<input type="checkbox"/> Reimbursement of expenses
<input type="checkbox"/> Insurance Period in Sweden/Philippines	<input type="checkbox"/> Decision on request dated: _____
<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Date of death
<input type="checkbox"/> Date of Marriage	<input type="checkbox"/> Bank information of the person (including BIC number)
<input type="checkbox"/> Name and address of the person/ representative/legal guardian of the person	<input type="checkbox"/> Amount and date of decision of benefit (DD/MM/YY): _____
<input type="checkbox"/> Date of claim for benefit	
<input type="checkbox"/> Others _____	

**4. Information/document attached**

<b>Mark the relevant box with a cross</b>	
<input type="checkbox"/> Application regarding: _____	<input type="checkbox"/> Reimbursement of expenses
<input type="checkbox"/> Insurance Period in Sweden/Philippines	<input type="checkbox"/> Decision on request dated: _____
<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Date of Death
<input type="checkbox"/> Date of Marriage	<input type="checkbox"/> Bank information of the person (including BIC number)
<input type="checkbox"/> Name and address of the person/representative/legal guardian of the person	<input type="checkbox"/> Amount and date of decision of benefit
<input type="checkbox"/> Date of claim for benefit	
<input type="checkbox"/> Others	

**5. Decision on benefit**

<input type="checkbox"/> Pension granted	<input type="checkbox"/> Benefit granted
From	To
Amount per year	Currency
<input type="checkbox"/> The application has been rejected	
Reason for rejection	

**6. Creditable periods in Sweden/ Philippines**

The person has completed creditable periods in accordance with Swedish/Philippine legislation	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", state the periods	
<input type="checkbox"/> The applicant claims he/she has completed creditable periods in a third country.	

**7. Competent institution**

Competent institution (Name and address)	
File No	
Date (DD/MM/YY)	Stamp
Signature	