Government of Canada / Gouvernement du Canada

PROTECTED WHEN COMPLETED - A

SOCIAL INSURANCE NUMBER APPLICATION

FINDER NO	DATE
DO NOT WRITE IN THIS AREA	

APPLICATION FOR A

- ☐ FIRST SOCIAL INSURANCE NUMBER CARD
- ☐ REPLACEMENT CARD
- ☐ LEGAL CHANGE OF NAME(S)
- ☐ CHANGE OF STATUS
- ☐ UPDATE TO RECORD (no card will be issued)
- ☐ CHANGE TO THE EXPIRY DATE
- ☐ OTHER - SPECIFY _____

INFORMATION CONCERNING THE APPLICANT

PRINT CLEARLY IN BLUE OR BLACK INK

1	NAME TO BE SHOWN ON CARD	First Given Name	Other Given Names (to be printed on card)	Family Name	
2	DATE OF BIRTH	Day / Month / Year	3	GENDER	☐ Male ☐ Female ☐ Check if you are a twin, triplet, etc.
4	MOTHER'S NAME (at birth)	Given Name(s) / Family Name	5	FATHER'S NAME	Given Name(s) / Family Name
6	APPLICANT'S PLACE OF BIRTH	City, Town or Village / Province / Country			
7	APPLICANT'S FAMILY NAME AT BIRTH		8	OTHER FAMILY NAME(S) PREVIOUSLY USED	
9	HAVE YOU EVER HAD A SOCIAL INSURANCE NUMBER?	☐ No ☐ Yes	10	IF "YES", WRITE YOUR NUMBER HERE	
11	STATUS IN CANADA	Check one of the following: ☐ Canadian Citizen ☐ Registered Indian ☐ Permanent Resident ☐ Other	12	Home Telephone Number ( )	Daytime Telephone Number ( )
	Are you currently residing in Canada?	☐ Yes ☐ No			
13	MAIL TO (Address where you want your card to be sent)	In care of (if different than item 1)			
		Number and Street			Apartment No.
		City, Town or Village	Province		Postal Code
14	If the applicant is under 12 years of age, the father, mother or legal guardian must sign and indicate his/her relationship. If you are a guardian, you must submit a document showing proof of legal guardianship. If "X" is used as a signature, have two witnesses sign here. APPLICANT'S SIGNATURE				Date

The name(s) formerly used will be maintained in the Social Insurance Number register. Information collected on this form is used for the purpose of issuing Social Insurance Numbers. Its collection is authorized by the Employment Insurance Act. *For more details on the uses and rights concerning inspection and correction of the information, refer to the publication* Info Source, *Bank No. HRDC PPU 390, available in Human Resource Centres of Canada and major public libraries.*

IT IS AN OFFENCE TO KNOWINGLY APPLY FOR MORE THAN ONE SOCIAL INSURANCE NUMBER AND TO GIVE OR LEND YOUR CARD TO ANYONE.

DO NOT WRITE BELOW - FOR LOCAL OFFICE USE ONLY

A	ALL NAMES AS SHOWN ON PRIMARY DOC.	Given Names				Family Name
B	DATE OF BIRTH AS SHOWN ON PRIMARY DOC.	Day / Month / Year	C	PRIMARY DOCUMENT SEEN	Abbreviation	D NUMBER ON DOCUMENT
E	SUPPORTING DOCUMENT SEEN	Abbreviation	F	LOCAL OFFICE FAX NO.		CERTIFICATION STAMP
G	FEE PAID	Amount $	Receipt No.			
H	REMARKS / REASON FOR PRIORITY REQUEST					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.

TO APPLY BY MAIL

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 .

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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 _____

☐ 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.

HRCC STAMP
(DO NOT use SIN Certification Stamp)

Initials	Date