**Piemērošanas līguma 3. pielikums//**

**Annex No 3 to the Implementing Agreement**

***Aizpilda drukātiem burtiem angļu valodā***

***To be completed in printed letters in English***

**IESNIEGUMS PENSIJAS PIEŠĶIRŠANAI, PĀRRĒĶINĀŠANAI VAI ATJAUNOŠANAI**/**/ APPLICATION FOR GRANTING, RECALCULATION OR**

**RESUMPSION OF PENSION**

Latvijas Republikas un Moldovas Republikas līgums sociālās drošības jomā // Agreement between the Republic of Latvia and the Republic of Moldova on Social Security

Kompetentā institūcija, kam šis iesniegums ir adresēts // Competent institution to which the application is addressed:

**Latvijas Republikas Valsts sociālās apdrošināšanas aģentūra / Moldovas Republikas Valsts sociālās apdrošināšanas birojs**//

**State Social Insurance Agency of the Republic of Latvia/ National Office of Social Insurance of the Republic of Moldova**

**Adrese // Address: Lāčplēša street 70a, Riga, LV-1011 / Gheorghe Tudor street 3, Chisinau MD-2028**

**I**. Informācija par pieprasītāju // Information about the applicant

Uzvārds,vārds//Surname,name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dzimšanas datums (dd/mm/gggg)// Date of birth (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personas kods Latvijas Republikā// Personal ID Number in

the Republic of Latvia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identifikācijas numurs Moldovas Republikā// Identification Number in the Republic of Moldova: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pilsonība// Citizenship: \_\_\_\_\_\_\_ \_\_\_ \_\_ Dzimums//Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personu apliecinoša dokumenta nosaukums// Title of the personal identification document:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personu apliecinoša dokumenta dati// Details of the personal identification document:

(numurs, sērija, izdevējiestāde un izdošanas datums, derīguma termiņš// number, series, issuing authority and date, validity term)

Dzīvesvieta iesnieguma iesniegšanas brīdī// Place of residence at the moment of application:

(iela, mājas un dzīvokļa numurs, pilsēta, pasta indekss// street, house and apartment number, city/ town, postal code)

Uzturēšanās atļaujas derīguma termiņš// Validity term of the residence permit:

no//from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ līdz//to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pēdējā dzīvesvieta Latvijas Republikā / Moldovas Republikā// Last place of residence in the Republic of Latvia/ the Republic of Moldova:

(iela, mājas un dzīvokļa numurs, pilsēta, pasta indekss// street, house and apartment number, city/ town, postal code)

* nodarbināts// employed □ nav nodarbināts no// not employed from \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* saņem bezdarbnieka pabalstu no// receiving the unemployment benefit from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

līdz// to \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tālrunis// Telephone: \_\_\_\_\_\_\_\_

E-pasts// e-mail:

1. Ar šo es lūdzu/ I hereby request:
* piešķirt// to grant □ atjaunot// to resume □ pārrēķināt // to recalculate

Pensiju// Pension:

* vecuma (atbilstoši vispārējiem noteikumiem, atbilstoši īpašiem noteikumiem, priekšlaicīgi piešķirto vecuma pensiju)// Old-age ([ ] according to general terms, [ ]  according to special terms, [ ]  early pension)

Latvijas Republikai /For Republic of Latvia:

* + pievienojot uzkrāto fondētās pensijas kapitālu (2. līmeņa kapitālu) pensijas aprēķinam// adding the accrued funded pension capital (2nd pillar capital) to pension calculation
	+ izmantojot 2. līmeņa kapitālu mūža pensijas polises iegādei// use 2nd pillar capital for the purchase of lifetime pension policy
* invaliditātes// disability
* apgādnieka zaudējuma pensiju// survivor's pension no// from

 (datums, no kura tiek prasīta pensija// date from which the pension is applied for)

Pensija Latvijas Republikā / Moldovas Republikā /citā valstī// Pension in the Republic of Latvia/ the Republic of Moldova/ other country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (konkrēta valsts, pensijas veids// specify country, type of pension)

* piešķirta// granted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (piešķirta no dd/mm/gggg// granted from dd/mm/yyyy)

* nav piešķirta //not granted

Pensijas maksāšanas izbeigšanas datums// Date of termination of the pension payment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pensijas maksāšanas izbeigšanas pamatojums// Grounds of termination of the pension payment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Pieprasītāja darba un tam pielīdzinātie periodi//****Applicant’s employment and equivalent periods** |
| No (dd/mm/gggg)// From (dd/mm/yyyy) | Līdz (dd/mm/gggg)// To (dd/mm/yyyy) |  Darba devēja vai pielīdzinātā perioda nosaukums// Name of employer or equivalent period | Darba devēja adrese vai pielīdzinātā perioda adrese, valsts// Address of employer or equivalent period, country |
|  |  |  |  |
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|  |  |  |  |
| Ja personai ir dienesta periods PSRS bruņotajos spēkos, jānorāda teritorija, kur tas ir noticis// If a person has a period of service in the USSR Armed Forces, the territory in which the service was performed must be indicated |

1. Informācija par mirušo personu (aizpilda, ja iesniegums tiek iesniegts par apgādnieka zaudējuma pensijas saņemšanu)// Information about the deceased to be supported (to be filled in if the survivor's pension is applied for):

Uzvārds, vārds// Surname, name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dzimšanas datums (dd/mm/gggg)// Date of birth (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personas kods Latvijas Republikā// Personal ID Code in the Republic of Latvia:

\_\_\_\_\_\_\_\_\_\_\_\_\_- \_\_\_\_\_ \_ \_\_\_

Identifikācijas numurs Moldovas Republikā// Identification Number in the Republic of Moldova:

Pilsonība// Citizenship: Dzimums/ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Miršanas datums (dd/mm/gggg)// Date of death (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Miršanas apliecība: numurs, sērija, izdevējiestāde un datums// Death certificate: number, series, issuing authority and date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Informācija par mirušās personas apgādājamajiem (ģimenes locekļiem)// Information about the deceased person's dependents (family members)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nr.//No | Radniecība// Relationship | Uzvārds, vārds// Surname, name | Dzimšanas datums (dd/mm/gggg), personas kods Latvijas Republikā / identifikācijas numurs Moldovas Republikā// Date of birth (dd/mm/yyyy),personal ID Code in the Republic of Latvia/ Identification Number in the Republic of Moldova | Dzīvesvietas adrese// Address of the place of residence | Darbnespēja (invaliditātes esība)// Ability to work (presence of disability) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Iesniegumam pievienoti šādi dokumenti// The following documents are attached to the application:

|  |  |  |
| --- | --- | --- |
| Nr.//No |  Dokumenta nosaukums// Document title | Lappušu skaits// Number of pages |
|  |  |  |
|  |  |  |

**Lūdzu pārskaitīt pensiju uz// Please transfer the pension to**:

manu kontu kredītiestādē// my account [ ]  in the credit institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (kredītiestādes nosaukums// name of the credit institution)

 (kredītiestādes adrese// address of the credit institution)

 (kredītiestādes *BIC*/*SWIFT* kods//BIC/SWIFT code of the credit institution)

Konta Nr.// Account No.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

* Apzinos atbildību par patiesas informācijas sniegšanu un pienākumu laikus informēt kompetento institūciju par visiem apstākļiem, kas var ietekmēt pensijas apmēru un pensijas izmaksas pārtraukšanu// I am aware of the liability for provision of true information and the duty to timely notify the Competent institution of any circumstances which may impact the amount of the pension and termination of the pension payment.
* Apzinos, ka informācija tiks nodota otrai Līguma Pusei// I am aware that the information will be transferred to the other Party of the Agreement.

Iesnieguma iesniegšanas datums//

Application submission Pieprasītāja paraksts//

(dd/mm/gggg// date (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ applicant's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Aizpilda kompetentās institūcijas amatpersona// To be filled in by the official of the Competent institution***

## Informācija par Latvijas Republikā / Moldovas Republikā piešķirto pensiju// Information about the pension granted in the Republic of Latvia/ the Republic of Moldova:

Pensijas veids// Type of pension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datums, no kura pensija tika piešķirta// Date from which the pension was granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Termiņš, uz kuru pensija tika piešķirta// Term for which the pension was granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Papildu informācija, kas var ietekmēt pieprasītāja pensiju// Additional information that may impact provision of pension to the applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pieprasītāja vārds un uzvārds, rakstīts ar latīņu burtiem// Applicant's name and surname in Latin letters:

Informācija par nodarbinātību// Information about employment:

* nodarbināts// employed
* nav nodarbināts// not employed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (izbeigšanas datums// date of termination)

Saņem bezdarbnieka pabalstu// Receives unemployment benefit

no// from līdz// to

Iesniegums reģistrēts// Application registered with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ struktūrvienībā// kompetentajā institūcijā// d epartment// Competent institution

Iesnieguma reģistrācijas datums (dd/mm/gggg)// Reģistrācijas Nr.//

Application registration date (dd/mm/yyyy):\_\_ \_\_\_\_ registration No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  Kompetentā institūcija// Competent institution |
|  Nosaukums// Name …………………………………… Adrese// Address ……………………………….. E-pasts// e-mail …………………………………. Tālrunis// phone ..………………………………. |  Paraksts// Signature ............................................................... |
| Datums// Date ...............................................................................Zīmogs// Stamp ............................................................................ |

\* **Informācija, kas saņemta saistībā ar Līgumu, ir konfidenciāla, un to izmanto tikai Līguma izpildei, un to nedrīkst nodot trešām personām// The information received within the framework of the Agreement is confidential and is only used for fulfilling the Agreement and cannot be transferred to third parties**