



SOCIAL INSURANCE NUMBER APPLICATION

This application form is not required if you go in-person to apply. Refer to the *Information Guide* or call 1-800-206-7218 (select Option #3) or 506-548-7961 (long-distance charges apply) to determine if you are eligible to apply by mail.

This application form must be accompanied by original document(s).

I am **新規の SIN 申請はこちらをチェック**

- ☒ FIRST SOCIAL INSURANCE NUMBER (SIN)
☐ UPDATE or CORRECTION TO SIN RECORD
☐ REPLACEMENT SIN CARD (\$10 CDN fee required)
☐ LEGAL CHANGE OF NAME
☐ CHANGE OF STATUS
☐ CHANGE TO THE EXPIRY DATE ("900 Series SIN")
☐ OTHER - SPECIFY _____

FINDER NO	DATE
記入不要	
DO NOT WRITE IN THIS AREA	

INFORMATION CONCERNING THE APPLICANT

PRINT CLEARLY IN BLUE OR BLACK INK

1	APPLICANT'S NAME TO BE SHOWN ON CARD	First Given Name M a k i k o	Other Given Name(s) ミドルネーム	Family Name Tanaka	苗字
2	APPLICANT'S DATE OF BIRTH	Day 10	Month 08	Year 1988	生年月日
3	APPLICANT'S SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	性別	双子や三つ子の場合にチェック	
4	APPLICANT'S MOTHER'S NAME AT HER BIRTH	Given Name Hiroko	Family Name Tanaka	母親の名前	母親の旧姓
5	APPLICANT'S FATHER'S NAME AT HIS BIRTH	Given Name(s) Hiroshi	Family Name Tanaka	父親の名前	父親の苗字
6	APPLICANT'S PLACE OF BIRTH	City, Town or Village Tokyo	生まれた時の住所	国名 Japan	国名
7	APPLICANT'S FAMILY NAME AT BIRTH	Tanaka			
8	OTHER FAMILY NAME	過去に他の苗字を使用したことがあれば記入			
9	DID THE APPLICANT EVER HAVE A SOCIAL INSURANCE NUMBER?	過去に SIN ナンバーを持ったことがあるか			
10	APPLICANT'S STATUS IN CANADA	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Registered Indian <input type="checkbox"/> Permanent Resident <input checked="" type="checkbox"/> Temporary Resident <input type="checkbox"/> Other	Daytime Telephone Number 604-568-8282	Evening Telephone Number 604-568-8282	カナダでのステータス 日中用の電話番号 夜間用の電話番号
11	IS THE APPLICANT currently residing in Canada?	既にカナダに居るか			
12	APPLICANT'S MAILING ADDRESS	カナダでの住所			
13	The personal information you provide is collected under the authority of the <i>Employment Insurance Act (EI Act)</i> . It will be used by Service Canada officials (operating within Human Resources and Skills Development Canada) for the purpose of assigning a Social Insurance Number (SIN) to you or your child, as authorized by the Department of Human Resources and Skills Development Act (DHRSD Act). Your personal information is administered in accordance with the DHRSD Act, the EI Act and the Privacy Act and your information will be retained in the Social Insurance Register. Participation is voluntary. However refusal to provide your personal information will result in you or your child not receiving a SIN. The information you provide may be shared with federal departments and agencies that are authorized users of the SIN and in accordance with the Treasury Board Secretariat Directive on the Social Insurance Number for the administration of benefits and services. The information may also be shared with provincial departments and agencies for the administration of benefits and services and/or federal and provincial departments for the administration and enforcement of the legislation for which they are responsible. The information may also be used and/or disclosed for policy analysis, research and/or evaluation purposes, and may be linked to various sources of information under the custody and control of HRSDC. However, these additional uses and/or disclosures of your personal information will not result in an administrative decision being made about you. You have the right to the protection of and access to your personal information, which is described in Personal Information Bank (HRSDC PPLI). For more information, visit www.infosource.gc.ca . Info Source may also be accessed by dialing 1-800-959-6676. Instructions for obtaining this information are available online at infosource.gc.ca .				
13	I acknowledge that the information provided on the application form is true and complete.				
Signature of applicant/representative:		田中 まきこ			Date: 2014/2/22
Relationship of representative to the applicant:		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative			
IMPORTANT: If you are a representative such as a parent, legal guardian or other person authorized to act on behalf of the applicant, you must sign for the applicant and provide additional document(s). Refer to the <i>Information Guide for Applicants</i> for more information.		下記は代理人が申請する場合のみ記入			
Printed Name of representative:		Telephone Number of representative:			

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 OFFICE USE ONLY

記入不要

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	DOCUMENT NO.	E SUPPORTING DOCUMENT SEEN Abbreviation	
F	USER CODE:	RESPONSIBILITY CENTRE NO. WHERE REFERRAL GENERATED:	REFERENCE (FINDER) NO.:
G	FEE PAID	Receipt No.	OFFICER'S INITIALS:
H	REMARKS / REASON FOR PRIORITY REQUEST		

Social Insurance Number Application

Checklist for Applicants Eligible to Apply by Mail

IMPORTANT: Review the following requirements. Failure to provide the necessary information, (completed application and original proof-of-identity documents) will result in your application being returned. You will receive a response within 20 business days from the date your request is received.

FOR APPLICANTS RESIDING IN CANADA: Confirm your eligibility by calling 1-800-206-7218 (select Option “3”) if you do not live in a remote area or to submit an application on behalf of someone else.

Did you include:

- The **original primary proof-of-identity document** in order to prove the identity and legal status in Canada of the applicant? ☐
- The **original supporting proof-of-identity document** if the name indicated on the applicant’s primary identity document is different from the name now being used? ☐
- The **completed, signed and dated** Social Insurance Number application form? ☐
- The relationship to the applicant in Item 13, if applicable? ☐
- The \$10 fee in **Canadian funds** if applying to replace your SIN card? ☐
- The mailing address of the Social Insurance Registration Office indicated properly? ☐

Service Canada
Social Insurance Registration Office
P.O. Box 7000
Bathurst, NB E2A 4T1
Canada

If you are applying on behalf of someone else, did you also include:

- Your **own original primary proof-of-identity document** if you are a parent or legal guardian applying on behalf of your minor child? ☐
- Your **own original valid government-issued identification** if you are a legal representative applying on behalf of a minor child or an adult? Note: for provincial/territorial employees, an **original** valid employee identification is accepted. ☐
- The **original** letter of authorization issued on agency letterhead and signed by the agency’s Director/Administrator authorizing you as a legal representative to apply on behalf of a minor child or an adult if you are a provincial/territorial employee? ☐
- The **original document or certified copy** confirming legal guardianship or legal representation if you are a legal guardian or legal representative of the applicant? ☐

For more information:
Visit servicecanada.gc.ca