

PLEASE FILL IN WITH BLOCK LETTERS

MINISTRY OF WELFARE OF THE REPUBLIC OF LATVIA
STATE SOCIAL INSURANCE AGENCY

APPLICATION FOR PENSION PAYMENT CONTINUATION

(given name, family name)

Personal Identification Number in Latvia -

Date of birth _____
(day, month, year)

Address of place of residence _____
(street / house and number, city or town, region, country) (postcode)

e-mail address _____

Please continue to transfer my pension of the Republic of Latvia to my account* in

credit institution _____
(full name of the bank)

(address of the bank - to be filled in, if foreign bank)

(BIC / SWIFT / SORT code – to be filled in, if foreign bank)

International bank account number (IBAN)

Account No.

*only bank account in Latvia or Euro currency bank account in Guernsey

_____ 20_____ Signature of applicant _____

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To be filled in by the employee of the Competent Institution

Application registered: _____
(competent institution)

We certify that the recipient of pension is alive and for approving her / his identity has presented:

passport identity card other document

(type of document)

Document number _____

Date of issue _____
(day. month. year.)

Date of expiration _____
(day. month. year.)

_____ 20_____

Registration No. _____

(position, signature, given name, family name)

Place of the seal