## Piemērošanas līguma 5. pielikums//

**Annex No 5 to the Implementing Agreement**

***Aizpilda drukātiem burtiem angļu valodā//***

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

## IESNIEGUMS PAR APBEDĪŠANAS PABALSTA PIEŠĶIRŠANU / PĀRRĒĶINĀŠANU//

**APPLICATION FOR GRANTING/ RECALCULATION OF THE DEATH GRANT**

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**

## 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: \_\_\_\_\_\_\_

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)

Kas, pamatojoties uz pilnvaru Nr.// Who on the basis of the Power of Attorney No. \_\_, kura izdota// issued on , pārstāv\*// represents\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(dd/mm/gggg// dd/mm/yyyy) (reģistrācijas numurs// Registration Number)

Juridiskās personas nosaukums// Name of the legal entity: \_\_\_\_\_\_\_

Juridiskās personas reģistrācijas numurs// Registration number of the legal entity: \_

*\*) Aizpilda, ja pabalstu pieprasa par mirušās personas bērēm atbildīgā juridiskā persona// Shall be filled in if the benefit is claimed by the legal entity in charge of the deceased person's funeral*

Tālrunis// Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-pasta adrese//e-mail address: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Ar šo lūdzu**

□ piešķirt// to grant

□ pārrēķināt// recalculate

apbedīšanas pabalstu saistībā ar// the death grant in relation to:

nāvi// death,

(mirušās personas vārds, uzvārds// the deceased person's name, surname)

Mirušās personas kods Latvijas Republikā// The deceased person's Personal ID Number in the Republic of Latvia: \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_

Mirušās personas identifikācijas numurs Moldovas Republikā// The deceased person's Identification Number in the Republic of Moldova: \_\_\_\_\_\_\_\_\_\_\_\_\_

Latvijas Republikā / Moldovas Republikā piešķirtās pensijas vai apdrošināšanas atlīdzības veids// Type of pension or insurance compensation granted in the Republic of Latvia/ the Republic of Moldova: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Lūdzu pārskaitīt apbedīšanas pabalstu uz// Please transfer the death grant 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.

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

1. **Pievienoju** šim iesniegumam šādus dokumentus vai to kopijas// **I hereby attach** the following documents or their copies to the present application:

|  |  |
| --- | --- |
| Dokumenta nosaukums//  Document title | Datums un numurs//  Date and number |
|  |  |
|  |  |
|  |  |

□ 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 (dd/mm/gggg)// Pieprasītāja paraksts//

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

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

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

Iesnieguma reģistrācijas datums (dd/mm/gggg)// Application registration date (dd/mm/yyyy): \_\_\_\_\_\_

reģistrācijas Nr.// registration No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kompetentās institūcijas amatpersona// Competent institution official

(paraksts// signature) (vārds, uzvārds// name, surname)

(zīmogs// stamp)

E-pasts// e-mail

Tālrunis// phone

\* **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**