**Request for information**

**1**

**Non Australian payment claimed or received**

Age Pension/Seniority Pension Invalidity Pension

Survivor’s Pension

Other payment—*please specify*

**Personal details**

**2**

**Personal details**

**NOTE**: If claiming a Survivor Pension, give details about your deceased partner.

Family name

Family name

Given name(s)

Given name(s)

Family name at birth

Family name at birth

Other names by which you have been known (aliases)

Other names by which you have been known (aliases)

Date of birth

Date of birth

Male

Male

Female

Female

Place of birth

Place of birth

Country of citizenship (list all countries where you hold citizenship)

Country of citizenship (list all countries where you hold citizenship)

Social Insurance number in country other than Australia *(if known)*

Social Insurance number in country other than Australia *(if known)*

**1 of 5**

Country

Country

Day Month Year

/ /

Day Month Year

/ /

**YOUR PARTNER**

**You**

OFFICE USE ONLY **Return to:** the Australian Government Department of Human Services Agreement country

Customer’s name

Centrelink Reference Number

**3**

**Home address**

(the address where you live)

**4**

**Postal address**

If the same as home address, write ‘AS ABOVE’.

**5**

**What is your CURRENT relationship status?**

Select **ONE** option that best describes your current relationship status.

If you have **ever been separated**, list the date that you most recently reconciled with your partner.

**Married**

Date married/reconciled with your partner

Country where married

If you are living apart indefinitely

because of illness or infirmity, tick this box

**Registered relationship** *(relationship registered under Australian state or territory law)*

Date registered/reconciled with your partner

If you are living apart indefinitely

because of illness or infirmity, tick this box

**Partnered**

*(living together in a relationship, including de facto)*

Date you started living with/reconciled with your partner

If you are living apart indefinitely

because of illness or infirmity, tick this box

**Separated**

*(previously lived with a partner, including in a marriage, registered or de facto relationship)*

Date of separation

**Divorced**

Date of decree absolute

**Widowed**

*(previously partnered, including in a marriage, registered or*

*de facto relationship)*

Date of deceased partner’s birth

Date of deceased partner’s death

Country where deceased partner died

**Never married or lived with a partner**

**2 of 5**

Day Month Year

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Day Month Year

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Day Month Year

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Day Month Year

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Day Month Year

/ /

Day Month Year

/ /

Day Month Year

/ /

Country

Country

**Residence**

**6**

**Were you born in Australia?**

No

Yes

Go to **Question 8**

**7**

**What date did you first arrive in Australia?**

Be as accurate as possible, even if you can only remember the year you first arrived in Australia.

Date

Did you arrive by:

Ship

Name of ship/Port of arrival

Airline

Name of airline/Flight number/Place of arrival

**8**

**How long did you live in Australia?**

Be as accurate as possible, even if you can only remember the years you lived in Australia.

**9**

**What was the date of your most Date recent departure from Australia?**

Be as accurate as possible, even if you can only remember the year of your most recent departure

Date

Did you depart by:

Ship

Name of ship/Port of departure

Airline

Name of airline/Flight number/Place of departure

**10**

**List all absenses from Australia Destination between your date of arrival and the date of your most recent departure**

Do NOT include holidays, visits or short trips.

Destination

Period from

To

*If you need more space, please attach a separate sheet with details.*

**3 of 5**

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Day Month Year

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Day Month Year

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Day Month Year

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Day Month Year

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Day Month Year

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Day Month Year

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Day Month Year

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Day Month Year

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Day Month Year

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years months

Day Month Year

/ /

**NOTE:** If claiming a Survivor Pension, please give details about your deceased partner for Questions 6 to 13.

**11**

**Do you have any documents to confirm your residence in Australia?**

Suitable documents are:

No

Yes

List documents below

•

•

•

•

•

passport

Australian citizenship certificate group certificates

education certificates

references from employers showing periods of employment

marriage certificate birth certificate

birth certificate of any of your children born in Australia

any other documents which may help to confirm your residence in Australia during your working life.

•

•

•

•

**12**

**Please give details of persons who are not related to you and can confirm all or some of your residence in Australia during your working life**

(e.g. employers, neighbours, co-workers)

Name

Address

Phone number

Known for period:

From

To

Name

Address

Phone number

Known for period:

From

To

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Day Month Year

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Day Month Year

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Country ( ) Area ( )

code code

Country

**2**

Day Month Year

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Day Month Year

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Country ( ) Area ( )

code code

Country

**1**

Take the documents to any office of the Social Security Authorities in the country in which you live. They will copy the documents and return them to you. Please attach these documents to this form and return to the Department of Human Services in the envelope provided.

Name

Address

Phone number

Known for period:

From

To

**13**

**Please list all important personal events that occurred during your residence in Australia**

This will help us verify your residence in Australia.

For example:

•

name, place and date of birth of children

name, address and dates of employment

details of schools that children attended

names, addresses of property owned.

•

•

•

**14**

**IMPORTANT INFORMATION**

**Privacy and your personal information**

Your personal information is protected by law (including the *Privacy Act 1988)* and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at **humanservices.gov.au/privacy**

**Statement**

**15**

**Statement**

**I declare that:**

**I understand that:**

•

•

•

the information I have given is correct.

giving false or misleading information is a serious offence.

the Australian Government Department of Human Services can make relevant enquiries to make sure I receive the correct entitlement.

**Your signature**

Date

Phone number

**5 of 5**

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**NOTE:** This form is not a claim for an **Contact details for the Australian Government Department of Human Services**

Australian pension. If you would like **Telephone** number **+61 3 6222 3455**

to claim an Australian pension please **Postal** address Department of Human Services contact the Social Security Authorities in International Services

your country or Department of Human PO Box 7809

Services, Internation Services and the Canberra BC ACT 2610

appropriate forms will be sent to you. AUSTRALIA

**Internet** address humanservices.gov.au

**Fax** number +61 3 6222 2799

Country ( ) Area ( )

code code

Day Month Year

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Day Month Year

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Day Month Year

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Country ( ) Area ( )

code code

Country

**3**