

**CONVENTION ON SOCIAL SECURITY
BETWEEN THE REPUBLIC OF THE PHILIPPINES AND THE KINGDOM OF BELGIUM**

FORM FOR COMMUNICATION BETWEEN LIAISON AGENCIES

Application of article 24 of the Convention

1	Addressee liaison agency
1.1	Name
1.2	Address
1.3	File Reference

2	Information concerning the insured person
2.1	Family name ⁽¹⁾
2.2	Birth name ⁽¹⁾
2.3	Given names ⁽²⁾
2.4	Nationality
2.5	Sex
2.6	Place of Birth
2.7	Date of Birth
2.8	Address: Town – Municipality
	Province
	Street and Number
	Country

3	Information concerning the applicant⁽³⁾
3.1	Family name ⁽¹⁾
3.2	Birth name ⁽¹⁾
3.3	Given names ⁽²⁾
3.4	Nationality

3.5	Sex	_____
3.6	Place of birth	_____
3.7	Date of birth	_____
3.8	Address:	
	Town – Municipality	_____
	Province	_____
	Street and Number	_____
	Country	_____

4	Transmitted documents and/or information
<input type="checkbox"/>	.../... - .../... ⁽⁴⁾ Old-age benefit application
<input type="checkbox"/>	.../... - .../... ⁽⁴⁾ Survivors' benefit application
<input type="checkbox"/>	.../... - .../... ⁽⁴⁾ Statement of the insurance periods in Belgium – in the Philippines ⁽⁴⁾
<input type="checkbox"/>	.../... - .../... ⁽⁴⁾ Belgian – The Philippines decision ⁽⁴⁾
<input type="checkbox"/>	The Belgian- The Philippines ⁽⁴⁾ decision(s) has (have) been notified to the applicant on/...../.....
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

5	Documents and/or information asked
<input type="checkbox"/>	.../... - .../... ⁽⁴⁾ Old-age benefit application
<input type="checkbox"/>	.../... - .../... ⁽⁴⁾ Survivors' benefit application
<input type="checkbox"/>	.../... - .../... ⁽⁴⁾ Statement of the insurance periods in Belgium – in the Philippines ⁽⁴⁾
<input type="checkbox"/>	.../... - .../... ⁽⁴⁾ Belgian – The Philippines decision ⁽⁴⁾
<input type="checkbox"/>	The Belgian- The Philippines ⁽⁴⁾ decision(s) has (have) been notified to the applicant on/...../.....
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

6	Information concerning the reclamation of amounts on pension arrears
6.1	Amount to be reclaimed _____
6.2	Period to which this amount is related from _____ till _____

7	Institution that has completed the form
7.1	Name <u>SOCIAL SECURITY SYSTEM</u>
7.2	Address <u>East Ave., Diliman, Quezon City, PHILIPPINES</u>
7.3	File reference _____
7.4	Stamp _____
	7.5 Date: _____
	7.6 Signature _____

(1) Please use capitals.
 (2) Mention all given names in the right order.
 (3) To fill in only if the applicant and the insured person are not the same person.
 (4) Delete what is not appropriate.