Annex 2

Catre/To

ROMANIA/ROMANIA

CASA JUDETEANA DE PENSII \_\_\_\_\_\_\_\_\_\_\_\_\_\_/COUNTY PENSION HOUSE

CERTIFICAT DE VIATA/LIFE CERTIFICATE

Regulament (CE) nr. 883/2004 art 7/Regulation (EC) no.883/2004: Article 7

Legea nr. 360/2023 art 98 alin. (8) / Law 360/223: Article 98 paragraph (8)

Formularul trebuie completat cu majuscule, folosind numai liniile punctate. Cuprinde 2 parti; nici una dintre acestea nu poate fi eliminata. This form will be filled in using capital letters, only above marked lines. It has 2 pages; neither of them will be eliminated.

⦁ PARTEA „A” SE COMPLETEAZA DE CATRE BENEFICIARUL NEREZIDENT IN FATA AUTORITATII LEGALE (1) / Part “A” IS TO BE FILLED IN BY THE NON-RESIDENT BENEFICIARY BEFORE A LEGAL AUTHORITY(1)

1. CASA TERITORIALA DE PENSII CAREIA II ESTE ADRESAT CERTIFICATUL (institutia destinatara in evidenta careia se afla beneficiarul nerezident) (2) TERRITORIAL COUNTY HOUSE TO WHOM THE CERTIFICATE IS ADDRESSED (receiving institution with whom the non-resident beneficiary is registered) (2)

1.1 Denumire / Name of the institution .........................................................................................................................................................

1.2 Adresa / Address ...................................................................................................................................................................................

1.3 Adresa WEB / WEB address ....................................................... E – mail: ...........................................................

1.4 Data limita de transmitere a certificatului de viata de catre beneficiar Deadline for sending the Life Certificate to the beneficiary (2a):

31 martie/March

30 septembrie/September

2. Date despre beneficiarul drepturilor cuvenite din cadrul sistemului public de pensii / Information on beneficiary of the rights within public pensions system

2.1 Numele si prenumele / Name and surname : .............................................................................................................................

2.2 Numar decizie de acordare a unor drepturi de pensie/ Pension file or decision number: ..........................

2.3

Cod numeric personal in Romania (asa cum figureaza in baza de date a casei de pensii/ / Social insurance number in Romania (as listed in the database of the regional pension house) ...................................................................................................................................................................................................................

3. Adresa de domiciliu/locului de sedere permanenta (asa cum rezulta din decizia emisa de casa teritoriala de pensii) / Domicile address/permanent residence (as listed in the pension house data base):

……………………………………………………………………………………………………………………………………………………………

3.1 Denumirea bancii / Bank name...........................................................................................................................................

3.2 Adresa bancii / Bank address.....................................................................................................................................................................

3.3 Cod de identificare bancara / Bank Identification Code (BIC/SWIFT/SORT CODEO/COD ABA)................................................

3.4 Numarul de cont international bancar / International Bank Account Number (IBAN)

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4. Declaratie / Declaration

4.1 CERTIFIC FAPTUL CA DATELE DE MAI SUS SUNT REALE SI CORECTE / I HEREBY CERTIFY THAT THE ABOVE MENTIONED INFORMATION IS REAL AND ACCURATE

4.2 Ma oblig a anunta Casa teritoriala de pensii, in termen de 15 zile, cu privire la orice schimbare ce va surveni referitor la cele declarate mai sus. / I undertake to inform the relevant teritorrial pension house of any change in the above statements within 15 days.

4.3 In cazul in care nu-mi voi respecta angajamentul asumat prin prezenta declaratie, voi fi pe deplin responsabil de consecintele inactiunii mele. / Should I fail to comply with my undertaken commitment in this statement, I shall be fully responsible for the consequences of my inaction.

4.4 Am completat si am citit cu atentie continutul declaratiei de mai sus, dupa care am semnat. / I have carefully read and filled in the aforementioned statement, after which I signed it.

5. SEMNATURA BENEFICIARULUI NEREZIDENT DATA IN FATA AUTORITATII LEGALE / SIGNATURE OF NON-RESIDENT PENSION BENEFICIARY BEFORE LEGAL AUTHORITY

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⦁ Partea "B” se completeaza de catre autoritatea in fata careia se prezinta beneficiarul nerezident ale carui date personale sunt inscrise la partea „A”(3) / PART “B” WILL BE FILLED IN BY THE AUTHORITY BEFORE WHOM THE NON-RESIDENT BENEFICIARY WHOSE PERSONAL DATA ARE WRITTEN AT PART A IS PRESENT (3)

6. DECLARAM CA DOCUMENTUL A FOST SEMNAT PERSONAL DE BENEFICIARUL NEREZIDENT ALE CARUI DATE PERSONALE SUNT MENTIONATE IN PARTEA „A” (4)/ WE DECLARE THAT THE DOCUMENT HAS BEEN PERSONALLY SIGNED BY THE NON-RESIDENT BENEFICIARY WHOSE PERSONAL DATA ARE MENTIONED AT PART “A” (4).

6.1 Denumirea / Name of institution........................................................................................................................................................................

6.2 Numar de identificare al institutiei / Institution identification number ……………………………………….............................

6.3 Adresa / Address.........................................................................................................................................................................................

6.4 Telefon/Phone: ……………………………………………………......... Fax: ………………………………………………….............................

6.5 Adresa WEB / WEB address……………………………... E – mail: ……………………………………………………................

6.6 Stampila / Stamp : 6.7 Data / Date: ………......………………………………............

6.8 Semnatura /Signature:

....................………......………………………………............