

**DATA PROTECTION** - For the purposes set out in article 5 of Organic Law 15/1999, of 13 December (Official State Gazette dated 14-12-1999), on the Protection of Personal Data, you are hereby informed that the data provided in this form will be included in the General Affiliation File, regulated by Order of 27-07-1994. With regards to the aforementioned data, you may exercise your rights of access, rectification and cancellation in the terms set out in the aforementioned Organic Law 15/1999.

## GENERAL

-The document shall have to be completed by typewriter or in capital letters, without amendments or deletions.

## SPECIFIC

### 1. APPLICANT'S IDENTIFICATION DATA

**1.1- Surnames and Name:** Applicant's complete surnames and name.

**1.2- Sex:** H (man) or M (woman).

**1.3-Type of Identification Document:** Mark with an "X": National Identity Document -DNI-, Foreigners' ID Card or Passport.

**1.4- ID Number:** ID number, in the case of a Foreigner's ID Card, the Foreigner's Identification Number (N.I.E.)

**1.5- Social Security Number:** For applications with requests for modification of data, include the Security Social Number or employee's affiliation number.

**1.6- Degree of Disability:** If the applicant is disabled, include the degree of disability, in accordance with the assessment certificate carried out by IMSERSO or the Autonomous Region's competent authority.

**1.7- Maiden name:** Only to be included by citizens of European Union countries, if appropriate, with the exception of Spanish citizens.

**1.8- Address:**

**Type of road:** Include as appropriate (i.e. street, square, path, passage, etc.)

**Name of the road:** Include the complete name, without abbreviations.

**Municipality/ entity with a territorial scope smaller than the Municipality:** Indicate the name of the Municipality. If it were a smaller entity, indicate its appellation (council, hamlet, village, neighbourhood, parish, farmhouse, etc.), when necessary for its correct identification. The appellation is to be written in full and without abbreviations.

**1.9 Telematic data:** Including this data entails the acceptance of informative communications of the Social Security.

### 2. APPLICATION DETAILS

**2.1- Reason for modification of details:** In the event of a modification of details, briefly include the cause, also reflecting this modification in the corresponding section(s) of the application. The remaining sections of the application are not to be completed, except for sections 1.1, 1.3, 1.4 y 1.5.

### DOCUMENTATION TO PRESENT WITH THE APPLICATION

ID Document: D.N.I., Foreigner's ID Card or Passport.

If appropriate, certificate of the degree of disability.



TA.1

Submission Registry

Entry Registry

## APPLICATION FOR: SOCIAL SECURITY AFFILIATION, ALLOCATION OF SOCIAL SECURITY NUMBER AND MODIFICATION OF DATA

### 1. APPLICANT'S DETAILS

1.1 FIRST SURNAME		SECOND SURNAME		NAME		1.2 SEX	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
1.3 TYPE OF DOCUMENT ID (Mark with an "X")							
D.N.I.: <input type="text"/>		FOREIGNER'S ID CARD: <input type="text"/>		PASSPORT: <input type="text"/>		1.4 No. OF ID DOCUMENT <input type="text"/>	
DATE FROM BIRTH		FATHER'S NAME		1.5 SOCIAL SECURITY NUMBER			
Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>		<input type="text"/>		<input type="text"/>			
PLACE OR MUNICIPALITY OF BIRTH		PROVINCE OF BIRTH		COUNTRY OF BIRTH			
<input type="text"/>		<input type="text"/>		<input type="text"/>			
1.6 DEGREE OF DISABILITY		NATIONALITY		1.7 MAIDEN NAME (Only European Union citizens except for Spain)			
<input type="text"/>		<input type="text"/>		<input type="text"/>			
1.8 ADDRESS							
ROAD TYPE		NAME OF PUBLIC ROAD		BLOCK	NO.	BIS	STAIR.
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				FLOOR	DOOR	POST CODE	
				<input type="text"/>	<input type="text"/>	<input type="text"/>	
MUNICIPALITY / ENTITY WITH TERRITORIAL SCOPE SMALLER THAN A MUNICIPALITY				PROVINCE			
<input type="text"/>				<input type="text"/>			
1.9 TELEMATIC DATA							
E-MAIL <input type="text"/>							
I ACCEPT SENDING OF INFORMATIVE COMMUNICATIONS FROM S.SECURITY YES <input type="checkbox"/> NO <input type="checkbox"/>							
MOBILE NO. <input type="text"/>							

### 2. APPLICATION DETAILS (Mark the correct option with an "X")

AFFILIATION TO THE SOCIAL SECURITY <input type="checkbox"/>		ALLOCATION OF SOCIAL SECURITY NO. <input type="checkbox"/>		MODIFICATION OF DETAILS <input type="checkbox"/>	
2.1 REASON FOR MODIFICATION OF DETAILS					
<input type="text"/>					
The following documentation is enclosed with this application					
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

### 3. NOTIFICATION DETAILS (Mark the correct option with an "X")

For the purposes of notification, the interested party's preferred address is: ☐ The address in the applicant's details ☐ The following address: ☐

ROAD TYPE		NAME OF PUBLIC ROAD		BLOCK	NO.	BIS	STAIR.	FLOOR	DOOR	POST CODE
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MUNICIPALITY / ENTITY WITH TERRITORIAL SCOPE SMALLER THAN A MUNICIPALITY				PROVINCE		TELEPHONE NO.				
<input type="text"/>				<input type="text"/>		<input type="text"/>				

#### PLACE, DATE AND SIGNATURE OF THE APPLICANT

Place:

Date:

Signature

#### PLACE, DATE AND SIGNATURE OF THE EMPLOYEE, WHEN APPROPRIATE

Place:

Date:

Signature

BODY TO WHICH THE APPLICATION IS ADDRESSED: PROVINCIAL DIRECTORATE OR  
ADMINISTRATION OF THE GENERAL TREASURY OF SOCIAL SECURITY :



## RECEIPT OF APPLICATION FOR SOCIAL SECURITY AFFILIATION, ALLOCATION OF SOCIAL SECURITY NUMBER AND MODIFICATION OF DETAILS (TA.1)

On the date indicated in this document, the application with the following data was received in the registry of this Provincial Directorate or Social Security Administration:

### EMPLOYEE'S DETAILS

SURNAME(S) AND NAME	
<input type="text"/>	
SOCIAL SECURITY NO.	ID NO.
<input type="text"/>	<input type="text"/>
AFFILIATION TO SOCIAL SECURITY <input type="checkbox"/>	ALLOCATION OF SOCIAL SECURITY NUMBER <input type="checkbox"/>
MODIFICATION OF DETAILS <input type="checkbox"/>	
REASON FOR MODIFICATION OF DETAILS	
<input type="text"/>	

Entry Register

**RESOLUTION PERIOD:** The maximum period for issuing and notifying the resolution for this application shall be forty-five (45) days from the date of its submission in the registry of the Provincial Directorate of the Social Security Treasury General or the Security Social Administration competent to process it. The above time limit may be suspended where deficiencies are to be rectified and documents and other necessary evidence are required to be provided, as well as in the rest of the cases under the provisions of art. 22.1 of Law 39/2015, of 1<sup>st</sup> October, on the Common Administrative Procedure of Public Administrations. Once the aforementioned period has elapsed without an express decision being issued, the application may be deemed accepted, which is communicated for the purposes of the provisions of article 21.4 of Law. 39/2015.



## CORRECTION AND/OR IMPROVEMENT OF THE MEMBERSHIP APPLICATION TO THE SECURITY SOCIAL, ASSIGNMENT OF SOCIAL SECURITY NUMBER AND VARIATION OF DATA (TA.1)

The application for membership, assignment of a social security number and data variation, whose details appear below, does not meet the requirements established by article 66 of Law 39/2015, of October 1, on the Common Administrative Procedure of Public Administrations, and/or those established in the General Regulations approved by Real Decree 84/1996, of 26 of January, by it that an express resolution cannot be issued in the same act of presentation of the application.

### EMPLOYEE'S DETAILS

SURNAME(S) AND NAME	
<input type="text"/>	
SOCIAL SECURITY No.	ID No.
<input type="text"/>	<input type="text"/>
AFFILIATION TO THE SOCIAL SECURITY <input type="checkbox"/>	ALLOCATION OF SOCIAL SECURITY NO. <input type="checkbox"/>
MODIFICATION OF DETAILS <input type="checkbox"/>	
REASON FOR MODIFICATION OF DETAILS	
<input type="text"/>	

Under the provisions of art. 68 of Law 39/2015, within a period of TEN DAYS, the applicant shall have to correct the defect indicated and/or include the documents listed.

If the defect were not corrected or the requested documents were not provided, the request shall be deemed to have been withdrawn and the corresponding resolution shall be issued and notified to the Labour and Social Security Inspection for the relevant purposes.

Entry Registry

**RESOLUTION PERIOD:** The maximum period for issuing and notifying the resolution for this application shall be forty-five (45) days from the date of its submission in the registry of the Provincial Directorate of the Social Security Treasury General or the Security Social Administration competent to process it. The above time limit may be suspended where deficiencies are to be rectified and documents and other necessary evidence are required to be provided, as well as in the rest of the cases under the provisions of art. 22.1 of Law 39/2015, of 1<sup>st</sup> October, on the Common Administrative Procedure of Public Administrations. Once the aforementioned period has elapsed without an express decision being issued, the application may be deemed accepted, which is communicated for the purposes of the provisions of article 21.4 of Law. 39/2015.