Employment Insurance Application Sample Format

Applicant Information:
- Full Name: [Your Full Name]
- Address: [Your Street Address]
- City: [Your City]
- Province: [Your Province]
- Postal Code: [Your Postal Code]
- Phone Number: [Your Phone Number]
- Email Address: [Your Email Address]
- Social Insurance Number (SIN): [Your SIN]

Employment Information:
- Employer Name: [Your Last Employer's Name]
- Employer Address: [Employer's Street Address]
- City: [Employer's City]
- Province: [Employer's Province]
- Postal Code: [Employer's Postal Code]
- Phone Number: [Employer's Phone Number]
- Employment Start Date: [Start Date]
- Employment End Date: [End Date]
- Reason for Separation: [e.g., Layoff, Resignation, etc.]

Banking Information:
- Bank Name: [Your Bank Name]
- Branch Address: [Bank Branch Address]
- City: [Bank City]
- Account Number: [Your Account Number]
- Transit Number: [Your Transit Number]
- Type of Account: [Checking/Savings]

Declaration:
I hereby declare that the information provided is accurate to the best of
my knowledge.
Signature:

_____
Date:
[Date]

Attachments:
- Copy of SIN Card
- Record of Employment (ROE)
- Any other relevant documents

End of Sample Application Format