This document is meant purely as a documentation tool and the institutions do not assume any liability for its contents

►**B**

DECISION No 164

of 27 November 1996

on the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 (E 101 and E 102)

(Text with EEA relevance)

(97/533/EC)

(OJ L 216, 8.8.1997, p. 85)

Amended by:

		Official Journal		
		No	page	date
►**M1**	Decision No 172 1999/371/EC, of 9 December 1998	L 143	13	8.6.1999
►**M2**	amended by 2003/149/EC, of 27 June 2002	L 055	80	1.3.2003
►**M3**	amended by 2006/203/EC, of 17 March 2005	L 077	1	15.3.2006
►**M4**	Decision No 202 2006/203/EC, of 17 March 2005	L 77	1	15.3.2006

Corrected by:

►**C1** Corrigendum, OJ L 159, 25.6.1999, p. 67 (371/1999)

▼B

DECISION No 164

of 27 November 1996

on the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 (E 101 and E 102)

(Text with EEA relevance)

(97/533/EC)

THE ADMINISTRATIVE COMMISSION OF THE EUROPEAN COMMUNITIES ON SOCIAL SECURITY FOR MIGRANT WORKERS,

Having regard to Article 81 (a) of Council Regulation (EEC) No 1408/71 of 14 June 1971 on the application of social security schemes to employed persons, to self-employed persons and to members of their family moving within the Community ([1]), under which it is the duty of the Administrative Commission to deal with all administrative matters arising from Regulation (EEC) No 1408/71 and subsequent regulations,

Having regard to Article 2 (1) of Council Regulation (EEC) No 574/72 of 21 March 1972 fixing the procedure for implementing Regulation (EEC) No 1408/71 on the application of social security schemes to employed persons and their families moving within the Community ([2]), under which it is the duty of the Administrative Commission to draw up models of certificates, certified statements, declarations, applications and other documents necessary for the application of the regulations,

Whereas, the model forms should be adapted for the purpose of taking account of Decision No 162;

Whereas, these model forms should be adapted with a view to their utilization in the Community as enlarged through the accession of Austria, Finland and Sweden;

Whereas the Agreement on the European Economic Area of 2 May 1992, as amended by the Protocol of 17 March 1993, Annex VI, implements Regulations (EEC) No 1408/71 and (EEC) No 574/72 within the European Economic Area;

Whereas by Decision of the EEA Joint Committee the model forms necessary for the application of Regulations (EEC) No 1408/71 and (EEC) No 574/72 will be adapted and implemented within the European Economic Area;

Whereas for practical reasons identical forms should be used within the Community and within the European Economic Area;

Whereas the language in which the forms should be drawn up has been decided by Recommendation No 15 of the Administrative Commission,

HAS DECIDED AS FOLLOWS:

1. The model forms E 101 and E 102 printed in Decision No 130 of 17 October 1985 shall be replaced by the models appended hereto.

2. The competent authorities of the Member States shall make available to the person concerned (rightful claimants, institutions, employers, etc.) the forms according to the attached models.

3. Each form shall be available in the official languages of the Community and laid out in such manner that the different versions are perfectly superposable, thereby making it possible for each person or body to which a form is addressed (rightful claimant, institution, employer, etc.) to receive the form printed in their own language.

([1]) OJ No L 149, 5. 7. 1971, p. 2.
([2]) OJ No L 74, 27. 3. 1972, p. 1.

▼B

4. This Decision which replaces Decision No 130 of 17 October 1985 shall be applicable from the first day of the month following its publication in the *Official Journal of the European Communities*.

▼M4

ADMINISTRATIVE COMMISSION ON SOCIAL SECURITY FOR MIGRANT WORKERS

E 101 [ ] (1)

CERTIFICATE CONCERNING THE LEGISLATION APPLICABLE

Regulation (EEC) No 1408/71: Article 13(2)(d); Article 14(1)(a), (2)(a) and (2)(b); Article 14a(1)(a), (2) and (4); Article 14b(1), (2) and (4); Article 14c(a); Article 14e; Article 17
Regulation (EEC) No 574/72: Article 11(1); Article 11a(1); Article 12a(2)(a), (5)(c) and (7)(a); Article 12b

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out.

1. ☐ Employed person ☐ Self-employed person

1.1 Surname(s) (2): .....
1.2 Forename(s) (3): .....
1.3 Previous name(s): .....
1.4 Date of birth: ..... Nationality: .....
1.5 Permanent address
Street: ..... No: ..... PO Box: .....
Town: ..... Postal code: ..... Country: .....
1.6 Personal identification number (4): .....

2. ☐ Employer ☐ Activity as a self-employed person

2.1 Name or business name:
.....
2.2 Identification number (5): .....
2.3 The employer is a recruitment agency Yes ☐ No ☐
2.4 Permanent address
Telephone: ..... Fax: ..... E-mail: .....
Street: ..... No: ..... PO Box: .....
Town: ..... Postal code: ..... Country: .....

3. The aforementioned insured person

3.1 ☐ has been employed by the employer mentioned above since .....
☐ has been pursuing an activity as a self-employed person since .....
in .....
3.2 ☐ is being posted or will pursue an activity as a self-employed person for a period probably lasting
from ..... to .....
3.3 ☐ in the firm(s) mentioned below ☐ on the ship mentioned below
3.4 Name(s) or business name(s) of the firm or ship:
.....
3.5 Address(es)
Street: ..... No: ..... PO Box: .....
Town: ..... Postal code: ..... Country: .....
Street: ..... No: ..... PO Box: .....
Town: ..... Postal code: ..... Country: .....
3.6 Identification number (5): .....

▼M4

E 101

4. Who pays the wage and social security contributions of the employed posted person?

4.1 The employer referred to in point 2 ☐

4.2 The firm referred to in point 3.4 ☐

4.3 Other ☐ if so, give the name

..... and

Address

Street: ..... No: ..... PO box: .....

Town: ..... Postal code: ..... Country: .....

5. The insured person remains subject to the legislation of the country: ☐ (1)

5.1 in accordance with Article:

☐ 13(2)(d)

☐ 14(1)(a) ☐ 14(2)(a) ☐ 14(2)(b) ☐ 14a(1)(a) ☐ 14a(2) ☐ 14a(4)

☐ 14b(1) ☐ 14b(2) ☐ 14b(4) ☐ 14c(a) ☐ 14e ☐ 17

of Regulation (EEC) No 1408/71

5.2 ☐ from ..... to .....

5.3 ☐ for the duration of the activity (see the letter from the competent authority or designated body in the country of employment which entitles the insured person to remain subject to the legislation of the Sending State

of ..... reference .....)

6. Competent institution whose legislation is applicable

6.1 Name: .....

6.2 Identification number of the institution: .....

6.3 Address

Telephone: ..... Fax: ..... E-mail: .....

Street: ..... No: ..... PO Box: .....

Town: ..... Postal code: ..... Country: .....

6.4 Stamp

6.5 Date:

.....

6.6 Signature:

.....

(2)

▼M4

E 101

INSTRUCTIONS

The designated institution of the Member State to whose legislation the worker is subject should fill in the form at the request of the worker or his employer and return it to the applicant. If the worker is posted to Belgium, Denmark, Germany, France, the Netherlands, Austria, Finland, Sweden, or Iceland, the institution should also send a copy to: in Belgium, in the case of employed persons to the 'Office national de sécurité sociale/Rijksdienst voor Sociale Zekerheid' (National Social Security Office), Brussels; in the case of self-employed persons to the 'Institut national d'assurances sociales pour travailleurs indépendants/ Rijksinstituut voor sociale verzekering der zelfstandigen' (National Social Insurance Institute for the Self-Employed), Brussels; in the case of seamen, to the 'Caisse de secours et de prévoyance en faveur des marins: de Hulp- en Voorzorgskas voor Zeevarenden ' (Relief and Welfare Fund for Mariners), Antwerp; or, in the case of civil servants, to the 'Service des Relations internationales du S.P.F. Sécurité sociale' (International Relations Department, Social Affairs Ministry); in Denmark, to 'Den Sociale Sikringsstyrelse' (The National Social Security Agency); in Germany, to the Deutsche Rentenversicherung-Bund (German Federal Pension Insurance), 97041 Würzburg; in France, to the 'Centre des liaisons européennes et internationales de sécurité sociale (Cleiss)' (Centre for European and International Liaison on Social Security), Paris; in the Netherlands, to the 'Sociale Verzekeringsbank' (Social Insurance Bank), Amstelveen; in Austria, to the 'Hauptverband der österreichischen Sozialversicherungsträger' (Main Association of Austrian Social Insurance Institutions); in Finland, to the 'Elaketurvakeskus' (Finnish centre for Pensions), Helsinki; in Sweden, to Försäkringskassan, Huvudkontoret (Swedish Social Insurance Agency, Head Office), Stockholm; in Iceland, to the 'Tryggingastofnun rikisins' (The State Social Security Institute), Reykjavik.

Information for the insured person

Before you leave the country where you are insured to go to another Member State to work, make sure you have the document which entitles you to receive the necessary benefits in kind (e.g. medical care, medication, treatment in hospital, etc.) in the country where you are working. If you are going to be living in the country in which you are working, ask your sickness insurance institution for an E 106 form and submit it as soon as possible to the competent sickness insurance institution of the place where you are going to work. If you are staying temporarily in the country in which you are going to work, ask your sickness insurance institution for the European health insurance card. You must show this card to your care provider if you need benefits in kind during your stay.

Information for employers

A Member State which receives a request for the application of the aforementioned Article 14(1), Article 14b(1) or Article 17 of Regulation (EEC) No 1408/71 shall duly inform the employer and the worker concerned of the conditions under which the posted worker may continue to be subject to its legislation.

The employer shall be informed of the possibility of checks throughout the period of posting so as to ascertain that this period has not come to an end. Such checks may relate, in particular, to the payment of contributions and the maintenance of the direct relationship. Moreover, the employer of the posted worker shall inform the competent institution of the sending State of any change that has occurred during the period of posting, in particular:

– if the posting applied for has not taken place or if the extension of the posting applied for has not taken place,

– if the posting has been interrupted, unless this interruption of the worker's activities on behalf of the undertaking in the country of employment is of a purely temporary nature,

– if the posted worker has been assigned by his employer to another undertaking in the State of employment.

In the first two cases, he/she shall return this form to the competent institution of the sending State.

Information for the institution of the place of stay

If the person involved produces the proper document (European health insurance card or form E 106), the insurance institution in the country of stay will also provide him provisionally with benefits in the event of an accident at work or an occupational disease. If in such a case the institution requires form E 123, it should apply as soon as possible:

in **Belgium**, for employed persons and as regards an occupational disease, to the 'Fonds des maladies professionnelles/Fonds voor Beroepsziekten' (Occupational Diseases Fund), Brussels, and, as regards accidents at work, to the insurance company designated by the employer;

in the **Czech Republic**, to the sickness insurance fund with which the person concerned is insured;

in **Denmark**, to 'Arbejdsskadestyrelsen' (National Board of Industrial Injuries), Copenhagen;

in **Germany**, to the competent 'Berufsgenossenschaft' (Accident Insurance Institution);

in **Estonia**, to the 'Sotsiaalkindlustusamet' (Social Insurance Board), Tallinn;

in **Spain**, to the 'Dirección Provincial del Instituto Nacional de Seguridad Social' (Provincial Directorate of the National Social Security Institution);

in **Ireland**, to the Department of Health, Planning Unit, Dublin 2;

in **Italy**, to the competent provincial office of the 'Istituto nazionale per l'assicurazione contro gli infortuni sul lavoro' (INAIL))National Institute for Insurance against Accidents at Work);

in **Latvia**, to the 'Valsts sociālās apdrošināšanas aģentūra' (State Social Insurance Agency), Riga;

in **Lithuania**, to the 'Teritorinė ligoniu kasa' (Regional Sickness Insurance Fund);

in **Luxembourg**, to the 'Association d'assurance contre les accidents' (Accident Insurance Association);

in **Malta**, to the 'Diviżjoni tas-Saħa', Triq il-Merkanti, Valletta CMR 01;

in the **Netherlands**, to the competent sickness insurance institution;

in **Austria**, to the competent accident insurance institution;

in **Poland**, to the regional branch of the 'Narodowy Fundusz Zdrowia' (National Health Fund);

in **Portugal**, to the 'Centro Nacional de Proteccao contra os Riscos Profissionais' (National Centre for Protection against Occupational Risks), Lisbon;

in **Slovakia**, to the health insurance company of the insured person or the Social Insurance agency, Bratislava;

in **Finland**, to the 'Tapaturmavakuutuslaitosten Liitto' (Federation of Accident Insurance Institutions), Bulevardi 28, 00120 Helsinki;

in **Sweden**, to the 'Forsakringskassan' (Local Social Insurance Office);

in **all other Member States**, to the competent sickness insurance institution;

in **Iceland**, to the 'Tryggingastofnun rikisins' (The State Social Security Institute), Reykjavik;

in **Liechtenstein**, to the 'Amt fur Volkswirtschaft' (Office of National Economy), Vaduz;

in **Norway**, to the 'Folketrygdkontoret for Utenlandssaker' (National Office for Social Insurance Abroad), Oslo;

▼M4

E 101

in **Switzerland**, for employed persons, to the employer's accident insurance institution; for self-employed persons, to the accident insurance institution of the person concerned.

Where the worker is covered by the French social security scheme, the fund which is competent to recognise entitlement to benefits is his insurance fund, which may not be the one appearing on form E 101. It will be necessary, where appropriate, to request the European health insurance card or form E 123 from the fund of the worker's place of habitual residence.

Where a self-employed person is covered by a Finnish or Icelandic social security scheme it will always be necessary to request form E 123.

Where a worker covered by an Icelandic social security scheme suffers an accident at work or contracts an occupational disease, the employer must always duly notify the competent institution.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.

(2) Give all surnames in the order of civil status.

(3) Give all forenames in the order of civil status.

(4) For workers subject to Spanish law, indicate the social security number.For the purpose of Maltese institutions, give the Identity Card number in case of Maltese nationals, or the Maltese Social security number in case of a non-Maltese national. in the case of persons being subject to Polish legislation, please indicate the PESEL and NIP numbers or, failing that, the series and the number of the identity card or passport. For the purpose of Slovak institutions, give the Slovak birth number if applicable.

(5) Please give as much information as possible to facilitate identification of the employer or the firm of the self-employed person. In the case of a ship, indicate its name and its registration number.
Belgium: indicate, in the case of employed persons, the business number (numéro d'entreprise/ondernemingsnummer/ Unternehmensnummer) and, in the case of self-employed persons, the VAT number.
Czech Republic: indicate the identification number (IČ).
Denmark: indicate the CVR number.
Germany: indicate the 'Betriebsnummer des Arbeitgebers'.
Spain: indicate the 'Código de Cuenta de Cotización del Empresario CCC' (employer's contribution account number).
France: indicate the SIRET number.
Italy: indicate the company's registration number where possible.
Luxembourg: indicate the employer's social security registration number and, for self-employed persons, the social security number (CCSS).
Hungary: indicate the employer's social security registration number or, for self-employed persons, the identification number of the private company.
Poland: indicate the NUSP number, where there is one, or the NIP and REGON numbers.
Slovakia: indicate the identification number (IČO).
Slovenia: indicate the registration number of the employer or self-employed person.
For workers subject to **Finnish** legislation on occupational accidents, please indicate the name of the competent accident insurance institution.
Norway: indicate the organisation number.

▼M4

ADMINISTRATIVE COMMISSION ON SOCIAL SECURITY FOR MIGRANT WORKERS

E 102 [ ] (1)

EXTENSION OF TERM OF POSTING OR OF ACTIVITY AS SELF-EMPLOYED PERSON

Regulation (EEC) No 1408/71: Article 14(1)(b); Article 14a(1)(b); Article 14b(1) and (2)
Regulation (EEC) No 574/72: Article 11(2) and 11a(2)

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out out.

A. To be completed by the employer or the self-employed person

1. Institution to which the form is addressed (2)

1.1 Name:
.....

1.2 Identification number of the institution: .....

1.3 Address: .....

Tel.: ..... Fax: .....

Street: ..... No: ..... PO Box: .....

Town: ..... Postcode: ..... Country: .....

2. ☐ Employed person ☐ Self-employed person

2.1 Surname(s) (3): .....

2.2 Forename(s) (4): .....

2.3 Previous name(s): .....

2.4 Date of birth: ..... Nationality: .....

2.5 Permanent address:

Street: ..... No: ..... PO Box: .....

Town: ..... Postcode: ..... Country: .....

2.6 Personal identification number (5): .....

3. The abovementioned insured person

☐ has been posted

☐ is carrying out an activity as a self-employed person in accordance with Article:

3.1 ☐ 14(1)(a) ☐ 14a(1)(a) ☐ 14b(1) ☐ 14b(2) of Regulation (EEC) No 1408/71

3.2 for the period from ..... to .....

3.3 ☐ to/in the undertaking(s) specified below ☐ to/on the ship specified below

3.4 Name of firm or ship
.....

3.5 Address: .....

Tel.: ..... Fax: .....

Street: ..... No: ..... PO Box: .....

Town: ..... Postcode: ..... Country: .....

3.6 Identification number (6): .....

▼M4

E 102

4. The insured person was in possession of a certificate concerning the legislation applicable (an E 101 form)

4.1 issued by the following institution:

Name: .....

Street: ..... No: ..... PO Box: .....

Town: ..... Postcode: ..... Country: .....

4.2 on ..... and expiring on .....

5. We request that you continue to apply the legislation of the country (1) ☐

5.1 for the period from ..... to ..... (7)

6. ☐ Employer ☐ Activity as self-employed person

6.1 Name of employer or firm:

.....

6.2 Identification number (6):

.....

6.3 Address: .....

Tel.: ..... Fax: .....

Street: ..... No: ..... PO Box: .....

Town: ..... Postcode: ..... Country: .....

6.4 Stamp

6.5 Date:

.....

6.6 Signature:

.....

B. To be completed by the competent authority or the designated body of the country of employment (8)

7. We declare that:

7.1 ☐ it is agreed ☐ it is not agreed

that the social security legislation of the country still applies to the insured person mentioned in box 2

☐ (1)

7.2 for the period from ..... to .....

8. Competent authority or designated body in the country of employment

8.1 Name:

.....

8.2 Identification number of the institution: .....

8.3 Address: .....

Tel.: ..... Fax: .....

Street: ..... No: ..... PO Box: .....

Town: ..... Postcode: ..... Country: .....

8.4 Stamp

8.5 Date:

.....

8.6 Signature:

.....

▼M4

E 102

INSTRUCTIONS

Information for the employer or the self-employed person

(a) The employer or the self-employed person should complete part A of the form, providing 4 copies, which he should send to the competent authority or to the designated body in the country to which the worker has been posted or is carrying out an activity as a self-employed person, i.e.:

in **Belgium**, in the case of employed persons the 'Office national de sécurité sociale/Rijksdienst voor sociale zekerheid' (national office of social security); in the case of self-employed persons the 'Institut national d'assurances sociales pour les travailleurs indépendants/ Rijksinstituut voor sociale verzekering der selfstandigen' in Brussels; in the case of seamen the 'Caisse de Secours et de Prévoyance des marins/Hulp-en Voorzorgskas voor Zeevarenden' in Antwerp;

in **the Czech Republic**, the 'Česká správa sociálního zabezpečení' (Czech social security administration) in Prague;

in **Denmark,** 'Den Sociale Sikringsstyrelse' (National Social Security Agency) in Copenhagen;

in **Germany**, the 'Deutsche Verbindungsstelle Krankenversicherung – Ausland' (German Liaison Agency Health Insurance – International) in Bonn;

in **Estonia**, the 'Sotsiaalkindlustusamet' (Social Insurance Board) in Tallinn;

in **Greece**, for employed persons, the regional or local branch of the Social Insurance Institute (IKA-ETAM); for mariners, the Seamen's Pension Fund (NAT); for self-employed persons, the institution designated for each professional category under Annex 10 - F. GREECE of Regulation (EEC) No 574/72;

in **Spain,** the 'Tesorería General de la Seguridad Social - Ministerio de Trabajo y Asuntos Sociales' (central treasury for social security - Ministry of Labour and Social Affairs) in Madrid;

in **France**, the 'Centre des liaisons européennes et internationales de sécurité sociale (Cleiss)' (centre for European and international social security liaison);

in **Ireland,** the Department of Social and Family Affairs, PRSI Special Collections Section, Government Buildings, Cork Rd, Waterford;

in **Italy,** the 'Ministerio del Lavoro e delle Politiche Sociali' (Ministry of Labour and Social Policy) in Rome;

in **Latvia**, the 'Valsts sociālās apdrošināšanas aģentūra' (State Social Insurance Agency);

in **Lithuania**, the 'Valstybinio socialinio draudimo fondo valdyba' (national social insurance fund board);

in **Luxembourg,** the 'Centre commun de la sécurité sociale' (common social security centre) in Luxembourg;

in **Hungary**, the '*Országos Egészségbiztosítási Pénztár*' (national sickness insurance fund) in Budapest;

in **Malta**, the 'Dipartiment tas-Sigurta' Soċjali' (social security department), 38, Triq l-Ordinanza, Valletta, CMR 01

in the **Netherlands,** the 'Sociale Verzekeringsbank' (social insurance bank) in Amstelveen;

in **Austria,** the 'Bundesministerium für soziale Sicherheit, Generationen- und Konsumentenschutz' (Federal Ministry of Social Security, Generations and Consumer Protection) in Vienna;

in **Poland**, the 'Zakład Ubezpieczeń Społecznych (ZUS)' (Social Insurance Institution) in Warsaw;

in **Portugal,** for metropolitan Portugal: the 'Departamento de Relações Internacionais de Segurança Social' (Department of International Relations and Social Security) in Lisbon; for Madeira: the 'Secretario Regional dos Assuntos Sociais' (regional secretary for social affairs) in Funchal; for the Azores: the 'Direcção Regional de Segurança Social' (regional social security directorate) in Angra do Heroismo;

in **Slovenia**, the 'Ministrstvo za delo, družino in socialne zadeve' (Ministry of Labour, Family and Social Affairs) in Ljubljana;

in **Slovakia**, the 'Sociálna poist'ovňa' (Social Insurance Agency) in Bratislava;

in **Finland**, the 'Eläketurvakeskus' (Finnish Centre for Pensions) in Helsinki;

in **Sweden,** the Försäkringskassan, Huvudkontoret (Swedish Social Insurance Agency, Head Office) in Stockholm;

in the **United Kingdom,** the Inland Revenue, Centre for Non-Residents, Benton Park View, Newcastle upon Tyne, NE98 1ZZ;

in **Iceland**, the 'Tryggingastofnun rikisins' (The State Social Security Institute) in Reykjavik;

in **Liechtenstein,** the 'Amt für Volkswirtschaft' (office of national economy) in Vaduz;

in **Norway,** the 'Folketrygdkontoret for utenlandssaker' (national insurance office for social insurance abroad) in Oslo;

in **Switzerland**, to whichever 'Caisse de Compensation AVS' (old-age and survivors' insurance fund) would be competent for the employed or self-employed worker if Swiss legislation were applicable.

(b) Two copies of the form, with part B completed, will be sent to the employer or the self-employed person. The employer will send one of these copies to the employed person.

(c) A Member State which receives a request for an application of the aforementioned Articles 14(1) or 14b(1) of Regulation (EEC) No 1408/ 71 shall duly inform the employer and the worker concerned of the conditions under which the worker may continue to be subject to its legislation.

The employer shall thus be informed of the possibility of checks throughout the period of posting so as to ascertain that this period has not come to an end. Such checks may relate, in particular, to the payment of contributions and the maintenance of the direct relationship.

▼M4

E 102

Moreover, the employer of the posted worker shall inform the competent institution of the sending State of any change that has occurred during the period of posting, in particular:

– if the posting applied for has not taken place or if the extension of posting applied for has not taken place,

– if this posting has been interrupted, unless this interruption of the worker's acitivities for the undertaking in the State of employment is of a purely temporary nature,

– if the posted worker has been assigned by his employer to another undertaking in the State of employment.

In the first two cases, the employer shall return this form to the competent institution of the sending State.

NOTES

(1) Symbol of the country of the institution completing the form: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = the Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.

(2) See the information given at point (a) under '**Information for the employer or the self-employed person**'.

(3) Give all surnames in the order of civil status.

(4) Give all forenames in the order of civil status.

(5) For workers subject to **Belgian** law, indicate the national social security number (NISS).
For workers subject to **Czech** law, indicate the Czech birth number.
For workers subject to **Danish** law, indicate the CPR number.
For workers subject to **Spanish** law, indicate the social security number.
For workers subject to **Italian** law, indicate the Italian fiscal code number.
For workers subject to **Lithuanian** law, indicate the national registration number and the national social security certificate number.
For workers subject to **Luxembourg** law, indicate the worker's social security number (CCSS).
For workers subject to **Maltese** law, indicate the Maltese social security number.
For workers subject to **Netherlands'** law, indicate the SOFI number.
For workers subject to **Polish** law, indicate the PESEL and NIP numbers or, failing that, the series and the number of the identity card or passport.
For workers subject to **Slovenian** law, indicate the ZZZS number.
For workers subject to **Slovak** law, indicate the Slovak birth number.

(6) Please state as much information as possible which may be used in order to identify the employer or the firm of the self-employed person.
In the case of a ship indicate the name of the ship and the ship registration number.
For **Belgium**, indicate in the case of employed persons, the business number (numéro d'entreprise/ondernemingsnummer/ Unternehmensnummer) and, in the case of self-employed persons, the VAT registration number.
For the **Czech Republic**, indicate the identification number (IČ).
For **Denmark**, indicate the CVR number.
For **Germany**, indicate the 'Betriebsnummer des Arbeitgebers'.
For **Spain**, indicate the 'Código de Cuenta de Cotización del Empresario CCC' (employer's contribution account number).
For **France**, indicate the SIRET number.
For **Luxembourg**, indicate the employer's social security registration number and, for self-employed workers, the social security number (CCSS).
For **Hungary**, indicate the employer's social security registration number and, for self-employed workers, the private-company identification number.
For **Malta**, in the case of Maltese nationals indicate the identity card number and in the case of non-Maltese nationals indicate the Maltese social security number.
For **Poland**, indicate the NUSP number if there is one, or the NIP and REGON numbers, at point 3.6 and the PESEL and NIP numbers or, failing that, the series and the number of the identity card or passport, at point 6.2.
For **Slovenia**, indicate the registration number of the employer or self-employed person.
For **Slovakia**, indicate the company identification number (IČO).
For workers subject to **Finnish** occupational accident law, indicate the name of the competent accident insurance institution.
For **Norway**, indicate the number of the organisation.

(7) This period must not be more than 24 months from the date of the commencement of posting or of the self-employed activity.

(8) Two copies should be returned to the claimant and one copy sent to the designated institution in the country in which the undertaking has its registered office.