

## II

(Acts whose publication is not obligatory)

## COMMISSION

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

#### DECISION No 204

of 6 October 2005

on model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 (E 200 series)

(Text with EEA relevance and for the EU/Switzerland Agreement)

(2006/613/EC)

THE ADMINISTRATIVE COMMISSION ON SOCIAL SECURITY FOR MIGRANT WORKERS,

Having regard to Article 81(a) of Council Regulation (EEC) No 1408/71 <sup>(1)</sup> 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, 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 Regulation (EEC) No 574/72 <sup>(2)</sup>, laying down the procedure for implementing Regulation (EEC) No 1408/71, under which it is the duty of the Administrative Commission to draw up models of documents necessary for the application of Regulations 1408/71 and 574/72,

Having regard to Decision No 184 <sup>(3)</sup> of 10 December 2001 on the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 (E 201 to E 207, E 213 and E 215)

Having regard to Decision No 188 <sup>(4)</sup> of 10 December 2002 on the model forms necessary for the application of Council Regulation (EEC) No 574/72 (E 210 and E 211)

Whereas:

- (1) The enlargement of the European Union on 1 May 2004 requires the forms in the E 200 series to be amended.
- (2) The Agreement on the European Economic Area (EEA Agreement) of 2 May 1992, supplemented 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.

<sup>(1)</sup> OJ L 149, 5.7.1971, p. 2, Regulation last amended by Regulation (EC) No 647/2005 of the European Parliament and of the Council (OJ L 117, 4.5.2005, p. 1).

<sup>(2)</sup> OJ L 74, 27.3.1972, p. 1, Regulation last amended by Regulation (EC) No 647/2005 of the European Parliament and of the Council.

<sup>(3)</sup> OJ L 304, 6.11.2002, p. 1, corrected by OJ L 315, 19.11.2002, p. 22.

<sup>(4)</sup> OJ L 112, 6.5.2003, p. 12.

- (3) The European Community and its Member States, and the Swiss Confederation have concluded an Agreement on the free movement of persons (Swiss Agreement) which entered into force on 1 June 2002. Annex II to the Agreement refers to Regulations (EEC) No 1408/71 and (EEC) No 574/72.
- (4) For practical reasons, the forms used in the European Union and under the EEA and Swiss Agreements should be identical,

HAS DECIDED AS FOLLOWS:

1. The model documents E 202 with additional pages 1 to 9, E 203 with additional pages 1 to 13, E 204 with additional pages 1 to 9, E 205(BE), (CZ), (DK), (DE), (EE), (GR), (ES), (FR), (IE), (IT), (CY), (LV), (LT), (LU), (HU), (MT), (NL), (AT), (PL), (PT), (SI), (SK), (FI), (SE), (UK), (IS), (LI), (NO), (CH), E 207, E 210, E 211, E 213 with additional pages 1 to 5, and E 215 with an additional page are adopted in accordance with the forms attached to this decision.
2. The competent authorities of the Member States shall make available to the parties concerned the forms according to the models appended hereto. These forms 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 all addressees to receive the form printed in their own language.
3. This Decision, which replaces Decisions No 184 and No 188, shall be published in the *Official Journal of the European Union*. It shall apply from the first day of the month following its publication.

*The Chairman of the Administrative Commission*  
Anna HUDZIECZECK

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Country:	Identification No <sup>(2)</sup> <sup>(16)</sup>	Institution concerned (where applicable, liaison body)
(1) .....	.....	.....
(2) .....	.....	.....
(3) .....	.....	.....
(4) .....	.....	.....
(5) .....	.....	.....

**INVESTIGATION OF A CLAIM FOR AN OLD-AGE PENSION**

*Regulation (EEC) No 1408/71: Articles 44 to 51a; Article 77*

*Regulation (EEC) No 574/72: Articles 36 to 38; Articles 41 to 43; Articles 45 to 47; Article 49; Article 90 (\*); Article 111*

*The investigating institution should complete this form and send one copy to each of the institutions with which the employed or self-employed person has been insured (institutions concerned) or to the liaison body.*

1.	Institution to which the form is addressed (institution concerned or liaison body, as applicable)
1.1	Name: .....
1.2	Address <sup>(3)</sup> : .....

**A. Information concerning insured person <sup>(4)</sup>**

2.		
2.1	Surname <sup>(5)</sup> : .....	
2.2	Surname at birth <sup>(5)</sup> : .....	
2.3	Forenames <sup>(6)</sup> : .....	
2.4	Previous names <sup>(7)</sup> : .....	
2.5	Sex <sup>(8)</sup> : .....	
2.6	Father's surname and forenames <sup>(9)</sup> : .....	
2.7	Mother's surname and forenames at birth <sup>(9)</sup> : .....	
2.8	Civil status:	
	<input type="checkbox"/> single	<input type="checkbox"/> divorced <sup>(10)</sup> since: ..... <sup>(11)</sup>
	<input type="checkbox"/> married since: ..... <sup>(11)</sup>	<input type="checkbox"/> separated since: ..... <sup>(11)</sup>
	<input type="checkbox"/> cohabiting since: ..... <sup>(12)</sup> <sup>(4)</sup>	<input type="checkbox"/> remarried <sup>(10)</sup> since: ..... <sup>(11)</sup>
2.9	Taxpayer's No <sup>(13)</sup> : .....	
	Code of tax district: .....	
2.10	Insurance No <sup>(2)</sup> <sup>(14)</sup> : .....	

(\* ) Article 90 of Regulation (EEC) No 574/72 is not applicable in the Netherlands.

3. Nationality <sup>(15)</sup> <sup>(16)</sup>: .....

4. Details of birth <sup>(17)</sup>

4.1 Date of birth <sup>(17)</sup>: .....

4.2 Place of birth <sup>(18)</sup>: .....

4.3 Province, county <sup>(19)</sup>: .....

4.4 Country <sup>(20)</sup>: .....

5. Address and bank particulars

5.1 Address <sup>(3)</sup> <sup>(21)</sup> <sup>(22)</sup>: .....

5.2 Bank particulars or address for direct payment

Name of beneficiary as recognised by the bank: .....

Name of the bank: .....

Address of the bank: .....

Bank identification code (BIC/SWIFT): .....

International bank account No (IBAN): .....

6.

6.1 Insurance No at the registering institution: .....

6.2 Reference No of file at the investigating institution: .....

7.

7.1  The insured person is still pursuing gainful employment

as an employed person  as a self-employed person

civil servant <sup>(22a)</sup>

entailing compulsory pension insurance cover <sup>(23)</sup>

7.2  The insured person ceased to pursue gainful employment

as an employed person  as a self-employed person

civil servant <sup>(22a)</sup> since: .....

7.3  The insured person intends to retire from gainful employment

as an employed person  as a self-employed person

civil servant <sup>(22a)</sup> on: .....

7.4  The insured person intends to take up gainful employment <sup>(24)</sup>

as an employed person  as a self-employed person

civil servant <sup>(22a)</sup> (state nature of activity): .....

7.5 Amount  of salary  of professional income  of other income

..... <sup>(25)</sup>

7.6 Nature of other income: .....

7.7  The claimant states that he/she has no income <sup>(26)</sup>.

8.

	has applied for the following benefits:	is receiving the following benefits:
8.1 The insured person		
8.2 Continued wage or salary payments in case of illness	<input type="checkbox"/>	<input type="checkbox"/>
8.3 Sickness insurance cash benefits for incapacity for work	<input type="checkbox"/>	<input type="checkbox"/>
8.4 Rehabilitation allowances	<input type="checkbox"/>	<input type="checkbox"/>
8.5 Invalidity pension <sup>(27)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
8.6 Old-age pension <sup>(27)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
8.7 Survivor's pension <sup>(27)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
8.8 Pension for accident at work or occupational disease	<input type="checkbox"/>	<input type="checkbox"/>
8.9 Pension-type benefit payable under compulsory motor insurance (road accident indemnity) <sup>(28)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
8.10 Unemployment benefits or early retirement benefit	<input type="checkbox"/>	<input type="checkbox"/>
8.11 Family benefit <sup>(29)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
8.12 Refund of contributions	<input type="checkbox"/>	<input type="checkbox"/>
8.13 Transfer of contributions <sup>(30)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
8.14 Other benefits (please specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8.15 Institutions responsible for paying the benefits indicated in 8.3. to 8.11

[name, address <sup>(3)</sup>, benefit No]:

- 8 .....
- 8 .....
- 8 .....
- 8 .....

8.16 Additional information on the benefits listed in 8.3 to 8.10.

Re benefits in item:	File reference No:	Period or date on which due	Amount
8 .....	.....	.....	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual ..... <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual ..... <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual ..... <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual .....
8 .....	.....	.....	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual ..... <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual ..... <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual ..... <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual .....
8 .....	.....	.....	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual ..... <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual ..... <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual ..... <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual .....

8.17 The following are regarded as advances on the pension claimed:

- sickness insurance benefits for incapacity for work
- unemployment benefits
- .....

8.18 The insured person is entitled to sickness benefits in kind under the legislation administered by the investigating institution?

Yes                       No                       Not yet determined

8.19 The benefit referred to in point 8.6 or 8.7 is based on <sup>(31)</sup>:

- the claimant's own insurance periods: see E 205
- insurance periods completed by the (former) spouse: see E 205.

9. Additional information for the application of provisions on overlapping benefits

9.1 When benefits of the same kind are granted by the institution or institutions concerned, the pension calculated by the investigating institution may be reduced?

Yes                       No                       Not yet determined

9.2 The pension calculated by the investigating institution may be reduced

Yes                       No                       Not yet determined

— because one or several of the benefits specified at point 8 are taken into account?

8 .....                      8 .....                      8 .....                      8 .....

— because of income other than the benefits specified at point 8?

- income from employment/self-employment
- other <sup>(32)</sup>: .....

9.3 The institution concerned is requested to specify the part of the pension accruing from voluntary contribution payments ..... (point 6.7 in form E 210)?

Yes                       No

9.4 The benefit due from the investigating institution is (partly or entirely) based on voluntary contributions?

Yes                       No

10. Information to be supplied if the form is to be sent to Danish (10.1, 10.2 and 10.3), German, Greek, Spanish, Austrian, Polish (10.1 and 10.2), French (10.1, 10.2 and 10.4), Icelandic, Slovene (10.2 and 10.3), Portuguese, Czech, Finnish and Norwegian (10.2) institutions

10.1 The claimant <sup>(33)</sup>

- declares that he/she is unfit for work (see medical report enclosed)
- declares that he/she is totally incapable of performing duties and current invalidity is related to performed duties (see medical report enclosed) <sup>(33a)</sup>
- declares that he/she is not unfit for work.

10.2 The claimant <sup>(33)</sup> <sup>(34)</sup>

- declares that he/she needs someone in constant attendance for the performance of one of the ordinary activities of everyday life (see medical report enclosed)
- declares that he/she does not need someone in constant attendance for the performance of one of the ordinary activities of everyday life
- declares that his or her functional capacity has, on account of an illness or injury, diminished with the result that he or she is not capable of performing ordinary activities of everyday life unaided or that the illness or injury imposes an added long-term financial strain <sup>(28)</sup>.

10.3 The claimant <sup>(33)</sup>

- declares that he/she does not have sufficient means of subsistence.

10.4 The investigating institution awards an increase in benefits to the extent that the applicant is incapable of carrying out normal day-to-day activities unaided?

- Yes  No  Not yet determined

— In addition to the benefit referred to at point 8 ..... the applicant receives an additional benefit if he/she is incapable of carrying out normal day-to-day activities?

— The additional benefit may be reduced if a similar benefit is granted by another institution concerned?

- Yes  No  Not yet determined

B. Information concerning the members of the insured person's family (4)

- 11.  Spouse  Cohabiting partner (12) (35)

11.1 Surname (5): .....

11.2 Forenames (6): ..... Previous names (7): .....

11.3 Date of birth: ..... Place of birth (18): .....

11.4 Nationality (15) (16): .....

11.5 Address (3): .....

11.6 Insurance No (2) (14): .....

11.7 Date of marriage/cohabiting: ..... Does the insured person live in the same household as the spouse or partner? Yes, since: ..... No: ..... Not anymore, since: .....

11.8 The spouse/partner  pursues  does not pursue gainful employment

11.9 If in the affirmative, state amount of  weekly earnings (36): .....  annual earnings (37): .....

11.10 The spouse/partner aged between 60 and 65 declares himself/herself  fit for work  unfit for work (33)

11.11 The spouse/partner  has submitted a claim for a pension under the scheme for  employed persons  receives a pension under the scheme for  self-employed persons  all residents  civil servants (37a)  does not receive a pension

Where appropriate, indicate

11.12 Type of pension (38): .....

11.13 Pension No (16): .....

11.14 Institution responsible for payment: .....

11.15 Amount  monthly  quarterly  annual  weekly .....

11.16 The spouse/partner  receives  does not receive other benefits <sup>(39)</sup>  
 unemployment  sickness  invalidity  other

11.17 Date of commencement <sup>(40)</sup>: .....

11.18 Amount  monthly  quarterly  annual  weekly .....

11.19 Other known resources: ..... Type: .....  
 Amount <sup>(40)</sup>: .....

11.20 The benefit referred to in 11.11 is based on <sup>(31)</sup>:  
 the claimant's own insurance periods : see E 205.  
 insurance periods completed by the (former) spouse : see E 205.

**12. Children <sup>(16)</sup>**

12.1

	Surname <sup>(5)</sup> :	Forenames:	Insurance number:	Sex (M/F):	Place and date of birth, marriage or death <sup>(41)</sup> :	Relationship (i.e. : own child, adopted child, foster child):
1.	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
2.	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
3.	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
4.	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....

12.2 The following institution is competent to grant benefits pursuant to Article 77 of Regulation (EEC) No 1408/71:  
 the investigating institution  
 the institution designated as follows: .....

12.3 The investigating institution,  
 for the children referred to in line Nos ..... of item 12.1,  
 is granting benefits until ..... inclusive.  
 amount of pension increase and family allowance per child <sup>(42)</sup>:  
 .....

is not granting benefits in respect of the children referred to in line Nos ..... of item 12.1 <sup>(43)</sup>.  
 has not yet taken a decision regarding entitlement to benefits.

12.4 Address <sup>(3)</sup> <sup>(44)</sup>: .....

.....

.....

12.5 Remarks <sup>(45)</sup> <sup>(46)</sup> <sup>(49)</sup>: .....

.....

.....



C. Miscellaneous information

13.  Date of submission of this claim: .....

Date chosen by claimant for commencement of pension payments in country [refer to box above section 1]  
.....

Date from which the pension is payable in the country of the investigating institution: .....

The claimant has asked for payment <sup>(47)</sup>

directly in the State of residence

to a representative in the State of origin.

Additional information for the purposes of the Finnish institutions:

The claimant wishes to have the decision  in Finnish  in Swedish

14. The claimant  has requested  has not requested  
deferment of the calculation of an old-age pension to which he/she would be entitled.  
Where appropriate, indicate the country and the date chosen for pension payments: .....

15.  The investigating institution  pays  does not pay  
benefits on a provisional basis under Article 45(1) of Regulation (EEC) No 574/72.

15.1 If not, the institutions concerned are requested to investigate the possibility of paying benefits on a provisional basis under Article 45(2) of Regulation (EEC) No 574/72.

16.  There are grounds  There are no grounds  
for making deductions to compensate for overpayment in accordance with Article 111 of Regulation (EEC) No 574/72.

16.1 Any pension arrears  
 can  cannot  
be paid direct to the beneficiary.

17.

17.1 Attached forms  E 205  E 207 <sup>(48)</sup>  E 213 or all available  
medical evidence

17.2 Please send us your  E 205  E 210  Decision  Arrears  
 E 213

Remarks: .....

18. Investigating institution

18.1 Name: .....

18.2 Address <sup>(3)</sup>: .....

18.3 Stamp 18.4 Date: .....

18.5 Signature: .....

## INSTRUCTIONS

**Please complete this form in block letters or typewriting, writing on the dotted lines only.  
It consists of ten pages, none of which may be left out even if it does not contain any relevant information.**

## 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 = 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) Where the form is being sent to a Czech institution, state the birth number; to a Cypriot institution, if a Cypriot national state the Cypriot identification number; if not a Cypriot national state the Alien Registration Certificate (ARC) number; to a Danish institution, indicate the CPR number; to a Finnish institution, indicate the population register number, to a Swedish institution, indicate the personal number (personnummer); to an Icelandic institution, indicate the personal identification number (kennitala); to a Liechtenstein institution, indicate the AHV insurance number; to a Lithuanian institution state the personal identification number; to a Latvian institution, state the identity number; to a Maltese institution, in the case of Maltese nationals, state the identity card number, or, if not a Maltese national, state the Maltese social security number; to a Norwegian institution, indicate the personal identification number (fødselsnummer); to a Belgian institution, indicate the national social security number (NISS); to a German institution of the general pension insurance scheme, indicate the insurance number (VSNR) and to an institution of the social security scheme for civil servants, indicate the personal identification number (PRS-Kenn-Nr); to an Austrian institution, state the Austrian insurance number(VSNR); to a Polish institution, state the reference number of the pension file for the person who applied for or had established the right to a pension from the Polish social security system; for person applying for Polish pension for the first time, state PESEL and NIP or NKP number (NKP number — if the person concerned is subject to social insurance for farmers), if there is no such number state the series and number of identity card or passport; to a Portuguese institution, indicate the registration number with the general insurance scheme, and if it is the case, if the person concerned has been insured under the social security scheme for civil servants in Portugal; to a Slovak institution, state the birth number; to a Slovene institution, reference number of the file if known, if this number is known, the number under note 16 is omitted; to a Swiss institution, state the AVS/AI (AHV/IV) insurance number.
- (3) Street, number, post code, town, country, telephone number.
- (4) For the purpose of Norwegian institutions, complete also form E 202/additional page 3. For the purpose of Swiss institutions, complete also form E 202/additional page 4. For the purpose of Polish Institutions, complete also form E 202 additional page 5, in the case of Poland, the term 'insured person' also refers to persons that are subject to special schemes. For the purpose of Czech Institutions also complete E 202 Additional page 6. For the purpose of Lithuanian institutions, don't complete part B of the form but complete E 202 Additional page 7. For the purpose of Latvian institutions, do not complete part B of the form E 202, but complete form E 202/additional page 9.
- (5) For surname please state usual surname or surname acquired by marriage.  
— The 'surname at birth' must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— If the form is being completed by a Netherlands institution, in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname and the maiden name for surname at birth.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (6) Give all forenames in the order in which they appear on the birth certificate.
- (7) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (8) Put M for male and F for female.
- (9) This information is required when the worker is a Spanish national, or when the form is to be sent to a French, Hungarian, Greek or a Polish institution, regardless of the worker's nationality.
- (10) Complete where possible if the form is being sent to a German, Belgian, French, Hungarian, Italian, Luxembourgish, Netherlands, Polish, Austrian, Liechtenstein, Finnish or Norwegian institution. If the sending institution does not have this information available, the competent institution should contact the person concerned directly.
- (11) For the purposes of Belgian, Hungarian, Polish, United Kingdom, Liechtenstein and Finnish institutions, specify also the date beside the corresponding box.
- (12) For the purposes of Netherlands, Finnish, Hungarian, Icelandic and Norwegian institutions, this information is based on a statement from the person concerned.  
Under the Netherlands General Law on Old-Age Insurance the following persons are also regarded as 'married' or 'spouse': unmarried persons of the same or different sexes who are living in a joint household on a permanent basis. A joint household means that two unmarried persons are jointly providing for their housing with each contributing to the costs of the household or providing for each other's upkeep in another way.  
Under the Finnish legislation parties to a registered partnership of the same sex are treated as 'married'.
- (13) To be completed only if the form is to be forwarded to a Portuguese or Slovene institution.
- (14) For the purposes of Netherlands institutions complete Sofi number, if known. For the purpose of Belgian institutions complete national social security number (NISS).

- (15) Where appropriate, indicate the date of naturalisation.
- (16) For the purposes of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'. For the purposes of Maltese Institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number. In the case of Slovene nationals, state the personal identification number EMŠO.
- (17) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (18) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority. In the case of Netherlands towns state also the name of the municipality.
- (19) This information is obligatory for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain, state only the province.
- (20) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (21) If the form is being sent to a German, Polish, Austrian, Liechtenstein, Finnish or Swiss institution, state, if applicable, the address of the legal representative (legal counsellor, guardian, curator ...) in the box below.  
Address (3): .....
- (22) If the form is being sent to a Danish, Finnish, Icelandic, Latvian, Polish or Norwegian institution, give the claimant's last address in the corresponding country in the box below.  
Address (3): .....
- (22a) In the case of Poland, the term 'civil servant' refers to persons who are subject to special schemes.
- (23) For the purposes of Spanish and Slovene institutions.
- (24) Complete if the form is being sent to a Belgian, German, Hungarian, Spanish, Irish, Luxembourgish, Polish, Portuguese, Slovak, Austrian or Norwegian institution.
- (25) Complete if the form is being sent to a Belgian, Czech, Danish, French, Italian, Luxembourgish, Austrian, Icelandic or Norwegian institution (annual amount) or to a Greek, Polish or Portuguese institution (monthly amount). If the form is being sent to an Italian institution, indicate all income except for the following: the claimant's home, family benefits, cash benefits for accident at work or occupational disease, purely assistance benefits.
- (26) Complete if the form is being sent to an Italian or Greek institution. In Italy the following sources are not considered as income: the claimant's home, family benefits, cash benefits for accident at work or occupational diseases or purely assistance benefits.
- (27) For the purposes of Liechtenstein institutions indicate also if the insured person  applied for  or received the pension of the occupational scheme as cash compensation. For the purpose of Maltese institutions indicate if the insured person has applied for, or is receiving an occupational pension from a former employer. Rate of pension should be that as on original award. Provide the details in point 8.16.
- (28) For the purposes of Finnish institutions.
- (29) Complete if the form is being sent to an Italian institution.
- (30) For the purposes of Liechtenstein institutions.
- (31) To be completed for Latvian and Netherlands institutions.
- (32) State the type of income taken into account by the investigating institution in applying its overlapping rules.
- (33) The Greek, Spanish, French, Austrian and Polish institutions may subsequently request an E 213 form.
- (33a) For the purposes of Polish institutions in the case of an old-age pension claimed under a special scheme.
- (34) For the purposes of Portuguese institutions, complete also form E 202/additional page 2.
- (35) For the Netherlands institutions a form E 205 for the (former) spouse/partner should be submitted at the same time.
- (36) Complete also if the form is being sent to an Irish, Austrian or United Kingdom institution.
- (37) Complete if the form is being sent to a Belgian, Danish, Spanish, French, Italian, Luxembourgish, Netherlands, Austrian, Icelandic or Norwegian institution. For the purposes of Netherlands institutions also add proof.
- (37a) In the case of Poland, the term 'pension under the scheme for civil servants' refers to benefits under special schemes.
- (38) For Spanish, French, Austrian or Liechtenstein institutions, indicate the nature of the risk (invalidity, old age) and the type of entitlement (direct or indirect).
- (39) Complete if the form is being sent to a Belgian, Danish, Spanish, French, Irish, Italian, Netherlands, Austrian, United Kingdom, Icelandic or Norwegian institution.

- (<sup>40</sup>) Complete if the form is being sent to a Danish, Spanish, Netherlands, Austrian, Icelandic or Norwegian institution (annual amount), to a French institution (quarterly amount) or to an Italian institution (monthly amount).
- (<sup>41</sup>) Indicate with the following symbols which date you are referring to: \* birth, ° marriage, † death.
- (<sup>42</sup>) Provide details of rates from date of pension award with any subsequent change of rate.
- (<sup>43</sup>) Complete form E 202/additional page No 1 if the form is being sent to an Italian or Norwegian institution. Additional information is also given on additional page No 1 if the institution concerned specially asked for it.
- (<sup>44</sup>) Indicate the common address. If any of the children live at a different address, indicate in the box below.  
Surname and forenames: .....  
Address (<sup>3</sup>): .....  
.....
- (<sup>45</sup>) For the purposes of Spanish institutions, state whether the children are economically dependent on the insured person and whether any of the children have a disability. In the latter case, state whether the child receives an invalidity pension in his or her own right.
- (<sup>46</sup>) Indicate whether the child is married, an invalid, deceased (date of death), an apprentice or a student. For the purposes of a Liechtenstein or a Swiss institution, a copy of the indentures of apprenticeship or a certificate of the training centre should be attached for each child being a student or apprentice between the age of 18 and 25. For the purpose of Cypriot institutions a copy of a certificate of full time education should be attached for each child being a student between the ages of 16 and 23 in the case of a female and the ages 16 and 25 in the case of a male.
- (<sup>47</sup>) Complete if the form is being sent to an Italian or Greek institution.
- (<sup>48</sup>) If form E 202 is to be sent to a Liechtenstein institution, add form(s) E 207 for the insured person and, if applicable, for the (actual and former) spouse(s) of the insured person.
- (<sup>49</sup>) For the purposes of Hungarian institutions, verify whether the claimant, younger than 62, brought up children named in the item 12.1 at least 10 years in own household.

**ITEM 12 'CHILDREN'  
ADDITIONAL INFORMATION**

*(complete a separate page for each child)*

**1.** The child named in line No ..... of item 12.1

pursues gainful employment  does not pursue gainful employment

1.1 If the answer is in the affirmative, please state:  
 Type of occupation (employed or self-employed): .....

Amount of income <sup>(1)</sup> per:     week                       month                       year                      .....

**2.** The child named in line No ..... of item 12.1

has other sources of income  does not have any other sources of income

2.1 If the answer is in the affirmative, please specify:  
 nature of income:

social security benefits:  
 amount per:                       week                       month                       year                      .....

other income <sup>(2)</sup>:  
 amount per:                       week                       month                       year                      .....

**3.** In respect of the child named in line No ..... of item 12.1 the following person

(name, forename): .....

(address): .....

.....

is entitled to family benefits or allowances by virtue of his/her pursuit of a professional activity or trade  
 (Article 79(3) of Regulation (EEC) No 1408/71)

amount: .....

commencing on: .....

3.1 The following institutions are responsible for paying these family benefits or allowances:

(name): .....

(address): .....

.....

(name): .....

(address): .....

.....

**4.** The child named in line No ..... of item 12.1 is unfit for work. Form E 404 is enclosed.

(1) All income should be declared with the exception of severance payments, family benefits, wage arrears, life annuities for accidents at work or occupational disease, war pensions, pensions for disablement sustained during military service, attendance allowance, travel allowance.

(2) 'Other income' means income from real estate or capital (bank or postal deposits or current accounts, government stock, investment funds, shares, bonds, etc.).



**ITEM 10.2  
ADDITIONAL INFORMATION FOR THE PURPOSES OF PORTUGUESE INSTITUTIONS**

*To be completed where the claimant has declared that he/she needs the assistance of another person to perform the ordinary activities of everyday life.*

<b>1.</b>	Identification of the person providing assistance
1.1	Name: .....
	Forenames: .....
1.2	Address (street, number, post code, district county): .....
	.....

<b>2.</b>	Information provided by investigating institution
2.1	<input type="checkbox"/> We have ascertained that the person referred to above is the other person who actually assists the claimant in performing the ordinary activities of everyday life (personal hygiene, feeding, movement, etc.).
2.2	<input type="checkbox"/> Assistance provided by the other person referred to above has not been ascertained.

3. Has the need for assistance been caused by a third party?

- Yes                                       No

4. Is the person concerned in receipt of an allowance for assistance by a third party or a similar benefit?

- Yes                                       No

4.1 Name and address of paying institution:

.....

4.2 Monthly amount:

.....





**ADDITIONAL INFORMATION FOR THE PURPOSES OF NORWEGIAN INSTITUTIONS**

1.	The claimant	Has applied for	Is receiving
	Basic benefit covering extra expenses due to permanent illness	<input type="checkbox"/>	<input type="checkbox"/>
	Assistance benefit	<input type="checkbox"/>	<input type="checkbox"/>

2.	The spouse
	<input type="checkbox"/> has applied for a pension as a non-working person
	<input type="checkbox"/> is receiving a pension as a non-working person
	<input type="checkbox"/> is not receiving a pension as a non-working person

3.	Children
	Are all of the children supported by the claimant? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	If 'No', state the name of the child (children) and the amount of the child's income per year .....
	.....
	If the parents are married:
	do all the children live with both parents? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	If 'No' state which child (children):
	.....
	.....
	If the parents are not married:
	do all the children live with both parents? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	If 'Yes', give information about the other parent:
	name: .....
	date of birth: .....
	income per year (all kinds. Specify): .....
	name of the child (children) if not all children are concerned: .....
	.....

4.	Cohabiting partner
	Has the claimant previously been married to the cohabiting partner?
	<input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>
	Does the claimant have or has he/she had children by the cohabiting partner?
	<input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>



**ADDITIONAL INFORMATION FOR THE PURPOSES OF SWISS INSTITUTIONS**

<b>1.</b>	Information concerning the insured person
Surname (point 2.1): ..... Forenames (point 2.3): ..... Date of birth (point 4.1): .....	

2. If the insured person is a Swiss national, please indicate the place of origin: .....  
 and the date of acquisition of the Swiss nationality: .....

<b>3.</b>	Information concerning residence in Switzerland of the insured person																															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">Place:</th> <th style="width: 20%; text-align: left;">from (month/year):</th> <th style="width: 20%; text-align: left;">to (month/year):</th> <th style="width: 25%; text-align: left;">Type of residence permit:</th> </tr> </thead> <tbody> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> </tbody> </table> <p>Please attach copies of certificates of residence or residence permits.</p>					Place:	from (month/year):	to (month/year):	Type of residence permit:	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
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<b>4.</b>	To be completed if the insured person is or has been married																																			
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Date of birth:	.....	.....	.....																																	
Date of death:	.....	.....	.....																																	

<b>5.</b>	Information concerning residence in Switzerland of the spouse, any ex-spouses or deceased spouses during marriage																																		
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.....	.....	.....	.....	.....																															

6. To be completed for children of separated or divorced parents

Surname:	Forenames:	Date of birth:	Custody to:			
.....	.....	.....	<input type="checkbox"/> the father	<input type="checkbox"/> the mother	<input type="checkbox"/> joint	<input type="checkbox"/> other person
.....	.....	.....	<input type="checkbox"/> the father	<input type="checkbox"/> the mother	<input type="checkbox"/> joint	<input type="checkbox"/> other person
.....	.....	.....	<input type="checkbox"/> the father	<input type="checkbox"/> the mother	<input type="checkbox"/> joint	<input type="checkbox"/> other person
.....	.....	.....	<input type="checkbox"/> the father	<input type="checkbox"/> the mother	<input type="checkbox"/> joint	<input type="checkbox"/> other person
.....	.....	.....	<input type="checkbox"/> the father	<input type="checkbox"/> the mother	<input type="checkbox"/> joint	<input type="checkbox"/> other person

7. Does the insured person wish to bring forward entitlement to the pension?  yes  no  
If yes, by how much?  1 year  2 years
8. Does the insured person wish to delay the payment of the pension?  yes  no

ADDITIONAL INFORMATION FOR THE PURPOSES OF POLISH INSTITUTIONS

To be completed by the claimant and added to the E 202 form

1.	Personal details of the claimant
1.1	Surname: .....
1.2	Surname at birth: .....
1.3	Forename(s): .....
1.4	Date of birth: .....
1.5	NIP No: .....

2.	In order to establish the amount of old-age pension under national social insurance scheme, the claimant applies for the following to be accepted as benefit assessment basis:
<input type="checkbox"/> Average basis of contribution assessment for social insurance or old-age and disability insurance according to Polish regulations, in the period of 10 subsequent calendar years, selected from the past 20 calendar years, immediately preceding the year in which the claim was submitted, i.e. from ..... until ..... (*).	
<input type="checkbox"/> Average basis of contribution assessment for social insurance or old-age and disability insurance according to Polish regulations, in the period of 20 calendar years prior to the year of claim submission, selected from the whole period of insurance (*).	
<input type="checkbox"/> Average basis of contribution assessment for social insurance or old-age and disability insurance according to Polish regulations, in the period of 10 subsequent calendar years immediately preceding the year in which the insurance started abroad for the first time, if there had not been an insurance in Poland during 20 calendar years, immediately preceding the year in which the claim was submitted.	
<input type="checkbox"/> Assessment basis of old-age pension or pension due to incapacity for work being received earlier.	
<input type="checkbox"/> Assessment basis of old-age pension accepted for the establishing pre-pension benefit.	

3. Was the claimant receiving sickness benefit or rehabilitation benefit or payment for the period of incapacity for work from social insurance when the claim was submitted?

- Yes                       No

if 'Yes', please indicate the expiry date of benefits received: .....

4. Is the claimant still working?

- Yes                       No

if 'Yes', please indicate the date when he/she will stop working: .....

5. In order to establish the amount of old-age pension from social insurance for farmers, indicate whether the claimant (his/her spouse) is an owner (co-owner) or a holder of a farm.

- Yes                       No

if 'Yes', please indicate the area of the farm (in hectares): .....

6. In order to investigate the claim for policemen's pension, the claimant should indicate the name of the unit where he/ she was on duty before exemption, type of duty and the date of exemption:

.....

7. In order to re-assess the amount of policemen's pension due to the fact that the claimant started to work again for the Police, Internal Security Agency, Intelligence Agency, Border Guard, Government Security Bureau, National Fire Brigades or Prison Guard and worked there permanently for the period of at least 12 months, the claimant applies for:

- leaving the current assessment basis of old-age pension
- accepting the remuneration of the last position held (from the month of duty's exemption) as the assessment basis of old-age pension.



**ADDITIONAL INFORMATION FOR THE PURPOSES OF CZECH INSTITUTIONS**

*For the purposes of Czech institutions, complete the following table for children named in the item 12.1:*

Forename and surname of the child	Day, month and year of birth of the child	Father's forename and surname	Mother's forename and surname	Period of personal care of the child, from to	If the child is/was in custody of a different person or institution (indicate where and from to)





ADDITIONAL INFORMATION FOR THE PURPOSES OF LITHUANIAN INSTITUTIONS

1. Lithuanian state social insurance certificate serial number and number

.....

2. The claimant was on military service in Lithuania or former USSR:

Yes  No

If 'Yes', indicate if he served as a conscript  or as a reenlistee

3. The time of nursing/caring at home in Lithuania (filled in, if engaged in nursing before 1 January 1995):

3.1 for mothers — the time of caring for and nursing a disabled child under the age of 16 Yes  No

3.2 for family members — the time of nursing the disabled of Group 1 Yes  No

4. The claimant was:

4.1 political prisoner Yes  No

4.2 deportee Yes  No

4.3 resistant Yes  No

4.4 deported for forced works beyond former USSR border Yes  No

4.5 in ghettos, concentration camps and other types of places of forced confinement during the World War II Yes  No







**ADDITIONAL INFORMATION FOR THE PURPOSES OF LATVIAN INSTITUTIONS**

1. The insured person belongs to one of the following categories:
- Permanently disabled (indicate length of period of disability .....
  - Person of restricted growth
  - Person who has been employed under working conditions recognised as dangerous and of arduous nature
  - Person who participated in the rectification of the consequences of the accident at the Chernobyl Atomic Power Plant or who has been evacuated from respective territories affected by radiation
  - Politically prosecuted
  - Student before 1991
  - Person has taken care of a group I invalid or a child who has been recognised as invalid from childhood — up to age of 16, or a person aged over 80 before 1991

2. In case the insured person was in military service in Latvia or the former USSR before 1996, indicate  
 2.1 the period: .....

2.2 if he served as a conscript  or as a reenlistee

3. Information concerning the insured person's children in case the person has brought up five or more children or a child who has been recognised as invalid from childhood — up to age of eight years

Children:

	Surname	Forenames	Date of birth	Period of care	Remarks (*)
1.	.....	.....	.....	.....	.....
2.	.....	.....	.....	.....	.....
3.	.....	.....	.....	.....	.....
4.	.....	.....	.....	.....	.....
5.	.....	.....	.....	.....	.....

(\*) Indicate whether the child is an invalid or deceased (date of death) or if the child was in custody of another person or in institutional care.



Country:	Identification No <sup>(2)</sup> <sup>(13)</sup>	Institution concerned (where applicable, liaison body)
(1) .....	.....	.....
(2) .....	.....	.....
(3) .....	.....	.....
(4) .....	.....	.....
(5) .....	.....	.....

**INVESTIGATION OF A CLAIM FOR A SURVIVOR'S PENSION**

*Regulation (EEC) No 1408/71: Articles 44 to 51a; Articles 78, 78a, 79 and 79a*

*Regulation (EEC) No 574/72: Articles 36 to 38; Articles 41 to 43; Articles 45 to 47; Article 49; Article 90 (\*); Article 111*

*The investigating institution should complete the form and send one copy to each of the institutions with which the worker has been insured (institutions concerned) or to the liaison body.*

1.	Institution to which the form is addressed (institution concerned or liaison body, as applicable)
1.1	Name: .....
1.2	Address <sup>(3)</sup> : .....

**A. Information concerning the deceased insured person <sup>(3a)</sup>**

2.			
2.1	Surname <sup>(4)</sup> : .....		
2.2	Surname at birth <sup>(4)</sup> : .....		
2.3	Forenames <sup>(5)</sup> : .....		
2.4	Previous names <sup>(6)</sup> : .....		
2.5	Sex <sup>(7)</sup> : .....		
2.6	Father's surname and forenames <sup>(8)</sup> : .....		
2.7	Mother's surname and forenames at birth <sup>(8)</sup> : .....		
2.8	Civil status:		
	<input type="checkbox"/> single	<input type="checkbox"/> divorced <sup>(9)</sup> since: ..... <sup>(10)</sup>	<input type="checkbox"/> separated since: ..... <sup>(10)</sup>
	<input type="checkbox"/> married since: ..... <sup>(10)</sup>	<input type="checkbox"/> remarried <sup>(9)</sup> since: ..... <sup>(10)</sup>	<input type="checkbox"/> widow or widower since: ..... <sup>(10)</sup>
	<input type="checkbox"/> cohabiting since: ..... <sup>(11)</sup>		
	<input type="checkbox"/> Did the cohabitators live together at the time of death? <sup>(60)</sup>		

3.	Nationality <sup>(12)</sup> <sup>(13)</sup> : .....
----	---

(\*) Article 90 of Regulation (EEC) No 574/72 is not applicable in the Netherlands.







11.7 Date of marriage with the deceased insured person: .....

11.8 Did the claimant live in the same household as the spouse or partner?  
 Yes, since: .....  No, since: .....

11.9 Do the spouses have, or have they had, a child in common (either natural or adopted children) <sup>(33)</sup>?  
 Yes  No

11.10 Where applicable, date of  separation from bed and board <sup>(34)</sup>: .....  Divorce: .....

11.11 Where applicable, date of remarriage: .....

11.12 Surnames and forenames of other spouse(s) <sup>(35)</sup>: .....

11.13 Is the widow/widower living together with another person as husband and wife <sup>(11)</sup>?  
 Yes  No  not known

11.14 Relationship and civil status (for claimants other than the widow or widower):  
 .....

12.

The person named in box 11

12.1a  is engaged in  is not engaged in gainful employment.

12.1b  is engaged in  is not engaged in an activity covered under a special scheme for civil servants <sup>(35a)</sup>.

12.2  is self-employed  is not self-employed.

12.3  states that he/she has no income <sup>(36)</sup>.

12.4 Where appropriate, state amount of annual income <sup>(37)</sup> ..... in .....

12.5 The person named in box 11

12.6  was  was not a dependent of the deceased insured person <sup>(38)</sup>.

12.7  is  is not  
 permanently unfit for work.  
 temporarily unfit for work, namely for more than three months <sup>(39)</sup>.

12.8  needs <sup>(40)</sup>  does not need someone in constant attendance <sup>(41)</sup>.

12.9 The person named in box 11	has applied for	is receiving
Basic benefit covering extra expenses due to permanent illness	<input type="checkbox"/>	<input type="checkbox"/>
Assistance benefit	<input type="checkbox"/>	<input type="checkbox"/>
Educational training benefit for widows/widowers	<input type="checkbox"/>	<input type="checkbox"/>
Benefit covering expenses for care of children due to the widow's/widower's work or education	<input type="checkbox"/>	<input type="checkbox"/>

12.10 The person named in box 11

receives a pension from ..... to .....

does not receive a pension.

may qualify for a (survivor's) pension.

12.11 Type of pension <sup>(42)</sup>: .....

12.12 Pension No: .....

12.13 Amount on date of claim: .....

12.14 Institution responsible for payment of pension: .....

12.15 The person named in box 11 <sup>(43)</sup>

is entitled to a survivor's pension under accident at work or occupational disease insurance from the following institution:

Name of institution: .....

Pension No: .....

12.16 The widow/widower <sup>(44)</sup>

is raising a child

is not raising a child

for whom he/she receives a family allowance or an orphan's pension:  Yes

No

12.17 Institution responsible for payment thereof: .....

12.18 If the person named in box 11 is pregnant, give the expected date of confinement: .....

12.19 The person named in box 11 is entitled to sickness benefits in kind under the legislation administered by the investigating institution

Yes

No

Not yet determined

13.

13.1 Other resources of the widow/widower <sup>(45)</sup>

none

Nature : .....

Amount: <sup>(46)</sup>: ..... in .....

13.2 Other

Nature: .....

Amount <sup>(46)</sup>: ..... in .....

**14. Additional information permitting the implementation of provisions concerning overlapping**

14.1 When benefits of the same kind are granted by the institution or institutions concerned, the pension calculated by the investigating institution may be reduced  
 Yes                       No                       Not yet determined

14.2 The pension calculated by the investigating institution may be reduced  
 Yes                       No                       Not yet determined  
because one or several of the benefits specified at point 12 are taken into account  
12 ..... 12 ..... 12 ..... 12 .....

because of income other than the benefits specified at point 12  
 income from employment/self-employment  
 other ..... <sup>(47)</sup>

14.3 The institution concerned is requested to specify the part of the pension accruing from voluntary contribution payments (point 6.7 in form E 210)  
 Yes                       No

14.4 The benefit due from the investigating institution is (partly or entirely) based on voluntary contributions  
 Yes                       No

**15. Children <sup>(13)</sup> <sup>(48)</sup> <sup>(49)</sup>**

15.1

	Surname <sup>(4)</sup> :	Forenames:	Nationality:	Place and date of birth, marriage or death <sup>(50)</sup> :	Relationship (i.e.: own child, adopted child, foster child) <sup>(51)</sup> :
1.	.....	.....	.....	.....	.....
2.	.....	.....	.....	.....	.....
3.	.....	.....	.....	.....	.....
4.	.....	.....	.....	.....	.....
5.	.....	.....	.....	.....	.....

15.2 The following institution is competent to grant benefits pursuant to Article 78 of Regulation (EEC) No 1408/71:  
 the investigating institution  
 the institution designated as follows: .....

15.3 The investigating institution  
 in respect of the children referred to in lines No ..... of item 15.1, is granting benefits until ..... inclusive  
Amount of orphan's pension and family allowances per child ..... <sup>(52)</sup>  
 is not granting benefits in respect of the children referred to in lines No ..... of item 15.1 <sup>(53)</sup>  
 has not yet taken a decision concerning entitlement to benefits

15.4 Address <sup>(3)</sup> <sup>(54)</sup>: .....

15.5 Remarks <sup>(55)</sup> <sup>(56)</sup> <sup>(57)</sup> <sup>(57a)</sup>: .....

C. Miscellaneous information

16.  Date of submission of this claim: .....

Date from which the pension is payable in the country of the investigating institution: .....

The claimant has asked for payment <sup>(58)</sup>

directly in the State of residence

to a representative in the State of origin.

Additional information for the purposes of Finnish institutions:

the claimant wishes to have the decision in

Finnish

Swedish

17. The investigating institution

pays

does not pay

benefits on a provisional basis under Article 45(1) of Regulation (EEC) No 574/72.

17.1 If not, the institutions concerned are requested to investigate the possibility of paying benefits on a provisional basis under Article 45(2) of Regulation (EEC) No 574/72.

18.  There are grounds

There are no grounds

for making deductions to compensate for overpayment in accordance with Article 111 of Regulation (EEC) No 574/72.

18.1 Any pension arrears

may

may not

be paid direct to the beneficiary.

19.

19.1 Attached forms:  E 205  E 207 <sup>(58)</sup>  E 213

19.2 Please send us your:  E 205  E 210  Decision  Arrears

E 213

Remarks: .....

.....

20. Investigating institution

20.1 Name: .....

.....

20.2 Address <sup>(3)</sup>: .....

.....

20.3 Stamp

20.4 Date: .....

20.5 Signature:

.....

## INSTRUCTIONS

**Please complete this form in block letters or typewriting, writing on the dotted lines only  
It consists of 11 pages, none of which may be left out, even if it does not contain any relevant information**

## NOTES

- (<sup>1</sup>) 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 = 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.
- (<sup>2</sup>) Where the form is being sent to a Czech institution, state the birth number; to a Cypriot institution, if a Cypriot national state the Cypriot identification number, if not a Cypriot national state the Alien Registration Certificate (ARC) number; to a Danish institution, indicate the CPR number; to a Finnish institution, indicate the population register number; to a Swedish institution, indicate the personal number (personnummer); to an Icelandic institution, indicate the personal identification number (kennitala); to a Liechtenstein institution, indicate the AHV insurance number; to a Lithuanian institution, state the personal identification number; to a Latvian institution state the identity number; to a Maltese institution, in the case of Maltese nationals, state the identity card number, or, if not a Maltese national, state the Maltese social security number; to a Norwegian institution, indicate the personal identification number (fødselsnummer); to a Belgian institution, indicate the national social security number (NISS); to a German institution of the general pension insurance scheme, indicate the insurance number (VSNR) and to an institution of the social security scheme for civil servants, indicate the personal identification number (PRS-Kenn-Nr); to an Austrian institution, state the Austrian insurance number (VSNR); to a Polish institution, state the reference number of the pension file for the person who applied for or had established the right to a pension from the Polish social security system, for a person applying for Polish pension for the first time, state PESEL and NIP or NKP number (NKP number — if the person concerned is subject to social insurance for farmers), if there is no such number state the series and number of identity card or passport; to a Portuguese institution, indicate the registration number with the general insurance scheme, and if it is the case, if the person concerned has been insured under the social security scheme for civil servants in Portugal; to a Slovak institution, state the birth number; to a Slovene institution, reference number of the file if known, if this number is known, the number under Note 13 is omitted; to a Swiss institution, state the AVS/AI (AHV/IV) insurance number.
- (<sup>3</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3a</sup>) For Germany and Austria the term 'insured persons' encompasses individuals insured under the general social security scheme as well as civil servants and individuals treated as such who are insured under a special scheme. The term 'pension' is considered to encompass pensions for civil servants. In the case of Poland, the term 'persons insured' also refers to the persons who are subject to special schemes.
- (<sup>4</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The 'surname at birth' must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— If the form is being completed by a Netherlands institution, in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname and the maiden name for surname at birth.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>5</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>6</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called' and 'alias' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>7</sup>) Put M for male and F for female.
- (<sup>8</sup>) This information is required where the worker is a Spanish national, or when the form is to be sent to a French, Greek or Hungarian institution, regardless of the worker's nationality. For the purpose of Polish institutions in the case of investigation of a claim for survivor's pension under a special scheme.
- (<sup>9</sup>) Complete where possible if the form is being sent to a German, Belgian, French, Hungarian, Italian, Lithuanian, Luxembourgish, Netherlands, Polish, Slovak, Austrian, Portuguese, Swedish, Liechtenstein, Finnish or Norwegian institution.
- (<sup>10</sup>) For the purposes of Belgian, Hungarian, Lithuanian, Polish, Slovak, the Netherlands, Swedish, United Kingdom, Finnish and Liechtenstein institutions, specify also the date beside the corresponding box.
- (<sup>11</sup>) This information is based on a statement from the person concerned. For the purposes of Norwegian institutions, complete also additional page No 5. For the Netherlands, it should be noted that under the General Surviving Dependents' Insurance Act (Algemene Nabestaandenwet), the following persons are also regarded as married or spouses: single persons of the same or different sex permanently sharing a household, unless they are blood relations of first degree. A shared household means that two persons together provide for their home, and that each contributes towards the household costs or makes other provision for their subsistence costs. For Lithuania tick if the claimant is *de jure* spouse. Under the Finnish legislation parties to a registered partnership of the same sex are treated as 'married'. This information should also be provided to Hungarian institutions.
- (<sup>12</sup>) Where appropriate, indicate the date of naturalisation.
- (<sup>13</sup>) For the purposes of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None' For the purposes of Maltese Institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number. In the case of Slovene nationals, state the personal identification number EMŠO. If the form is sent to a Norwegian institution indicate in point 11.3 the population register number.
- (<sup>14</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>15</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts, state also the parish and the local authority. In the case of Netherlands towns, state also the name of the municipality.

- (16) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code, if known to the insured person; in this case: '59'. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain, state only the province.
- (17) Symbol of the insured person's country of birth in accordance with the ISO code 3166-1.
- (18) If the form is being sent to a Danish, Finnish, Icelandic, Latvian, Polish or Norwegian institution, give the deceased person's last address in the corresponding country in the box below.  
Address (3): .....
- (18a) In the case of Poland, the term 'gainful employment' also refers to service of persons who are subject to special schemes.
- (19) Complete if the form is being sent to a Belgian, Cypriot, German, Greek, Polish, Slovak, Spanish, Irish, Italian, Luxembourgish, Austrian, Portuguese, United Kingdom, Finnish, Icelandic or Norwegian institution.
- (20) For the purposes of Belgian, Cypriot, Luxembourgish and Swiss institutions, mark the first box for any accident, irrespective of its nature.
- (21) Complete if the form is being sent to a Czech, Slovak, Swiss, German, Greek, Spanish, Luxembourgish, Austrian, Portuguese or Liechtenstein institution.
- (22) Complete if the form is being sent to a Finnish institution.
- (22a) For the purposes of Polish institutions, in the case of investigation of a claim for survivor's pension payable to the survivor of a missing police officer or soldier. Please enclose a document confirming the disappearance.
- (23) If the form is being sent to a Greek, French, Finnish or Swedish institution, complete indicating the declared date of the disappearance to the police. If the form is sent to a Latvian, or Lithuanian institution, indicate the date of the Court's decision on recognition of a person being a missing person.
- (24) For the purposes of Spanish, Finnish, Swedish or Liechtenstein institutions, state also the circumstances of the disappearance.
- (25) Complete if the form is being sent to a Greek, French, Hungarian, Luxembourg or Austrian institution.
- (25a) In the case of Poland, the term 'pension under the scheme for civil servants' refers to benefits under special schemes.
- (26) This information is required by Hungarian and Dutch institutions.
- (27) If there are several persons to be entered in box 11, please insert on one or more additional copies of page 3, as boxes 11 and 12 must be completed for each person separately. Please note that in the Netherlands, widows, divorced or separated women may be entitled to a widow's pension if they are younger than 65 years of age. Widows, divorced or separated women who are older than 65 years of age are entitled to an old-age pension. In these cases, an E 202 form must be drawn up in the name of the woman concerned. In Portugal, the survivor's pension is payable to relatives of the deceased in the ascending order if they were dependants of the deceased and where there are no other members of the family (spouse, ex-spouse and relatives in the descending order) who are entitled to receive the benefits. In Liechtenstein, the widow and the divorced or separated wife may be entitled to a widow's pension, if they are less than 62 years of age. This entitlement is terminated by remarriage. The widow, the divorced or separated wives beyond the age of 62 may have a claim to an old-age pension. In this case, a form E 202 has to be completed on behalf of the woman. In Norway, both separated and divorced spouses may be entitled to a survivor's pension. In Slovenia, claimants to a survivor's/widow's pension are parents and adoptive parents of the insured person (if they were dependants of the deceased), brothers and sisters (if dependant on the deceased person until his/her death and do not have their own means of subsistence) and a divorced spouse (if he/she enjoyed the maintenance until the death of the insured person); In Estonia, the range of entitled persons for survivors' pension is wider: parent, brother, sister, divorced spouse, a parent or guardian of a provider's child, step-children or foster-children, step-parent or foster-parent. In Latvia the range of entitled persons includes children, dependant stepchildren, brothers, sisters or grandchildren. In Poland the right to a survivor's pension have also both separated and divorced spouses, if they had the right to receive alimony by Court order or agreement in Court, also parents (including stepfather, stepmother).
- (28) For the purposes of Italian institutions, complete also additional page 1. For the purposes of Swedish institutions, complete also additional page 6. For the purposes of Lithuanian institutions complete also E 203/additional page 7. For the purposes of Swiss institutions also fill in form E 203/additional page 10; For the purposes of Polish institutions, complete also additional page 11. For the purposes of Finnish institutions, complete also additional page 13.
- (29) If the form is being sent to a German, Austrian, Polish, Latvian, Liechtenstein, Finnish or Swiss institution, state — if applicable — the address of the legal representative (legal counsellor, guardian, curator, ...) in the box below.  
Address (3): .....
- (30) If the form is being sent to a Czech, Danish, Finnish, Icelandic, Latvian or Norwegian institution, give the claimant's last address in the corresponding country in the box below.  
Address (3): .....
- (31) To be completed only if the form is to be forwarded to a Portuguese or Slovene institution.
- (32) For the purposes of Netherlands institutions complete Sofi number, if known. For the purposes of Belgian institutions complete national social security number (NISS).
- (33) Complete if the form is being sent to Finnish or Swedish institutions.
- (34) For the purposes of Spanish or Swedish institutions, state whether the separation is a *de facto* or *de jure*.
- (35) For the purposes of a Liechtenstein or Swiss institution, state also the date of birth of the spouse.
- (35a) In the case of Poland, the term 'activity under a special scheme for civil servants' refers to the service of persons who are subject to special schemes.
- (36) Complete if the form is being sent to an Italian, Polish, Netherlands or Greek institution. In Italy the following sources are not considered as income: the claimant's home, family benefits, cash benefits for accident at work or occupational diseases or purely assistance benefits.

- (37) Complete if the form is being sent to a Belgian, Danish, Portuguese, Spanish, French, Italian, Luxembourgish, Netherlands, Finnish, Swedish, Icelandic or Norwegian institution. If the form is being sent to an Italian institution, indicate all income except for the following: the claimant's home, family benefits, cash benefits for accident at work or occupational disease or purely assistance benefits.
- (38) Complete if the form is being sent to a German, Greek, French, Italian, Latvian, Luxembourg, Netherlands, Austrian, Portuguese, Slovene, Finnish, Swedish, Icelandic institution.
- (39) Complete if the form is being sent to a Belgian, Hungarian, Polish, Netherlands or Swedish institution (add form E 213).
- (40) For the purposes of Portuguese institutions, complete also additional page 3. For the purposes of Slovene institutions complete also form E 213.
- (41) Complete if the form is being sent to a Greek, French, Irish, Netherlands, Austrian or United Kingdom institution.
- (42) If the form is being sent to a Belgian, Hungarian, Polish, German, Spanish, French, Italian, Netherlands, Austrian, Portuguese or Finnish institution, please specify whether this is a personal or a survivor's pension. For Maltese institutions provide details of all occupational pensions paid/expected to be paid. Rate of pension should be that as on original award of pension/s.
- (43) Complete if the form is being sent to a Belgian, German, Luxembourgish, Austrian, Portuguese or Finnish institution.
- (44) Complete if the form is being sent to a Belgian, Czech, Hungarian, Polish, Slovak, German, French, Italian, Luxembourgish, Netherlands, Austrian, Finnish, Swedish, Icelandic or Norwegian institution.
- (45) For the purposes of Finnish institutions, please state income from interest, rent and dividend.
- (46) Complete if the form is being sent to a Danish, Spanish, Luxembourgish, Netherlands, Austrian, Icelandic or Norwegian institution (annual amount) to a French institution (quarterly amount) or to an Italian institution (monthly amount).
- (47) State the type of income taken into account by the investigating institution in applying its overlapping rules.
- (48) Complete if the form is being sent to a Danish, German, Greek, Hungarian, Spanish, French, Irish, Italian, Luxembourgish, Netherlands, Austrian, Portuguese, Finnish, Swedish, United Kingdom, Icelandic, Liechtenstein, Polish, Slovak, Slovene or Swiss institution. If the form is being sent to a Portuguese institution, please indicate the names of any stepchildren for whom the deceased was required to provide food, and the names of any grandchildren. If the form is being sent to a Latvian or Slovene institution, indicate the names of any stepchildren, grandchildren and other parentless children dependant on the deceased insured person.  
For an Italian institution, if the entitled person is an only child, E 203/additional page 2 should also be completed. If the form is being sent to a Spanish institution, E 203/additional page 2 should also be completed. If the form is being sent to a Lithuanian institution complete also E 203/additional page 7. If the form is being sent to a Czech institution, complete also Additional page 8; For the purposes of Swiss Institutions also fill in form E 203/additional page 10. For the purposes of Polish institutions, complete also additional page 11.
- (49) For Norwegian institutions, state only the children of the deceased. For Maltese institutions, only provide details of children under 18 years whose parents are both the deceased and the widow/er.
- (50) Indicate with the following symbols which date you are referring to: \* birth, ° marriage, † death. If the form is being sent to a Finnish, Hungarian or Slovak institution, indicate the population register number.
- (51) If the form is being sent to a Finnish institution, please state whether the child in question is common to the widow/widower and the deceased or whether the child is of either the deceased or of the widow/widower alone. Please state also if the widow/widower is raising the child. State also nationality in case of adoption.
- (52) This information should be provided from the date of the parent's death, showing any subsequent change in rate.
- (53) Please complete also additional page 2 if the form is being sent to a German, Italian or Polish institution. Please complete additional page 4 if the form is being sent to a Portuguese or Slovak institution.
- (54) Indicate the common address. If any of the children live at a different address, indicate in the box below.  
Address (3): .....
- (55) Indicate whether the child is married, an invalid, deceased (date of death), an apprentice or a student. for the purposes of Portuguese institutions, in the case of an invalid child requiring the assistance of another person, complete additional page 3. For the purposes of a Liechtenstein or Swiss institution, a copy of the indentures of apprenticeship or a certificate of the training centre should be attached for each child being a student or apprentice between the age of 18 and 25; for the purposes of Czech institutions, a copy of a certificate of continuation of studies, apprenticeship and/or vocational training should be attached for each child being a student or apprentice between the ages of 15 and 26; for the purpose of a Slovene institution, a certificate of the training centre or a copy of the indentures of apprenticeship should be attached for each child being a regular student or apprentice between the ages of 15 and 26; for the purpose of a Slovak institution, a certificate of the training centre or school should be attached for each child between the ages of 16 and 26; for the purposes of Polish institution, enclose school certificate referring to each child aged between 16 and 25 who is a pupil or a student, for the purposes of Hungarian institutions, a copy of a certificate of continuation of studies, apprenticeship and/or vocational training should be attached for each child being a student or apprentice between the ages of 16 and 25. Indicate whether the child is married, an invalid, deceased (date of death), or a student. A copy of a certificate of full time education should be attached for each child being a student between the ages of 16 and 23 in the case of a female and the ages of 16 and 25 in the case of a male for the purposes of Cypriot institutions.
- (56) For the purposes of Hungarian, Slovak, Spanish and Norwegian institutions, state whether the children are economically dependent on the insured person and whether any of the children have a disability. In the latter case, state whether the child receives any invalidity pension in his or her own right. For the purposes of Finnish institutions, state whether the child/children lived in the same household as the insured person. If not, state the date since not anymore.
- (57) For the purposes of Hungarian, Portuguese or Norwegian institutions, if one of the children has a legal representative other than the person representing the other children, indicate this in the box below: For the purposes of Finnish institutions, indicate in the box below the name, date of birth and address of the legal representative of the child/children.  
Child:  
— Surname: .....  
— Forename: .....  
Legal representative:  
— Surname: .....  
— Forenames: .....  
— Address (3): .....



<sup>(57a)</sup> For the purposes of Latvian institutions indicate if the other parent of the child is also deceased:

Yes                       No

If the answer is 'yes', please indicate following information:

Surname: .....  
Forenames: .....  
Previous surnames: .....  
Sex: .....  
Identity No: .....  
Nationality: .....  
Date of birth: .....  
Date of death: .....

<sup>(58)</sup> To be completed for Italian and Greek institutions.

<sup>(59)</sup> If the form is to be sent to a Liechtenstein institution, add form E 207 concerning the insured deceased person and concerning the (last and any former) spouse(s) of the insured person.

<sup>(60)</sup> The information is required when the form is being sent to Cypriot, Hungarian and Finnish institutions.

<sup>(61)</sup> For the purposes of Hungarian institutions also state the surname and forenames at birth of the claimant's mother:

Mother of claimant:  
— Surname: .....  
— Forename: .....



**ITEM 11 'RIGHTFUL CLAIMANTS OTHER THAN CHILDREN'  
ADDITIONAL INFORMATION FOR ITALIAN INSTITUTIONS**

*To be completed if the pension is claimed abroad by the sole surviving parent, an unmarried brother or an unmarried sister of the deceased worker.*

1. If the claimant is the sole surviving parent, please state whether the deceased worker is survived by

- |                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> spouse:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> children: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. If the claimant is a brother or sister of the deceased worker, please state whether the latter is survived by

- |                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> spouse:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> children: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> parents   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



**ITEM 15 'CHILDREN'  
ADDITIONAL INFORMATION**

(Complete a separate page for each child)

**1.** The child named in line No ..... of item 15.1

pursues gainful employment.  does not pursue gainful employment.

1.1 If the answer is in the affirmative, please state:  
Type of occupation (employed or self-employed):  
Amount of income <sup>(1)</sup> per  week  month  year .....

**2.** The child named in line No ..... of item 15.1

has other sources of income  does not have any other sources of income

2.1 If the answer is in the affirmative, please specify:  
Nature of income:  
 Social security benefits:  
Amount per  week  month  year .....

Other income <sup>(2)</sup>:  
Amount per  week  month  year .....

**3.** In respect of the child named in line No ..... of item 15.1, the following person:

(surname, forenames): .....  
(address): .....

is entitled to family benefits or allowances by virtue of his/her pursuit of a professional activity or trade  
(Article 79(3) of Regulation (EEC) No 1408/71)  
Amount: .....  
Commencing on: .....

3.1 The following institutions are responsible for paying these family benefits or allowances:  
(Name): .....  
(Address): .....  
.....  
(Name): .....  
(Address): .....  
.....

**4.** The child named in line No ..... of item 15.1 is unfit for work. Form E 404 is attached.

<sup>(1)</sup> All income should be declared with the exception of severance payments, family benefits, wage arrears, life annuities for accidents at work or occupational disease, war pensions, pensions for disablement sustained during military service, attendance allowance, travel allowance.

<sup>(2)</sup> 'Other income' means income from real estate or capital (bank or postal deposits or current accounts, government stock, investment funds, shares, bonds, etc.).



ITEM 12 (12.8)  
ADDITIONAL INFORMATION FOR THE PURPOSES OF THE PORTUGUESE INSTITUTIONS

To be completed where the claimant has declared that he/she needs the assistance of another person to perform the ordinary activities of everyday life.

1. Identity of the other person

1.1 Surname: .....  
Forenames: .....

1.2 Address (street, number, post code, district, country): .....  
.....

2. Information provided by the investigating institution

2.1  We have ascertained that the person referred to above is the other person who actually assists the claimant in performing the ordinary activities of everyday life (personal hygiene, feeding, movement, etc.).

2.2  Assistance provided by the other person referred to above has not been ascertained.

3. Has the need for assistance been caused by a third party?

Yes                       No

4. Is the person concerned in receipt of an allowance for assistance by a third party or a similar benefit?

Yes                       No

4.1 Name and address of the paying institution:  
.....

4.2 Monthly amount:  
.....





**ITEM 15 'CHILDREN'  
ADDITIONAL INFORMATION FOR THE PURPOSES OF PORTUGUESE AND SLOVAK INSTITUTIONS**

The descendants shown in box 15.1 are in one of the following situations:

- 1. Attending school: indicate for each child whether the educational institution in question is at secondary, intermediate or higher education level or whether the course being attended is a first degree course or a postgraduate course:

.....  
.....  
.....

- 2. Undergoing vocational training: indicate for each child the level of school education (secondary, intermediate or higher) required to enrol for the course in question and the monthly income received, if any:

.....  
.....  
.....

- 3. Actively employed: indicate for each child the monthly income received:

.....  
.....  
.....

- 4. Unable to work: indicate for each child if social security benefits are received because the child is unable to work, the nature of the disability and the monthly amount:

.....  
.....  
.....



ADDITIONAL INFORMATION FOR THE PURPOSES OF NORWEGIAN INSTITUTIONS

1. To be completed if the claimant was not married to the deceased at the time of death:

1.1 Was the claimant previously married to the deceased?

Yes  No

1.2 Does the claimant have or has he/she had children by the deceased?

Yes  No

2. To be completed if the widow/widower is living with another person as husband and wife:

2.1 Has the claimant been previously married to the cohabiting partner?

Yes  No

2.2 Does the claimant have or has he/she had children by the cohabiting partner?

Yes  No



ITEM 11  
ADDITIONAL INFORMATION FOR THE PURPOSES OF SWEDISH INSTITUTIONS

1. Is the claimant living with a child under 21 years of age for whom a child's pension/annuity is being requested or received?

No  Yes

2. Does the claimant have a child by the deceased?

No  Yes

**To be completed if the claimant was married to the deceased at the time of death**

3.1 Was the claimant living with the deceased at the time of death?

No  Yes

3.2 If the answer to 3.1 is 'No', was the survivor economically dependent on the deceased?

No  Yes

4. At the time of death, was the claimant living with a child under 18 years of age of whom the claimant and/or the deceased had custody?

No  Yes

Name of the child: .....

Swedish personal number/date of birth: .....

**To be completed if the claimant was married to but not living with the deceased**

5. Did the claimant, after having ceased living with the spouse but before his/her death, live with a man/woman to whom the claimant was previously married or by whom the claimant has or has had a child?

No  Yes

**To be completed if the claimant was not married to the deceased at the time of death**

6. Was the claimant previously married to the deceased?

No  Yes

7. Does the claimant have, or has he/she had, children by the deceased?

No  Yes

8. Was the claimant expecting a child by the deceased at the time of death?

No  Yes

Anticipated confinement date (year, month, day): .....

9. Please answer question number 4.

**To be completed by women born in 1944 or earlier for assessment of entitlement to a widow's pension/widow's annuity in accordance with previous legislation.**

10. Was the claimant married to the deceased at any time before 31 December 1989?  
 No                       Yes
11. Did the claimant have a child by the deceased on or before 31 December 1989?  
 No                       Yes
12. Was the claimant living with the deceased on 31 December 1989?  
 No                       Yes
13. What was the marital status of the claimant on 31 December 1989?  
 unmarried               married               widowed               divorced
14. What was the marital status of the deceased on 31 December 1989?  
 unmarried               married               widowed               divorced

**To be completed if, at the time of death, the claimant was under 50 years of age and/or at the time of death the claimant had not been married to or living with the deceased for at least five years.**

15. Is the claimant living with a child under 16 years of age of whom she has custody?  
 No                       Yes  
Name of the child: .....  
Swedish personal No/date of birth: .....
16. At the time of death, was this child permanently living with the claimant or in the common home of the claimant and the deceased?  
 No                       Yes
17. If the child is not a child of the claimant, a copy of the court judgment or other document showing who has custody of the child should be enclosed.

**To be completed by women born in 1945 or subsequently for assessment to widow's pension/widow's annuity in accordance with previous legislation.**

18. Please answer questions 11-15.
19. On 31 December 1989 was the claimant living with a child under 16 years of age of whom she had custody?  
 No                       Yes  
Name of the child: .....  
Swedish personal No/date of birth: .....
20. Was this child permanently living with the claimant or in the common home of the claimant and the deceased on 31 December 1989?  
 No                       Yes

**To be completed if the claimant was married to the deceased on 31 December 1989.**

21. Was the claimant living apart from her husband on 31 December 1989?

No                       Yes

22. After ceasing to live with her husband, but before his death, did the claimant live with a man to whom she has been married or by whom she has or has had a child?

No                       Yes

23. Was the claimant living with a child under 16 years of age of whom she had custody on 31 December 1989?

No                       Yes

Name of the child: .....

Swedish personal No/date of birth: .....

24. On 31 December 1989 was this child permanently living with the claimant or in the common home of the claimant and the deceased?

No                       Yes

**To be completed if, at the time of death, the claimant was under 50 years of age and/or at the time of death the claimant had not been married to or living with the deceased for at least five years.**

Please answer questions number 16 to 18.





**ADDITIONAL INFORMATION FOR LITHUANIAN INSTITUTIONS**

**Data of the deceased person**

1. Lithuanian personal identification number .....
2. Lithuanian State social insurance certificate serial number and number  
.....
3. The deceased person was on military service in Lithuania or former USSR:
 

	Yes	<input type="checkbox"/>		No	<input type="checkbox"/>
If 'Yes', indicate if he served as a conscript		<input type="checkbox"/>	or as a reenlisted		<input type="checkbox"/>
4. The time of nursing/caring at home in Lithuania (complete, if engaged in nursing before 1 January 1995):
  - 4.1 for mothers — the time of caring for and nursing a disabled child under the age of 16?
 

	Yes	<input type="checkbox"/>		No	<input type="checkbox"/>
--	-----	--------------------------	--	----	--------------------------
  - 4.2 for family members — the time of nursing the disabled of Group
 

	Yes	<input type="checkbox"/>		No	<input type="checkbox"/>
--	-----	--------------------------	--	----	--------------------------
5. The deceased person was:
  - 5.1 political prisoner?
 

	Yes	<input type="checkbox"/>		No	<input type="checkbox"/>
--	-----	--------------------------	--	----	--------------------------
  - 5.2 deportee?
 

	Yes	<input type="checkbox"/>		No	<input type="checkbox"/>
--	-----	--------------------------	--	----	--------------------------
  - 5.3 resistant?
 

	Yes	<input type="checkbox"/>		No	<input type="checkbox"/>
--	-----	--------------------------	--	----	--------------------------
  - 5.4 deported for forced work beyond former USSR border?
 

	Yes	<input type="checkbox"/>		No	<input type="checkbox"/>
--	-----	--------------------------	--	----	--------------------------
  - 5.5 in ghettos, concentration camps and other types of places of forced confinement during the World War II?
 

	Yes	<input type="checkbox"/>		No	<input type="checkbox"/>
--	-----	--------------------------	--	----	--------------------------
6. To be completed if there are survivors of the deceased who are (were) granted widow(er)'s/orphans's pensions:

Name:	Surname:	Lithuanian personal identification number, or failing this, date of birth:	Institution responsible for payment of pension:

**Data of the claimant**

7. Lithuanian personal identification number: .....

8. Lithuanian State social insurance certificate serial No and No: .....

9. Claimant's pensions: .....

9.1 Social insurance pensions:

Pension type:	Date of application:	Date of granting:	Date of suspension:	Institution responsible for payment of pension:
9.1.1 old age				
9.1.2 disability				
9.1.3 widow's (widower's)				
9.1.4 orphan's				
9.1.5. survivor's (of those deceased prior to 31 December 1994)				

In case of 9.1.4 and 9.1.5 should be noted:

for deceased father (mother)

for other deceased person

date of his/her death: .....

date of his/her death: .....

9.2 The claimant's state pensions

Pension type:	Date of application:	Date of granting:	Date of suspension:	Institution responsible for payment of pension:
9.2.1 old age				
9.2.2 widow's (widower's)				
9.2.3 orphans				

10. Was the claimant recognised as disabled (don't complete for guardians)?

Yes

No

If 'Yes', indicate:

the date of the commencement of disability: .....

disability was determined till: .....

termless:

**E 203 additional page 7 LT (continued)**

**Points 11 and 12 to be completed only by claimants for widow (widower)'s pensions**

11. Is the claimant raising the deceased person's children (adopted children) under the age of 18 (or if they are full time students under the age of 19) and/or nursing the deceased person's children (adopted children) - the disabled of Group 1, who became disabled under the age of 18?

Yes  No

If 'Yes', indicate these children (adopted children):

Name:	Surname:	Lithuanian personal identification number, or failing this, date of birth:	Group of disability:

A copy of certificate of educational institution should be enclosed for abovementioned children (adopted children) full time students under the age of 19.

12. The claimant is mother/father  guardian  stepmother/stepfather

to the children he/she is raising.

13. Are you a full time student (to be completed only by the claimant if aged between 18-24)?

Yes  No

If 'Yes', a copy of certificate of educational institution should be enclosed.



**ADDITIONAL INFORMATION FOR CZECH INSTITUTIONS**

*For the purposes of Czech institutions, complete the following table for children named in the item 15.1*

Forename and surname of the child	Day, month and year of birth of the child	Father's forename and surname	Mother's forename and surname	Period of personal care of the child, from—to	If the child is/was in custody of a different person or institution (indicate where and from—to)	Birth number of the child <sup>(1)</sup>

<sup>(1)</sup> Indicate only if you apply for orphan's pension.



**ITEM 8**  
**ADDITIONAL INFORMATION FOR THE NEEDS OF THE SLOVAK INSTITUTIONS**

**If the death is assumed to be the result of an occupational accident, the following information must also be given:**

- registration of the occupational accident,
- investigation by the labour inspectorate or the police and any court judgement.

**Was the occupational accident the only cause of death?**

- Yes  No

**Activity during which the occupational accident occurred:**

- During performance of the worker's duties
- During activities with a direct link to the worker's duties
- On the journey to or from work
- On the way to or from a cafeteria, canteen or similar

**Place where the occupational accident occurred:**

- At the work place
- On the employer's premises
- Outside the employer's premises

**If the death is assumed to be the result of an occupational disease, the following information must also be given:**

- confirmation from an occupational medicine department or other institution, with the date of diagnosis and/or the date of origin of the occupational disease,
- confirmation of a link between the death and the occupational disease, i.e. if the disease was the only cause of death.





**ADDITIONAL INFORMATION FOR THE PURPOSE OF SWISS INSTITUTIONS**

<b>1.</b>	Information concerning the deceased insured person
Surname (point 2.1): .....	
Forenames (point 2.3): .....	
Date of birth (point 4.1): .....	

<b>2.</b>	If the deceased insured person was a Swiss national, please indicate the place of origin: .....
	and the date of acquisition of the Swiss nationality: .....

<b>3.</b>	Information concerning residence in Switzerland of the deceased insured person			
	Place:	from (month/year):	to (month/year):	Type of residence permit:
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	Please attach copies of certificates of residence or residence permits.			

<b>4.</b>	To be completed if the deceased insured person has been married			
	1st marriage:	2nd marriage:	3rd marriage:	
4.1	Marriage celebrated on: .....	.....	.....	.....
4.2	Dissolved by divorce on: .....	.....	.....	.....
4.3	Information concerning the spouse, ex-spouse or deceased spouse			
	Surname and forenames: .....	.....	.....	.....
	Surname at birth: .....	.....	.....	.....
	Date of birth: .....	.....	.....	.....
	Date of death: .....	.....	.....	.....

<b>5.</b>	Information concerning residence in Switzerland of the spouse, any ex-spouses or deceased spouses during marriage				
	Surname and forenames:	Place of residence:	from (month/year):	to (month/year):	Type of residence permit:
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	Please attach copies of certificates of residence or residence permits.				

6. Was the claimant (widow/widower) married more than once?  
 Yes                       No

If yes, please indicate the duration of the marriage(s):

	1st marriage:	2nd marriage:	3rd marriage:
6.1 Celebrated on:	.....	.....	.....
6.2 Dissolved by divorce on:	.....	.....	.....
6.3 Date of death of the spouse:	.....		

7. To be completed for children of separated or divorced parents

Surname:	Forenames:	Date of birth:	Custody to:			
.....	.....	.....	<input type="checkbox"/> the father	<input type="checkbox"/> the mother	<input type="checkbox"/> joint	<input type="checkbox"/> other person
.....	.....	.....	<input type="checkbox"/> the father	<input type="checkbox"/> the mother	<input type="checkbox"/> joint	<input type="checkbox"/> other person
.....	.....	.....	<input type="checkbox"/> the father	<input type="checkbox"/> the mother	<input type="checkbox"/> joint	<input type="checkbox"/> other person
.....	.....	.....	<input type="checkbox"/> the father	<input type="checkbox"/> the mother	<input type="checkbox"/> joint	<input type="checkbox"/> other person
.....	.....	.....	<input type="checkbox"/> the father	<input type="checkbox"/> the mother	<input type="checkbox"/> joint	<input type="checkbox"/> other person

8. To be completed for claimants (widows/widowers) who, at the time of death of their spouse, did not have any children, including adopted children.

Did you live together in the same household with one or more of the spouse's children at the time of his/her death?  
 Yes                       No

If yes :

Surname:	Forenames:	Date of birth:
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**ADDITIONAL INFORMATION FOR THE PURPOSES OF THE POLISH INSTITUTIONS**

*To be completed by the claimant and added to the E 203 form*

1.	Personal details of the claimant
1.1	Surname: .....
1.2	Surname at birth: .....
1.3	Forename(s): .....
1.4	Date of birth: .....
1.5	NIP No: .....

2.	Information concerning a widow /widower applying for Polish survivor's pension
2.1	Was there a conjugal community until the day of spouse's death? <input type="checkbox"/> Yes <input type="checkbox"/> No If there was no conjugal community or the spouses were divorced or separated please indicate:
2.2	Was the right to receive alimony established? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enclose a court order or agreement in court or any other official document, which is the ground for awarded alimony.
2.3	Please indicate PESEL or NKP No: .....

3.	Information concerning parents applying for Polish survivor's pension
3.1	Was the insured deceased contributing to maintaining the claimant directly before death? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	If yes, please give details: .....
3.3	Is the claimant bringing up a child (aged up to 16) of the insured deceased or, if the child has been attending a school, aged up to 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.4	Is the claimant taking care of a child which is totally incapable of working and living independently or is totally incapable of working and which has the right to receive survivor's pension? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the surname and the name of the child: ..... Please, indicate PESEL or NKP No: .....

**4.** Information concerning children applying for Polish survivor's pension:

4.1	Surname and name:	Date of birth:	PESEL No:	Family relations (¹):	Name of school:	Is a child totally incapable of working and to living independently or is totally incapable of working?

4.2 In the case of children accepted to be brought up and maintained before they reach 18, grandchildren, brother(s) or sister(s) or other children, including children from foster family, please indicate the following:

the exact date of accepting them to be brought up and maintained: .....

Are the child's parents alive?

Yes                       No

If yes, please answer the following questions:

Are they able to maintain the child?

Yes                       No

Was deceased or his/her spouse a guardian of the child ordered by court?

Yes                       No

Does the child have the right to receive a pension due to the death of his/her parents?

Yes                       No

**5.** In order to establish the amount of pension in the general social insurance scheme, the claimant applies for the following to be accepted as benefit assessment basis that would be vested in the deceased:

- Average basis of contribution assessment for social insurance or old age and disability insurance according to Polish regulations, in the period of 10 subsequent calendar years, selected from the past 20 calendar years, immediately preceding the year in which the claim was submitted, i.e. from ..... until ..... (²).
- Average basis of contribution assessment for social insurance or old age and disability insurance according to Polish regulations, in the period of 20 calendar years prior to the year of claim submission, selected from the whole period of insurance (²).
- Average basis of contribution assessment for social insurance or old age and disability insurance according to Polish regulations, in the period of 10 subsequent calendar years immediately preceding the year in which the deceased started to be insured abroad for the first time, if the deceased had not been insured in Poland during 20 calendar years, immediately preceding the year in which the claim was submitted.
- Assessment basis of contributions according to Polish regulations from the period of being actually subject to insurance.
- Assessment basis of old-age or disability pension of the deceased.

**6.** In order to establish the amount of survivor's pension under social insurance scheme for farmers please answer the following questions:

6.1 Is the adult claimant (or his/her spouse) an owner (co-owner) or a holder of a farm?

Yes                       No

6.2 If 'Yes', please indicate the area of the farm (in hectares): .....











**ADDITIONAL INFORMATION FOR THE PURPOSE OF FINNISH INSTITUTIONS**  
**Item 11 Surviving spouse**

1. Surname (item 11.1): .....
2. Forenames (item 11.2): .....
3. Finnish identity No (if known): .....
4. Insurance No at the investigating institution: .....
5. Employment of the surviving spouse: .....
- 5.1. If the surviving spouse has worked in the country of the investigating institution, please submit his/her E 205 form.
- 5.2. Please indicate the countries where the surviving spouse has worked:  
.....
6. If the claimant is the former spouse, please submit the copy of the maintenance agreement.
7. Type of the surviving spouse's own employment-based pension:  
.....
8. Amount of the surviving spouse's own employment-based pension at the date of death of the deceased:  
.....  
or
9. Estimate of the amount of the surviving spouse's own employment-based pension at the date of death of the deceased, if he/she was not retired:  
.....
10. Type of the surviving spouse's own residence-based pension:  
.....
11. Amount of the surviving spouse's own residence-based pension at the date of death of the deceased:  
.....
12. Type of the deceased person's employment-based pension:  
.....
13. Amount of the deceased person's employment-based pension at the date of death:  
.....  
or
14. Estimate of the amount of the deceased person's employment-based pension at the date of death, if he/she was not retired:  
.....



Country:	Identification No <sup>(2)</sup> <sup>(17)</sup>	Institution concerned (where applicable, liaison body)
(1) .....	.....	.....
(2) .....	.....	.....
(3) .....	.....	.....
(4) .....	.....	.....
(5) .....	.....	.....

**INVESTIGATION OF A CLAIM FOR AN INVALIDITY PENSION**

*Regulation (EEC) No 1408/71: Article 44 to 51a; Article 77  
Regulation (EEC) No 574/72: Article 36 to 38; Article 41 to 43; Article 45 to 47; Article 49; Article 90 (\*); Article 111*

The investigating institution should complete this form and send one copy to each of the institutions with which the employed or self-employed person has been insured (institutions concerned) or to the liaison body.

1.	Institution to which the form is addressed (institution concerned or liaison body, as applicable)
1.1	Name: .....
1.2	Address <sup>(3)</sup> : .....

**A. Information concerning insured person <sup>(3a)</sup>**

2.		
2.1	Surname <sup>(4)</sup> : .....	
2.2	Surname at birth <sup>(4)</sup> : .....	
2.3	Forenames <sup>(5)</sup> : .....	
2.4	Previous names <sup>(6)</sup> : .....	
2.5	Sex <sup>(7)</sup> : .....	
2.6	Father's surname and forenames <sup>(8)</sup> : .....	
2.7	Mother's surname and forenames at birth <sup>(8)</sup> : .....	
2.8	Civil status:	
	<input type="checkbox"/> single	<input type="checkbox"/> divorced <sup>(9)</sup> since: ..... <sup>(10)</sup>
	<input type="checkbox"/> married since: ..... <sup>(10)</sup>	<input type="checkbox"/> separated since: ..... <sup>(10)</sup>
	<input type="checkbox"/> cohabiting since: ..... <sup>(11)</sup> <sup>(12)</sup> <sup>(13)</sup>	<input type="checkbox"/> remarried <sup>(9)</sup> since: ..... <sup>(10)</sup>
	<input type="checkbox"/> widow or widower since: ..... <sup>(10)</sup>	
2.9	Taxpayer's No <sup>(14)</sup> : .....	
	and code of tax district: .....	
2.10	Insurance No <sup>(2)</sup> <sup>(15)</sup> : .....	

(\* ) Article 90 of Regulation (EEC) No 574/72 is not applicable in the Netherlands.

3. Nationality <sup>(16)</sup> <sup>(17)</sup>: .....

4. Details of birth <sup>(18)</sup>

4.1 Date of birth <sup>(18)</sup>: .....

4.2 Place of birth <sup>(19)</sup>: .....

4.3 Province, department, county <sup>(20)</sup>: .....

4.4 Country <sup>(21)</sup>: .....

5. Address and bank particulars

5.1 Address <sup>(3)</sup> <sup>(22)</sup> <sup>(23)</sup>: .....

5.2 Bank particulars or address for direct payment: .....

Name of the beneficiary as recognised by the bank: .....

Name of the bank: .....

Address of the bank: .....

Bank identification code (BIC/SWIFTT): .....

International bank account number (IBAN): .....

6.

6.1 Insurance No at the registering institution: .....

6.2 Reference No of file at the investigating institution: .....

7.

7.1 Date which has been determined as the commencement of invalidity: .....

7.2 Date of commencement of incapacity for work followed by invalidity: .....

7.3 The person concerned

is still engaged in                       is no longer engaged in

gainful employment                       activity as a civil servant <sup>(23a)</sup>                       self employment

7.4 If he/she is engaged in gainful employment or in an activity as a civil servant indicate <sup>(23a)</sup> <sup>(24)</sup>

Amount of wage/salary: .....

Number of hours worked: .....

7.5 Date of cessation of gainful employment

as an employed person: .....

as a self employed person: .....

as a civil servant <sup>(23a)</sup>: .....

7.6 Type of activity <sup>(24a)</sup>:

If he/she is carrying out an activity as a self employed person indicate the amount of professional income <sup>(25)</sup>: .....

7.7 Nature of activity: .....

7.8 Other known resources (amount and nature) <sup>(26)</sup>: .....

7.9  The claimant states that he/she has no income <sup>(27)</sup>.

7.10 The invalidity

<input type="checkbox"/> is assumed	<input type="checkbox"/> is not assumed to have been caused by a liable third party.
<input type="checkbox"/> is the result of	<input type="checkbox"/> is not the result of an accident at work or an occupational disease <sup>(28)</sup> .
<input type="checkbox"/> is the result of	<input type="checkbox"/> is not the result of an accident other than an accident at work or an occupational disease <sup>(29)</sup> .
<input type="checkbox"/> is the result of	<input type="checkbox"/> is not the result of injuries received on duty or diseases occurring at the time of duty <sup>(28a)</sup> .
<input type="checkbox"/> is the result of	<input type="checkbox"/> is not the result of an accident in connection with duty or a disease occurring in connection with particular qualities or conditions of duty <sup>(28a)</sup> .
<input type="checkbox"/> is assumed	<input type="checkbox"/> is not assumed to have been caused by the claimant on purpose <sup>(50)</sup> .

7.11 At the moment of commencement of incapacity for work, the claimant was

insured as a worker against invalidity.

insured other than as a worker against invalidity.

not insured against invalidity.

8.

8.1 Since the commencement of incapacity for work, the person concerned

has followed rehabilitation courses.

has not followed rehabilitation courses.

has followed occupational courses.

has not followed occupational courses.

8.2 Where appropriate, indicate for what kind of occupation: .....

8.3 The employer for whom he/she works in this new occupation:

Name of employer or firm: .....

Address <sup>(3)</sup>: .....

8.4 Date of commencement and termination of this employment: .....

9.

	has applied for the following benefits:	is receiving the following benefits:
9.1 The insured person		
9.2 Continued wage or salary payments in case of illness	<input type="checkbox"/>	<input type="checkbox"/>
9.3 Sickness insurance cash benefits for incapacity for work	<input type="checkbox"/>	<input type="checkbox"/>
9.4 Rehabilitation allowances	<input type="checkbox"/>	<input type="checkbox"/>
Occupational allowances	<input type="checkbox"/>	<input type="checkbox"/>
9.5 Invalidity pension <sup>(30)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
9.6 Old-age pension <sup>(30)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
9.7 Survivor's pension <sup>(30)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
9.8 Pension for accident at work or occupational disease	<input type="checkbox"/>	<input type="checkbox"/>
9.9 Unemployment benefits or early retirement benefit	<input type="checkbox"/>	<input type="checkbox"/>
9.10 Benefits in respect of assistance by another person <sup>(31)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
9.11 Family benefit <sup>(32)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
9.12 Refund of contribution	<input type="checkbox"/>	<input type="checkbox"/>
9.13 Transfer of contributions <sup>(33)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
9.14 Other benefits (please specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9.15 Institutions responsible for paying the benefits indicated in 9.2 to 9.11

(name, address <sup>(3)</sup>, benefit number):

- 9. ....
- 9. ....
- 9. ....
- 9. ....

9.16 Additional information on the benefits listed in 9.2 to 9.11

Re benefits in item:	File reference No:	Period or date on which due	Amount
9. ....	.....	.....	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual ..... <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual ..... <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual .....
9. ....	.....	.....	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual ..... <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual ..... <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual .....
9. ....	.....	.....	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual ..... <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual ..... <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual .....

9.17 The following are regarded as advances on the pension claimed:

- sickness insurance benefits for incapacity for work.
- unemployment benefits.
- .....

9.18 The insured person is entitled to sickness benefits in kind under the legislation administered by the investigating institution

- Yes                       No                       Not yet determined

9.19 The investigating institution, or other institution, awards an increase in benefit to the extent that the applicant is incapable of carrying out normal day to day activities unaided

- Yes                       No                       Not yet determined

— In addition to the benefits referred to at point 9..., the applicant receives an additional benefit if he/she is incapable of carrying out normal day to day activities

— The additional benefit may be reduced if a similar benefit is granted by another institution concerned

- Yes                       No                       Not yet determined

10. Additional information for the application of provisions on overlapping benefits

10.1 When benefits of the same kind are granted by the institution or institutions concerned, the pension calculated by the investigating institution may be reduced  
 Yes  No  Not yet determined

10.2 The pension calculated by the investigating institution may be reduced  
 Yes  No  Not yet determined  
 — because one or several of the benefits specified at point 9 are taken into account  
 9. .... 9. .... 9. .... 9. ....  
 — because of income other than the benefits specified at point 9  
 Income from employment/self-employment  
 other <sup>(34)</sup>: .....

10.3 The institution concerned is requested to specify the part of the pension accruing from voluntary contribution payments (point 6.7 in form E 210)  
 Yes  No

10.4 The benefit due from the investigating institution is (partly or entirely) based on voluntary contributions  
 Yes  No

B. Information concerning the members of the insured person's family

11.  Spouse <sup>(13)</sup> <sup>(17)</sup> <sup>(35)</sup>  Cohabiting partner <sup>(11)</sup>

11.1 Surname <sup>(4)</sup>: .....  
 Identification/insurance No <sup>(2)</sup> <sup>(15)</sup> <sup>(17)</sup>: .....

11.2 Forenames: .....  
 Previous names: .....

11.3 Date of birth: .....  
 Place of birth <sup>(19)</sup>: .....

11.4 Address <sup>(3)</sup>: .....  
 .....  
 .....

11.5 Date of marriage/cohabiting: .....  
 Does the insured person live in the same household as the spouse or partner?  
 Yes, since .....  
 No  
 Not anymore, since .....

11.6 The spouse/partner  pursues  does not pursue gainful employment  
 does have  does not have other income

11.7 Where appropriate, state amount of  
 weekly earnings <sup>(36)</sup>: .....  monthly earnings <sup>(37)</sup>: .....  annual earnings <sup>(38)</sup>: .....

11.8 The spouse/partner  
 has submitted a claim for a pension under the scheme for  
 employed persons  
 civil servants <sup>(38a)</sup>  
 self-employed persons  
 receives a pension  does not receive a pension  
 In the affirmative, indicate:

11.9 Type of pension: .....

11.10 Pension No <sup>(17)</sup>: .....

11.11 Institution responsible for payment: .....

11.12 Amount       monthly       quarterly       annual .....

11.13 The spouse/partner       receives       does not receive other benefits <sup>(39)</sup>  
 unemployment       sickness       invalidity       other

11.14 Date of commencement: .....

11.15 Amount       monthly       quarterly       annual .....

11.16 Other known resources:      Type: .....  
Amount <sup>(40)</sup>: .....

12.	Children <sup>(13)</sup> <sup>(17)</sup>			
12.1	Surname <sup>(4)</sup> <sup>(17)</sup> :	Forenames:	Place and date of birth, marriage or death <sup>(41)</sup> :	Relationship (i.e. own child, adopted child, foster child):
	1. ....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	2. ....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	3. ....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	4. ....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
12.2	The following institution is competent to grant benefits pursuant to Article 77 of Regulation (EEC) No 1408/71:			
	<input type="checkbox"/> the investigating institution			
	<input type="checkbox"/> the institution designated as follows: .....			
12.3	The investigating institution			
	<input type="checkbox"/> for the children referred to in line Nos ..... of item 12.1			
	is granting benefits until ..... inclusive.			
	Amount of family allowance and/or orphan's pension per child <sup>(42)</sup> :			
	.....			
	<input type="checkbox"/> is not granting benefits in respect of the children referred to in line Nos ..... of item 12.1 <sup>(43)</sup> .			
	<input type="checkbox"/> has not yet taken a decision regarding entitlement to benefits.			
12.4	Address <sup>(3)</sup> <sup>(44)</sup> : .....			
	.....			
	.....			
12.5	Remarks <sup>(45)</sup> <sup>(46)</sup> : .....			
	.....			
	.....			



13. Ascendants and other members of the household <sup>(47)</sup>

13.1	Surname <sup>(4)</sup> :	Forenames:	Date of Birth:	Relationship:
1.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
2.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
3.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
4.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....

13.2 Address <sup>(3)</sup> <sup>(44)</sup>: .....

13.3 Remarks: .....

C. Miscellaneous information

14.  Date of submission of this claim: .....

Date from which the pension is payable in the country of the investigating institution: .....

14.1 The claimant has asked for payment <sup>(48)</sup>

directly in the State of residence.

to a representative in the State of origin.

15. The investigating institution  pays  does not pay benefits on a provisional basis under Article 45(1) of Regulation (EEC) No 574/72.

15.1 If not, the institutions concerned are requested to investigate the possibility of paying benefits on a provisional basis under Article 45(2) of Regulation (EEC) No 574/72

16.  There are grounds  There are no grounds for making deductions to compensate for overpayment in accordance with Article 111 of Regulation (EEC) No 574/72.

16.1 Any pension arrears  can  cannot be paid direct to the beneficiary.

17.1	Attached forms	<input type="checkbox"/> E 205	<input type="checkbox"/> E 207 <sup>(49)</sup>	<input type="checkbox"/> E 213	
17.2	Please send us your	<input type="checkbox"/> E 205	<input type="checkbox"/> E 210	<input type="checkbox"/> Decision	<input type="checkbox"/> Arrears
Remarks:		.....			
		.....			
		.....			

<b>18.</b>	Investigating institution		
18.1	Name:	.....	
		.....	
18.2	Address <sup>(3)</sup> :	.....	
		.....	
18.3	Stamp	18.4	Date: .....
		18.5	Signature:
			.....

## INSTRUCTIONS

**Please complete this form in block letters or typewriting, writing on the dotted lines only. It consists of 11 pages, none of which may be left out even if it does not contain any relevant information.**

## NOTES

- <sup>(1)</sup> 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 = 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.
- <sup>(2)</sup> Where the form is being sent to a Czech institution, state the birth number; to a Cypriot institution, if a Cypriot national state the Cypriot Identification number, if not a Cypriot national state the Alien Registration Certificate (ARC) number; to a Danish institution, indicate the CPR number; to a Finnish institution, indicate the population register number; to a Swedish institution, indicate the personal number (personnummer); to an Icelandic institution, indicate the personal identification number (kennitala); to a Liechtenstein institution, indicate the AHV insurance number; to a Lithuanian institution state the personal identification number; to a Latvian institution, state the identity number; to a Maltese institution, in the case of Maltese nationals, state the identity card number, or, if not a Maltese national, state the Maltese social security number; to a Norwegian institution, indicate the personal identification number (fødselsnummer); to a Belgian institution, indicate the national social security number (NISS); to a German institution of the general pension insurance scheme, indicate the insurance number (VSNR) and to an institution of the social security scheme for civil servants, indicate the personal identification number (PRS-Kenn-Nr); to an Austrian institution, state the Austrian insurance number (VSNR); to a Polish institution, state the reference number of the pension file for the person who applied for or had established the right to a pension from the Polish social security system, for person applying for Polish pension for the first time, state PESEL and NIP or NKP number (NKP number — if the person concerned is subject to social insurance for farmers), if there is no such number state the series and number of identity card or passport; to a Portuguese institution, indicate the registration number with the general pensions scheme, and, if it is the case, if the person concerned has been insured under the social security scheme for civil servants in Portugal; to a Slovak institution, state the birth number; to a Slovene institution state the reference number of the file if known, if this number is known, the number under note 17 is omitted; to a Swiss institution, state the AVS/AI (AHV/IV) insurance number.
- <sup>(3)</sup> Street, number, post code, town, country, telephone number.
- <sup>(3a)</sup> For Germany and Austria, the term 'insured persons' encompasses individuals insured under the general social security scheme as well as civil servants and individuals treated as such who are insured under a special scheme. The term 'pension' is considered to encompass pensions for civil servants. In the case of Poland the term 'insured person' also refers to persons who are subject to special schemes.
- <sup>(4)</sup> — For surname please state usual surname or surname acquired by marriage.  
 — The 'surname at birth' must always be given; if same as current surname, put 'IDEM'.  
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
 — If the form is being completed by a Netherlands institution, in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname and the maiden name for surname at birth.  
 — In the case of Spanish nationals state both names at birth.  
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- <sup>(5)</sup> Give all forenames in the order in which they appear on the birth certificate.
- <sup>(6)</sup> To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- <sup>(7)</sup> Put M for male and F for female.
- <sup>(8)</sup> This information is required when the worker is a Spanish national, or when the form is to be sent to a French, Greek, Hungarian or Polish institution, regardless of the worker's nationality.
- <sup>(9)</sup> Complete where possible if the form is being sent to a German, Belgian, French, Italian, Luxembourg, Netherlands, Austrian, Portuguese, Swedish, Finnish, Liechtenstein or Norwegian institution.
- <sup>(10)</sup> For the purposes of Belgian, Netherlands, Polish, Swedish, United Kingdom, Finnish and Liechtenstein institutions, specify also the date beside the corresponding box.
- <sup>(11)</sup> For the purposes of Belgian, Netherlands, Finnish, Icelandic and Norwegian institutions.
- <sup>(12)</sup> This information is based on a statement from the person concerned.  
 Under the Netherlands General Law on Old-Age Insurance the following persons are also regarded as 'married' or 'spouse': unmarried persons of the same or different sexes who are living in a joint household on a permanent basis, unless they are persons who are blood relations of first or second degree. A joint household means that two unmarried persons are jointly providing for their housing with each contributing to the costs of the household or providing for each other's upkeep in another way.  
 Under the Finnish legislation parties to a registered partnership of the same sex are treated as 'married'.
- <sup>(13)</sup> For the purposes of Norwegian institutions, please complete form E 204/additional page 4. For the purposes of the Swiss institutions, also fill in form E 204/additional page 5. If the form is sent to a Lithuanian institution don't complete part B but complete additional page 6.
- <sup>(14)</sup> To be completed only if the form is to be forwarded to a Portuguese or Slovene institution.
- <sup>(15)</sup> For the purposes of Netherlands institutions complete Sofi number, if known. For the purposes of Belgian institutions complete national social security number (NISS).
- <sup>(16)</sup> Where appropriate, indicate the date of naturalisation.

- (17) For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None' In the case of Slovene nationals , state the personal identification number — EMŠO. In the case of Maltese nationals state the identity card number, if not a Maltese national, state the Maltese social security number.
- (18) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (19) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (20) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain, state only the province. In the case of Netherlands towns state also the name of the municipality.
- (21) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (22) If the form is being sent to a German, Polish, Austrian, Latvian, Finnish, Liechtenstein, or Swiss institution, state, if applicable, the address of the legal representative (legal counsellor, guardian, curator...) in the box below.  
Address (3): .....
- (23) If the form is being sent to a Danish, French, Finnish, Latvian, Polish, Icelandic or Norwegian institution, give the claimant's last address in the corresponding country in the box below.  
Address (3): .....
- (23a) In the case of Poland, the term 'civil servant' refers to the persons who are subject to special schemes.
- (24) Complete if the form is being sent to a Belgian, Czech, Danish, German, Greek, French, Italian, Luxembourg, Netherlands, Polish, Austrian, Slovak, Swedish, United Kingdom, Icelandic or Norwegian institution.
- (24a) For the purposes of Portuguese institutions indicate the type of activity in which the person concerned was engaged during his/her last three years of activity.
- (25) Complete if the form is being sent to a Belgian, Czech, Danish, German, Greek, Spanish, French, Italian, Luxembourg, Netherlands, Polish , Austrian, Portuguese, Icelandic or Norwegian institution.
- (26) Complete if the form is being sent to a Danish, Spanish, Italian, Austrian, Portuguese, Icelandic or Norwegian institution. If the form is being sent to an Italian institution all income should be indicated with the exception of the following: the claimant's home, family benefits, cash benefits for accident at work or occupational disease, purely assistance benefits.
- (27) Complete if the form is being sent to an Italian or Greek institution. In Italy the following sources are not considered as income: the claimant's home, family benefits, cash benefits for accident at work or occupational disease, purely assistance benefits.
- (28) Complete if the form is being sent to a Belgian, Cypriot, German, Greek, Hungarian, Spanish, French, Italian, Luxembourg, Austrian, Latvian, Polish, Portuguese, Slovak, Finnish or Norwegian institution.
- (28a) For the purposes of Polish institution, in the case of an invalidity pension claimed under a special scheme. The information is required when the form is being sent to Hungarian institutions.
- (29) Complete only if the form is being sent to a Cypriot, Greek, Hungarian, Slovak, Spanish or Luxembourg institution.
- (30) For the purposes of Liechtenstein institutions indicate also if the insured person applied for  or received  the pension of the occupational scheme as cash compensation. For the purpose of Slovak institutions survivor's pensions includes survivors' accident pension. For the purpose of Maltese institutions indicate if the insured person has applied for or is receiving an occupational pension from a former employer. Rate of pension should be that as on original award. Provide the details of this in point 9.16. For the purposes of Polish institutions also complete form E 204 additional page 7.
- (31) For the purposes of Portuguese institutions, where the insured person needs the assistance of another person, also complete additional page 2.
- (32) To be completed for Italian institutions.
- (33) For the purposes of Liechtenstein institutions.
- (34) State the type of income taken into account by the investigating institution in applying its overlapping rules.
- (35) For the purposes of a Liechtenstein institution, box 11 on page 5 is to be completed for each divorced or separated wife.
- (36) Complete if the form is being sent to an Irish, Austrian or United Kingdom institution.
- (37) Complete if the form is being sent to a Belgian institution.
- (38) Complete if the form is being sent to a Danish, French, Italian, Luxembourg, Netherlands, Austrian, Icelandic or Norwegian institution.
- (38a) In the case of Poland the term 'pension under a scheme for civil servants' refers to benefits from special schemes.

- (<sup>39</sup>) Complete if the form is being sent to a Belgian, Danish, German, French, Irish, Italian, Netherlands, Austrian, United Kingdom, Icelandic or Norwegian institution.
- (<sup>40</sup>) Complete if the form is being sent to a Danish, Italian, Spanish, Netherlands, Icelandic or Norwegian institution (annual amount); to a French institution (quarterly amount) or to a Belgian, German, Greek or Austrian institution (monthly amount).
- (<sup>41</sup>) Indicate with the following symbols which date you are referring to: \* birth, ° marriage, † death.
- (<sup>42</sup>) Provide details of rates from date of pension award with any subsequent change of rate.
- (<sup>43</sup>) Please complete additional page 1 enclosed if the form is being sent to a German, Italian or Norwegian institution.
- (<sup>44</sup>) Indicate the common address. If one of the children or ascendants lives at a different address, state this address in the box below.  
Surname and forenames: .....  
Address (<sup>3</sup>): .....  
.....
- (<sup>45</sup>) Indicate whether the child is married, an invalid, deceased (date of death), an apprentice or a student, or if he/she receives a benefit or has his/her own source of income. For the purposes of a Liechtenstein or Swiss institution, a copy of the indentures of apprenticeship or a certificate of the training centre should be attached for each child being a student or apprentice between the ages of 18 and 25. For the purpose of Cypriot institutions a copy of a certificate of full time education should be attached for each child being a student between the ages of 16 and 23 in the case of a female, and the ages of 16 and 25 in the case of a male.
- (<sup>46</sup>) For the purposes of Spanish and Norwegian institutions, please state whether the children are economically dependent on the insured person and whether any of the children have a disability. In the latter case, state whether the child receives an invalidity pension in his or her own right.
- (<sup>47</sup>) Complete if the form is being sent to a Belgian or United Kingdom institution.
- (<sup>48</sup>) To be completed for Italian and Greek institutions.
- (<sup>49</sup>) If form E 204 is to be sent to a Liechtenstein or Latvian institution, add form(s) E 207 for the insured person and — if applicable — for the (actual and former) spouse(s) of the insured person.
- (<sup>50</sup>) The information is required when the form is being sent to a Hungarian institution.



**ITEM 12 'CHILDREN'  
ADDITIONAL INFORMATION**

*(complete a separate page for each child)*

<b>1.</b>	The child named in line No ..... of item 12.1
<input type="checkbox"/> pursues gainful employment. <span style="margin-left: 200px;"><input type="checkbox"/> does not pursue gainful employment.</span>	
1.1 If the answer is in the affirmative, please state:	
Type of occupation (employed or self-employed): .....	
Amount of income <sup>(1)</sup> <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year      .....	

<b>2.</b>	The child named in line No ..... of item 12.1
<input type="checkbox"/> has other sources of income. <span style="margin-left: 200px;"><input type="checkbox"/> does not have any other sources of income.</span>	
2.1 If the answer is in the affirmative, please specify:	
nature of income:	
<input type="checkbox"/> social security benefits:	
amount <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year                      .....	
<input type="checkbox"/> other income <sup>(2)</sup> :	
amount <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year                      .....	

<b>3.</b>	In respect of the children named in line No ..... of item 12.1 the following person
(surname, forename): .....	
(address): .....	
.....	
is entitled to family benefits or allowances by virtue of his/her pursuit of a professional activity or trade	
(Article 79(3) of Regulation (EEC) No 1408/71)	
Amount: .....	
Commencing on: .....	
3.1 The following institutions are responsible for paying these family benefits or allowances:	
(name): .....	
(address): .....	
.....	
(name): .....	
(address): .....	
.....	

<b>4.</b>	The child named in line No ..... of item 12.1 is unfit for work. Form E 404 is enclosed.
-----------	--

<sup>(1)</sup> All income should be declared with the exception of severance payments, family benefits, wage arrears, life annuities for accidents at work or occupational disease, war pensions, pensions for disablement sustained during military service, attendance allowance, travel allowance.

<sup>(2)</sup> 'Other income' means income from real estate or capital (bank or postal deposits or current accounts, government stock, investment funds, shares, bonds, etc.).





**ITEM 9 (9.10)  
ADDITIONAL INFORMATION FOR THE PURPOSES OF PORTUGUESE INSTITUTIONS**

*To be completed where the claimant has declared that he/she needs the assistance of another person to perform the ordinary activities of everyday life.*

1.	Identity of the other person
1.1	Surname: ..... Forenames: .....
1.2	Address (street, number, post code, district, country): ..... .....

2.	Information provided by the investigating institution
2.1	<input type="checkbox"/> We have ascertained that the person referred to above is the other person who actually assists the claimant in performing the ordinary activities of everyday life (personal hygiene, feeding, movement, etc.).
2.2	<input type="checkbox"/> Assistance provided by the other person referred to above has not been ascertained.

3.	Has the need for assistance been caused by a third party?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

4.	Is the person concerned in receipt of an allowance for assistance by a third party or a similar benefit?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1	Name and address of paying institution: .....
4.2	Monthly amount: .....



**ADDITIONAL INFORMATION FOR THE PURPOSE OF FINNISH INSTITUTIONS**

1. The claimant wishes to have the decision  
 in Finnish                       in Swedish

**ITEM 9 'Insured person'**

2. Is the claimant receiving or applying for any periodical pension-type benefits not reported in item 9 of E 204 form (for example benefits payable under compulsory motor insurance due to a road accident)?

- Yes                       No

If in the affirmative, please specify:

- 2.1 Type of the benefit: .....
- 2.2 Monthly gross amount of the benefit: .....
- 2.3 Institution paying the benefit: .....

**ITEM 2 'Insured person'**

3. The claimant's education and training

3.1 Basic education .....

3.2 Further education and training (degrees, vocational training, courses; please give dates):  
 .....  
 .....

4. Employment — the latest contract of service

4.1 Primary occupation of the claimant: .....

4.2 Length of service in primary occupation: .....

- 4.3 Please check the alternatives that best characterise the claimant's work:

- |  |  |
|--|--|
| <input type="checkbox"/> light           | <input type="checkbox"/> part time; please indicate the number of hours per day .....                          |
| <input type="checkbox"/> moderately hard | <input type="checkbox"/> full time <input type="checkbox"/> sedentary work <input type="checkbox"/> day work   |
| <input type="checkbox"/> hard            | <input type="checkbox"/> time wages <input type="checkbox"/> standing work <input type="checkbox"/> night work |
| <input type="checkbox"/> indoor work     | <input type="checkbox"/> piece wages <input type="checkbox"/> shift work                                       |
| <input type="checkbox"/> outdoor work    |  |

4.4 Description of work (duties, working positions, tempo of work):  
 .....  
 .....

4.5 Description of work environment and circumstances (noise, dust, draught, heat, cold, potentially harmful substances, risk of accident, etc.):  
 .....  
 .....

- 4.6 Have the claimant's duties undergone a change?

- No                       Yes. Please indicate when and in what way .....

4.7 Has the claimant voluntarily taken a reduction in his or her working hours?

- No
- Yes

Please indicate how and when the claimant's occupational activity was reduced, as well as to what extent the claimant remains employed and what work he or she does (number of hours per week/month, amount of pay and fringe benefits):

.....  
.....

4.8 Name and address of the claimant's latest employer: .....

4.9 Claimant's duties in his or her latest occupation: .....

4.10 When did the claimant's latest contract of service begin? .....

4.11 If the contract of service is still in force, please indicate when it is to end (if known): .....

5. Self-employment

5.1 Has the claimant been self-employed?

- No → please go to item 6
- Yes

5.2 If in the affirmative, please indicate since when: .....

5.3 Is the claimant currently self-employed?

- No
- Yes

5.4 Ownership particulars

- business is still owned by the claimant or his/her spouse
- business has been sold
- business has been leased

6. Unemployment

6.1 Has the claimant been unemployed during the last three years?

- No
- Yes

6.2 If in the affirmative, has the claimant received or applied for unemployment benefits during the last three years?

- No
  - The claimant has received or is currently receiving unemployment benefits
  - The claimant is applying for unemployment benefits; please indicate the benefit and the institution .....
- .....

7. Pensioners' care allowance under the National Pensions Act

The pensioners' care allowance may be awarded to persons whose functional capacity has on account of an illness or injury diminished with the result that he or she is not capable of performing ordinary activities of everyday life unaided, or that the illness or injury imposes an added long-term financial strain.

7.1 Is the claimant applying for the pensioners' care allowance?

- No
- Yes

ADDITIONAL INFORMATION FOR THE PURPOSES OF NORWEGIAN INSTITUTIONS

1. The claimant			
1.1	The claimant has been employed/self-employed. Income during the period immediately preceding present disability per year: ..... Weekly working hours preceding disability: .....		
1.2	The claimant has, during the period immediately preceding present disability, been occupied partly by domestic work, partly been employed/self-employed?		
1.3	The claimant	has applied for	is receiving
1.3.1	Basic benefit covering extra expenses due to permanent illness	<input type="checkbox"/>	<input type="checkbox"/>
1.3.2	Assistance benefit	<input type="checkbox"/>	<input type="checkbox"/>

2. The spouse	
<input type="checkbox"/>	has applied for a pension as a non-working person
<input type="checkbox"/>	is receiving a pension as a non-working person
<input type="checkbox"/>	is not receiving a pension as a non-working person

3. Children	
3.1	Are all of the children supported by the claimant? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', state the name of the child (children) and the amount of the child's income per year: .....
3.2	If the parents are married: Do all the children live with both parents? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', state which child (children): .....
3.3	If the parents are not married: Do all the children live with both parents? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', give information about the other parent: Name: ..... Date of birth: ..... Income per year (All kinds. Specify): ..... Name of the child (children) if not all children are concerned: .....

4. Cohabiting partner	
4.1	Has the claimant previously been married to the cohabiting partner? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	Does the claimant have or has he/she had children by the cohabiting partner? <input type="checkbox"/> Yes <input type="checkbox"/> No



**ADDITIONAL INFORMATION FOR THE PURPOSE OF SWISS INSTITUTIONS**

<b>1.</b>	Information concerning the insured person
Surname (point 2.1): .....	
Forenames (point 2.3): .....	
Date of birth (point 4.1): .....	

<b>2.</b>	If the insured person is a Swiss national, please indicate the place of origin: .....
	and the date of acquisition of the Swiss nationality: .....

<b>3.</b>	Information concerning residence in Switzerland of the insured person			
	Place:	from (month/year):	to (month/year):	Type of residence permit:
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	Please attach copies of certificates of residence or residence permits.			

<b>4.</b>	To be completed if the insured person is or has been married			
	1st marriage:	2nd marriage:	3rd marriage:	
4.1	Marriage celebrated on:	.....	.....	.....
4.2	Dissolved by divorce on:	.....	.....	.....
4.3	Information concerning the spouse, ex-spouse or deceased spouse			
	Surname and forenames:	.....	.....	.....
	Surname at birth:	.....	.....	.....
	Date of birth:	.....	.....	.....
	Date of death:	.....	.....	.....

<b>5.</b>	Information concerning residence in Switzerland of the spouse, any ex-spouses or deceased spouses during marriage				
	Surname and forenames:	Place of residence:	from (month/year):	to (month/year):	Type of residence permit:
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	Please attach copies of certificates of residence or residence permits.				

6. To be completed for children of separated or divorced parents

Surname:

Forenames:

Date of birth:

Custody to:

.....

.....

.....

the father  the mother  joint  other person

.....

.....

.....

the father  the mother  joint  other person

.....

.....

.....

the father  the mother  joint  other person

.....

.....

.....

the father  the mother  joint  other person

.....

.....

.....

the father  the mother  joint  other person



ADDITIONAL INFORMATION FOR LITHUANIAN INSTITUTIONS

1. Lithuanian state social insurance certificate serial number and number

.....

2. The claimant was on military service in Lithuania or former USSR:

Yes  No

If 'Yes', indicate if he served as a conscript  or as a reenlistee

3. The time of nursing/caring at home in Lithuania (filled in, if engaged in nursing before 1995-01-01):

3.1 For mothers — the time of caring for and nursing a disabled child under the age of 16? Yes  No

3.2 For family members — the time of nursing the disabled of Group 1? Yes  No

4. The claimant was:

4.1 Political prisoner? Yes  No

4.2 Deportee? Yes  No

4.3 Resistant? Yes  No

4.4 Deported for forced works beyond former USSR border? Yes  No

4.5 In ghettos, concentration camps and other types of places of forced confinement during the World War II? Yes  No



**ADDITIONAL INFORMATION FOR THE PURPOSES OF POLISH INSTITUTIONS**

*To be completed by claimant and added to the E 204 form*

1. Personal details of the claimant

- 1.1 Surname: .....
- 1.2 Surname at birth: .....
- 1.3 Forename(s): .....
- 1.4 Date of birth: .....
- 1.5 NIP number: .....

2. In order to establish the amount of invalidity pension under the general social insurance scheme, the claimant applies for the following to be accepted as the basis for the benefit rate

- Average basis of contribution assessment for social insurance or old age and disability insurance according to Polish regulations, in the period of 10 subsequent calendar years, selected from the past 20 calendar years, immediately preceding the year in which the claim was submitted, i.e. from ..... until ..... (\*)
- Average basis of contribution assessment for social insurance or old age and disability insurance according to Polish regulations, in the period of 20 calendar years prior to the year of application submission, selected from the whole period of insurance (\*).
- Average basis of contribution assessment for social insurance or old age and disability insurance according to Polish regulations, in the period of 10 subsequent calendar years immediately preceding the year in which the insurance started abroad for the first time, if there had not been an insurance in Poland during 20 calendar years, immediately preceding the year in which the claim was submitted.
- Assessment basis of contributions according to Polish regulations from the period of being actually subject to insurance (\*).

3. In order to investigate the claim for policemen's invalidity pension, the claimant should indicate the name of the unit where he/ she was on duty before exemption, type of duty and the date of exemption:

.....

4. In order to investigate the claim for policemen's pension, the claimant declares that he/she:

- receives, for period ..... to .....
- does not receive

remuneration or similar benefit in cash after duty's exemption.

- receives  does not receive

Polish pension, pension for retired judge or prosecutor, survivor's pension from retired judge or prosecutor, pre-retirement benefit, cash benefit financed by Unemployment Fund.

If he/she 'receives', please indicate the benefit number, date since this benefit has been paying and the name of paying institution

.....

- is  is not

a member of an open pension fund.

5. In order to investigate the claim for military invalidity pension, the claimant should indicate the name of the unit where the former professional soldier was on Army supply until the day of exemption from the professional military service and to indicate the date of exemption:

.....

6. Was the claimant receiving sickness benefit or rehabilitation benefit or payment for the period of incapacity for work under social insurance when the claim was submitted?

Yes  No

if 'Yes', please indicate the date when you ceased to receive it: .....

7. In order to establish the amount of the invalidity pension under social insurance for farmers, please state whether the claimant (his/ her spouse) is an owner (co-owner) or a holder of the farm.

Yes  No

if 'Yes', please indicate the area of the farm (in hectares): .....

.....  
Date

.....  
Signature of the claimant

(\*) In the case of persons employed, the certificate with the data about the assessment basis for social insurance contribution or for the old age and disability insurance or the certificate of remuneration issued by employer or successor to the rights, insurance card with the amount of the remuneration received should be enclosed.  
Originals of the abovementioned documents or copies certified by foreign insurance institution, notary or RP consul, are to be shown.  
In the case of self-employed persons, bank account number of the contribution payer is required or if the business activity was performed before social insurance was obligatory, certificate of professional and social organisation (e.g. Guild of Crafts) is required.

**ADDITIONAL INFORMATION FOR THE PURPOSES OF HUNGARIAN INSTITUTIONS**

*To be completed by claimant and added to the E 204 form.*

- 1.1 Surname <sup>(4)</sup>: .....
- 1.2 Surname at birth <sup>(4)</sup>: .....
- 1.3 Forenames <sup>(5)</sup>: .....
- 1.4 Previous names <sup>(6)</sup>: .....
- 1.5 Mother's surname and forenames at birth <sup>(8)</sup>: .....
- 2. The amount of the claimant's wage before invalidity: .....
- 3. The stated working time for the last scope of activities before invalidity: .....



**ADDITIONAL INFORMATION FOR THE PURPOSES OF LATVIAN INSTITUTIONS**

1. The insured person belongs to one of the following categories?

- Politically prosecuted
- Student before 1991
- Person has taken care of a I group invalid or a child who has been recognised as invalid from childhood — up to the age of 16, or a person aged over 80 before 1991

2. In case the insured person was in military service in Latvia or the former USSR before 1996, indicate

2.1 the period: .....

2.2  if he served as a conscript  or as a reenlistee

3. Information concerning the insured person`s children in case the person has brought up 5 or more children or a child who has been recognised as invalid from childhood — up to age of 8 years

Children:

	Surname:	Forenames:	Date of birth:	Period of care:	Remarks (*)
1.	.....	.....	.....	.....	.....
2.	.....	.....	.....	.....	.....
3.	.....	.....	.....	.....	.....
4.	.....	.....	.....	.....	.....
5.	.....	.....	.....	.....	.....

(\*) Indicate whether the child is an invalid or deceased (date of death) or if the child was in custody of another person or in institutional care.





**CERTIFICATE CONCERNING INSURANCE HISTORY IN BELGIUM**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)

Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address <sup>(2)</sup> : .....

**Information concerning the deceased insured person**

2.	Names
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname at birth <sup>(3)</sup> : .....
2.3	Forenames <sup>(4)</sup> : .....
2.4	Previous names <sup>(5)</sup> : .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and forenames <sup>(7)</sup> : .....
2.7	Mother's surname and forenames <sup>(7)</sup> : .....
2.8	National social security number (NISS) <sup>(7a)</sup> : .....

3.	Nationality <sup>(8)</sup> : .....
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4.	Details of birth
4.1	Date of birth <sup>(9)</sup> : .....
4.2	Place of birth <sup>(10)</sup> : .....
4.3	Province, department, county <sup>(11)</sup> : .....
4.4	Country <sup>(12)</sup> : .....

5.	Address <sup>(2)</sup> : .....
----	--------------------------------

6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant <sup>(13)</sup>
7.1	Surname <sup>(3)</sup> : .....
7.2	Forenames: .....
	Surname at birth: .....
	Place of birth <sup>(10)</sup> : .....
7.3	Date of birth: .....
	Sex: .....
	Nationality: .....
7.4	Address <sup>(2)</sup> : .....

8.

Year from 1 January to 31 December (employed or non employed persons)	Periods (non employed persons)		Number of days		Occupation <sup>(15)</sup> <sup>(16)</sup>	Remarks <sup>(14)</sup> <sup>(**)</sup> <sup>(17)</sup>
	From	To	Insurance periods	Equivalent periods		
Before 1926						
1926						
1927						
1928						
1929						
1930						
1931						
1932						
1933						
1934						
1935						
1936						
1937						
1938						
1939						
1940						
1941						
1942						
1943						
1944						
1945						
1946						
1947						
1948						
1949						
1950						
1951						
1952						
1953						
1954						

8. (continued)

Year from 1 January to 31 December (employed or non employed persons)	Periods (non employed persons)		Number of days		Occupation <sup>(15)</sup> <sup>(16)</sup>	Remarks <sup>(14)</sup> <sup>(**)</sup> <sup>(17)</sup>
	From	To	Insurance periods	Equivalent periods		
1955						
1956						
1957						
1958						
1959						
1960						
1961						
1962						
1963						
1964						
1965						
1966						
1967						
1968						
1969						
1970						
1971						
1972						
1973						
1974						
1975						
1976						
1977						
1978						
1979						
1980						
1981						
1982						
1983						
1984						

8. (continued)

Year from 1 January to 31 December (employed persons)	Periods (non employed persons)		Number of days		Occupation <sup>(15)</sup> <sup>(16)</sup>	Remarks <sup>(14)</sup> <sup>(**)</sup> <sup>(17)</sup>
	From	To	Insurance periods	Equivalent periods		
1985						
1986						
1987						
1988						
1989						
1990						
1991						
1992						
1993						
1994						
1995						
1996						
1997						
1998						
1999						
2000						
2001						
2002						
2003						
2004						
2005						

8.1 Total period of insurance under the Belgian social security scheme for employed persons — self-employed persons  
..... notional additional days (\*)

8.2 Remarks: .....  
.....  
.....

(\*) Equivalent periods for which no dates are specified.  
(\*\*) Additional insurance periods, early retirement pension (Article 5a, Royal Decree No 50).



**INSTRUCTIONS**

**Please complete this form in block letters, writing on the dotted lines only.  
It consists of six pages, none of which may be left out even if it does not contain any relevant information.**

**NOTES**

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: B = Belgium.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>7a</sup>) For workers subject to Belgian legislation, State worker's national social security number (NISS).
- (<sup>8</sup>) Where appropriate indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese Institutions, in the case of Maltese Nationals, state the identity card number, if not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated.  
(example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as Nord followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: Nord 59).  
In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) In 8.2 indicate the nature of the periods treated as periods of employment.
- (<sup>15</sup>) In the case of persons who were employed in mines or in undertakings treated as such, for Austrian purposes add an E 205 A additional form.
- (<sup>16</sup>) For Belgian, Greek and Spanish institutions, specify where possible the type of activity in question.
- (<sup>17</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.
- (<sup>18</sup>) For part-time work, the time to be indicated is the reduced time.
- (<sup>19</sup>) Other periods actually taken into account in calculating the pension (including imputed periods for study and military service and periods counting for more than their simple duration).
- (<sup>20</sup>) Increment: the denominator of the fraction assigned per year of service. The usual increment is 1/60 per year of service.
- (<sup>21</sup>) Any information which may be of interest to the foreign institution and which is not apparent from the other columns.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN THE CZECH REPUBLIC**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)  
Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address (2): .....

**Information concerning the insured person**

2.	Names
2.1	Surname (3): .....
2.2	Surname at birth (3): .....
2.3	Forenames(4): .....
2.4	Previous names (5): .....
2.5	Sex (6): .....
2.6	Father's surname and forenames (7): .....
2.7	Mother's surname and forenames (7): .....

3.	Nationality (8): .....
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4.	Details of birth
4.1	Date of birth (9): .....
4.2	Place of birth (10): .....
4.3	Province, department, county (11): .....
4.4	Country (12): .....

5.	Address (2): .....
----	--------------------

6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant (13)
7.1	Surname (3): .....
7.2	Forenames: .....
	Surname at birth(3): .....
	Place of birth (10): .....
7.3	Date of birth: .....
	Sex: .....
	Nationality (8): .....
7.4	Address (2): .....





8.1 Total length of insurance under the Czech social security scheme:  
— periods to be taken into account only for the acquisition of entitlement of benefits:  
days .....  
— periods to be taken into account only for the calculation of benefits:  
days .....  
8.2 Notes and comments: .....  
.....  
.....

9. An insured person showing proof that he has completed an insurance period of less than one year  
 may receive  may not receive  
a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....  
.....  
10.2 Address (²): .....  
.....  
10.3 Stamp 10.4 Date: .....  
10.5 Signature: .....  
.....

**INSTRUCTIONS**

**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 even if it does not contain any relevant information.**

**NOTES**

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: CZ = the Czech Republic.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation. For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese Institutions, in the case of Maltese Nationals, state the identity card number, if not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as Nord followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: Nord 59). In the case of persons born in Spain, state only the province).
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) Put P — compulsory insurance D — voluntary insurance N — periods treated as insurance periods. For Spanish institutions, specify where possible the type of activity in question. For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.

**CERTIFICATE CONCERNING PERIODS OF INSURANCE AND PERIODS OF RESIDENCE IN DENMARK**

*Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)*

*Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69*

*To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.*

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address <sup>(2)</sup> : .....

**Information concerning the insured person**

2.	
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname at birth <sup>(3)</sup> : .....
2.3	Forenames <sup>(4)</sup> : .....
2.4	Previous names <sup>(5)</sup> : .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and forenames <sup>(7)</sup> : .....
2.7	Mother's surname and forenames <sup>(7)</sup> : .....

3.	Nationality <sup>(8)</sup> : .....
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4.	Details of birth
4.1	Date of birth <sup>(9)</sup> : .....
4.2	Place of birth <sup>(10)</sup> : .....
4.3	Province, department, county <sup>(11)</sup> : .....
4.4	Country <sup>(12)</sup> : .....

5.	Address <sup>(2)</sup> : .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant <sup>(13)</sup>
7.1	Surname <sup>(3)</sup> : .....
7.2	Forenames: .....
	Surname at birth <sup>(3)</sup> : .....
	Place of birth <sup>(10)</sup> : .....
7.3	Date of birth: .....
	Sex: .....
	Nationality <sup>(8)</sup> : .....
7.4	Address <sup>(2)</sup> : .....



8.1 Total length of period of insurance under Danish social security schemes: .....

8.2 Remarks <sup>(14)</sup> <sup>(15)</sup>: .....

.....

.....

9. An insured person giving proof that he has completed an insurance period of less than one year

may receive  may not receive

a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....

.....

10.2 Address <sup>(2)</sup>: .....

.....

10.3 Stamp 10.4 Date: .....

10.5 Signature:

.....

## INSTRUCTIONS

**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 even if it does not contain any relevant information.**

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: DK = Denmark.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card (DNI) or NIE in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese Institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as Nord followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: Nord 59). In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.
- (<sup>15</sup>) For Belgian, Greek and Spanish institutions specify where possible the type of activity in question.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN GERMANY**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)

Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address <sup>(2)</sup> : .....

**Information concerning the insured person <sup>(2a)</sup>**

2.	
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname at birth <sup>(3)</sup> : .....
2.3	Forenames <sup>(4)</sup> : .....
2.4	Previous names <sup>(5)</sup> : .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and forenames <sup>(7)</sup> : .....
2.7	Mother's surname and forenames <sup>(7)</sup> : .....

3.	Nationality <sup>(8)</sup> : .....
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4.	Details of birth
4.1	Date of birth <sup>(9)</sup> : .....
4.2	Place of birth <sup>(10)</sup> : .....
4.3	Province, department, county <sup>(11)</sup> : .....
4.4	Country <sup>(12)</sup> : .....

5.	Address <sup>(2)</sup> : .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant <sup>(13)</sup>
7.1	Surname <sup>(3)</sup> : .....
7.2	Forenames: .....
	Surname at birth <sup>(3)</sup> : .....
	Place of birth <sup>(10)</sup> : .....
7.3	Date of birth: .....
	Sex: .....
	Nationality <sup>(8)</sup> : .....
7.4	Address <sup>(2)</sup> : .....





Total insurance period:

8.1.1 for the acquisition of entitlement to all types of pension:

..... Years ..... Months ..... Days;

8.1.2 plus only for the acquisition of entitlement to early retirement pensions for the long-term insured:

..... Years ..... Months ..... Days;

8.2 for pension calculation:

..... Years ..... Months ..... Days.

9. An insured person showing proof that he has completed an insurance period of less than one year

may receive  may not receive

a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....

10.2 Address (²): .....

10.3 Stamp

10.4 Date: .....

10.5 Signature:

.....

## INSTRUCTIONS

**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 even if it does not contain any relevant information.**

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: DE = Germany.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>2bis</sup>) The term 'insured persons' encompasses individuals insured under the general social security scheme as well as civil servants and individuals treated as such who are insured under a special scheme.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as Nord followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: Nord 59).  
In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) After the number of insurance months put 'F' (voluntary) for periods of voluntary insurance in order to avoid any confusion with compulsory insurance.
- (<sup>15</sup>) In the case of workers who were employed in mines or in undertakings treated as such, add the following Codes:  
1 = activity above ground, 2 = activity underground, 3 = activity not specified.
- (<sup>16</sup>) For Belgian, Greek and Spanish institutions, specify where possible the type of activity in question.
- (<sup>17</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.

E 205

EE

(1)

**CERTIFICATE CONCERNING INSURANCE HISTORY IN THE ESTONIAN REPUBLIC**

*Regulation (EEC) No 1408/71: Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)*

*Regulation (EEC) No 574/72; Art. 42(1); Article 43(1) to (3); Article 69*

*To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.*

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
	.....
1.2	Address (2): .....
	.....

**Information concerning the insured person**

2.	Names
2.1	Surname (3): .....
2.2	Surname at birth (3): .....
2.3	Forenames (4): .....
2.4	Previous names (5): .....
2.5	Sex (6): .....
2.6	Father's surname and forenames (7): .....
2.7	Mother's surname and forenames (7): .....

3.	Nationality (8): .....
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4.	Details of birth
4.1	Date of birth (9): .....
4.2	Place of birth: .....
4.3	Country: .....

5.	Address (2): .....
	.....

6.	
6.1	Reference No of file at the investigating institution: .....
6.2	Reference No of file at the institution concerned: .....

7.	Rightful claimant (10)
7.1	Surname (3): .....
7.2	Forenames: .....
	Surname at birth (3): .....
	Place of birth: .....
7.3	Date of birth: .....
	Sex: .....
	Nationality (8): .....
7.4	Address (2): .....
	.....



8.1 Total length of period of insurance under Estonian social security schemes:

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8.2 Comments: .....

.....

.....

9. An insured person showing proof that he has completed an insurance period of less than one year

may receive  may not receive

a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....

.....

10.2 Address (²): .....

.....

10.3 Stamp

10.4 Date: .....

10.5 Signature:

.....

**INSTRUCTIONS**

**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 even if it does not contain any relevant information.**

**NOTES**

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: EE = Estonia.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese Institutions, in the case of Maltese Nationals, state the identity card number, if not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) Complete where appropriate.
- (<sup>11</sup>) In Estonia from 01.01.1999 length of insurance is measured in so-called 'insurance years' (iy). Accumulation period of one year is calculated for a person for whom the social tax has been paid in an amount equal to social tax calculated on the basis of at least 12 minimum monthly wages for that year. For the insurance periods completed after 1 January 1999 in occupation which is subject to a special scheme for miners or to the Law on Superannuated Pensions, both columns of the table are to be filled in: length of service and accumulation period.
- (<sup>12</sup>) For Belgian, Greek and Spanish institutions specify where possible the type of activity in question. For Spanish institutions, in the case of seamen a photocopy of the sailor's books or books of the country issuing the certificate should be enclosed.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN GREECE**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)  
Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address <sup>(2)</sup> : .....

**Information concerning the insured person**

2.	Names
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname at birth <sup>(3)</sup> : .....
2.3	Forenames <sup>(4)</sup> : .....
2.4	Previous names <sup>(5)</sup> : .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and forenames <sup>(7)</sup> : .....
2.7	Mother's surname and forenames <sup>(7)</sup> : .....

3.	Nationality <sup>(8)</sup> : .....
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4.	Details of birth
4.1	Date of birth <sup>(9)</sup> : .....
4.2	Place of birth <sup>(10)</sup> : .....
4.3	Province, department, county <sup>(11)</sup> : .....
4.4	Country <sup>(12)</sup> : .....

5.	Address <sup>(2)</sup> : .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant <sup>(13)</sup>
7.1	Surname <sup>(3)</sup> : .....
7.2	Forenames: .....
	Surname at birth: .....
	Place of birth <sup>(10)</sup> : .....
7.3	Date of birth: .....
	Sex: .....
	Nationality <sup>(8)</sup> : .....
7.4	Address <sup>(2)</sup> : .....





8.1 Total length of period of insurance under Greek social security schemes:  
..... years ..... months ..... days; of which  
— period to be taken into account for the acquisition of entitlement:  
..... years ..... months ..... days;  
— period to be taken into account for the calculation of benefits:  
..... years ..... months ..... days;

8.2 Remarks <sup>(15)</sup>: .....

.....

.....

9. An insured person showing proof that he has completed an insurance period of less than one year  
 may receive  may not receive  
a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....

.....

10.2 Address <sup>(2)</sup>: .....

.....

10.3 Stamp 10.4 Date: .....

10.5 Signature: .....

.....

## INSTRUCTIONS

**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 even if it does not contain any relevant information.**

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: GR = Greece.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card (DNI) or NIE in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese Institutions, in the case of Maltese Nationals, state the identity card number, if not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as Nord followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: Nord 59). In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) After the period of voluntary insurance, put 'V' for voluntary insurance in order to avoid any confusion with compulsory insurance.
- (<sup>15</sup>) In 8.2 indicate the nature of the periods treated as insurance periods.
- (<sup>16</sup>) In the case of workers who were employed in mines or in undertakings treated as such, for Austrian purposes add an E 205A additional form.
- (<sup>17</sup>) Specify the type of activity and indicate the category.
- (<sup>18</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN SPAIN**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)

Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address (2): .....

**Information concerning the insured person**

2.	
2.1	Surname (3): .....
2.2	Surname at birth (3): .....
2.3	Forenames (4): .....
2.4	Previous names (5): .....
2.5	Sex (6): .....
2.6	Father's surname and forenames (7): .....
2.7	Mother's surname and forenames (7): .....

3.	Nationality (8): .....
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4.	Details of birth
4.1	Date of birth (9): .....
4.2	Place of birth (10): .....
4.3	Province, department, county (11): .....
4.4	Country (12): .....

5.	Address (2): .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant (13)
7.1	Surname (3): .....
7.2	Forenames: .....
	Surname at birth: .....
	Place of birth (10): .....
7.3	Date of birth: .....
	Sex: .....
	Nationality: .....
7.4	Address (2): .....



8.1 — Total length of period of insurance under Spanish social security schemes for employed persons:

— period to be taken into account for the acquisition of entitlement and for calculation of benefits:

..... years ..... months ..... days

— periods to be taken into account only for the acquisition of entitlement:

..... years ..... months ..... days

— periods to be taken for calculation of benefits:

..... years ..... months ..... days

8.2 Total length of period of insurance under Spanish social security schemes for self-employed persons:

— periods to be taken into account for the acquisition of entitlement and for calculation of benefits:

..... years ..... months ..... days

— periods to be taken into account only for the acquisition of entitlement:

..... years ..... months ..... days

— periods to be taken for calculation benefits:

..... years ..... months ..... days

8.3 Remarks: .....  
.....  
.....

9. An insured person showing proof that he has completed an insurance period of less than one year

may receive  may not receive

a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....  
.....

10.2 Address (²): .....  
.....

10.3 Stamp

10.4 Date: .....

10.5 Signature:

.....

## INSTRUCTIONS

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 even if it does not contain any relevant information.

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: ES = Spain.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card (DNI) or NIE, in the case of foreigners, for both cases if it exists, even if the identity card is out of date. Failing this, state "None".  
For the purposes of Maltese institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) After the number of voluntary insurance years or days put 'V' in order to avoid any confusion with compulsory insurance.
- (<sup>15</sup>) In the case of workers who were employed in mines or in undertakings treated as such, for Austrian purposes add an E 205A additional form.
- (<sup>16</sup>) For Belgian, Greek and Spanish institutions, specify where possible the type of work in question.
- (<sup>17</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.
- (<sup>18</sup>) Indicate the substance extracted or processed (coal, copper, etc....).
- (<sup>19</sup>) Specify type of work performed in mines.
- (<sup>20</sup>) Put a cross (X) in the suitable square, whether the activity is performed at the surface or underground.
- (<sup>21</sup>) Specify the reason for interruption (sickness, leave, unemployment, etc.).

**CERTIFICATE CONCERNING INSURANCE HISTORY IN FRANCE**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)  
Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address (2): .....

**Information concerning the insured person**

2.	Names
2.1	Surname (3): .....
2.2	Surname at birth (3): .....
2.3	Forenames (4): .....
2.4	Previous names (5): .....
2.5	Sex (6): .....
2.6	Father's surname and forenames (7): .....
2.7	Mother's surname and forenames (7): .....

3.	Nationality (8): .....
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4.	Details of birth
4.1	Date of birth (9): .....
4.2	Place of birth (10): .....
4.3	Province, department, county (11): .....
4.4	Country (12): .....

5.	Address (2): .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	File at the institution concerned: .....

7.	Rightful claimant (13)
7.1	Surname (3): .....
7.2	Forenames: .....
	Surname at birth (3): .....
	Place of birth (10): .....
7.3	Date of birth: .....
	Sex: .....
	Nationality (8): .....
7.4	Address (2): .....





8.1 Total length of period of insurance under French social security schemes for employed and self-employed persons: .....

8.2 Comments <sup>(15)</sup>: .....

.....

.....

9. An insured person showing proof that he has completed an insurance period of less than one year

may receive  may not receive

a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....

.....

10.2 Address <sup>(2)</sup>: .....

.....

10.3 Stamp 10.4 Date: .....

10.5 Signature:

.....

## INSTRUCTIONS

**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 even if it does not contain any relevant information.**

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: FR = France.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreigners, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'. In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) After the periods of voluntary insurance, put 'V' for voluntary insurance in order to avoid any confusion with compulsory insurance. After periods referred to in Article 15(2) of Regulation 574/72 put 'S'.
- (<sup>15</sup>) In 8.2 indicate the nature of the periods treated as insurance periods.
- (<sup>16</sup>) In the case of workers who were employed in mines or in undertakings treated as such, add the following codes:  
1 = activity above ground, 2 = activity underground, 3 = activity not specified.
- (<sup>17</sup>) For Belgian, Greek and Spanish institutions, specify where possible the type of activity in question.
- (<sup>18</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN IRELAND**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)  
Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address <sup>(2)</sup> : .....

**Information concerning the insured person**

2.	Names
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname at birth <sup>(3)</sup> : .....
2.3	Forenames <sup>(4)</sup> : .....
2.4	Previous names <sup>(5)</sup> : .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and forenames <sup>(7)</sup> : .....
2.7	Mother's surname and forenames <sup>(7)</sup> : .....

3.	Nationality <sup>(8)</sup> : .....
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4.	Details of birth
4.1	Date of birth <sup>(9)</sup> : .....
4.2	Place of birth <sup>(10)</sup> : .....
4.3	Province, department, county <sup>(11)</sup> : .....
4.4	Country <sup>(12)</sup> : .....

5.	Address <sup>(2)</sup> : .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant <sup>(13)</sup>
7.1	Surname <sup>(3)</sup> : .....
7.2	Forenames: .....
	Surname at birth: .....
	Place of birth <sup>(10)</sup> : .....
7.3	Date of birth: .....
	Sex: .....
	Nationality: .....
7.4	Address <sup>(2)</sup> : .....



8.1 Total length of period of insurance under the Irish social security schemes for employed persons:

.....

8.2 Comments: .....

.....

.....

9. An insured person showing proof that he has completed an insurance period of less than one year

may receive                                       may not receive

a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....

.....

10.2 Address (²): .....

.....

10.3 Stamp

10.4 Date: .....

10.5 Signature:

.....

## INSTRUCTIONS

**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 even if it does not contain any relevant information.**

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: IE = Ireland.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreigners, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese Institutions, in the case of Maltese nationals, state the identity card number. If not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) After the number of weeks put 'V' where the periods in question are periods of voluntary insurance.
- (<sup>15</sup>) Indicate whether the period in question are periods of illness, unemployment, etc.
- (<sup>16</sup>) In the case of insured persons who were employed in mines or in undertakings treated as such, this data may be issued only on the basis of information supplied by the employee.
- (<sup>17</sup>) For Belgian, Greek and Spanish institutions, specify where possible the type of activity in question.
- (<sup>18</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN ITALY**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)

Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address (2): .....

**Information concerning the insured person**

2.	Names
2.1	Surname (3): .....
2.2	Surname at birth (3): .....
2.3	Forenames (4): .....
2.4	Previous names (5): .....
2.5	Sex (6): .....
2.6	Father's surname and forenames (7): .....
2.7	Mother's surname and forenames (7): .....

3.	Nationality (8): .....
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4.	Details of birth
4.1	Date of birth (9): .....
4.2	Place of birth (10): .....
4.3	Province, department, county (11): .....
4.4	Country (12): .....

5.	Address (2): .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant (13)
7.1	Surname (3): .....
7.2	Forenames (4): .....
	Surname at birth (3): .....
	Place of birth (10): .....
7.3	Date of birth: .....
	Sex: .....
	Nationality (8): .....
7.4	Address (2): .....





8.1 Total length of period of insurance under Italian social security schemes for employed persons and self-employed persons treated as such:

— periods to be taken into account for the acquisition of entitlement and for calculation of benefits:  
..... weeks ..... months

— periods to be taken into account only for the calculation of benefits:  
..... weeks ..... months

— periods to be taken into account only for the acquisition of entitlement to benefits:  
..... weeks ..... months

The periods of ..... up to ..... are converted into benefits with effect from .....

8.2 Comments <sup>(15)</sup>: .....

.....

.....

9. An insured person showing proof that he has completed an insurance period of less than one year

may receive  may not receive

a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....

10.2 Address <sup>(2)</sup>: .....

10.3 Stamp

10.4 Date: .....

10.5 Signature:  
.....

**INSTRUCTIONS**

**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 even if it does not contain any relevant information.**

**NOTES**

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: IT = Italy.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreigners, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese institutions, in the case of Maltese nationals, state the identity card number. If not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01:08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'. In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) After the number of weeks or months put 'P' for periods of compulsory insurance in order to avoid any confusion with periods of voluntary insurance.
- (<sup>15</sup>) In 8.2 indicate the nature of the periods treated as insurance periods.
- (<sup>16</sup>) In the case of workers who were employed in mines or in undertakings treated as such, for Austrian purposes add an E 205A additional form.
- (<sup>17</sup>) For Belgian, Greek and Spanish institutions, specify where possible the type of activity in question.
- (<sup>18</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN CYPRUS**

Regulation (EEC) No 1408/71: Article 38; Article 45; Article 48; Article 57(5)

Regulation (EEC) No 574/72: Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Code No: .....
1.3	Address <sup>(2)</sup> : .....

**Information concerning the insured person**

2.	Names
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname at birth <sup>(3)</sup> : .....
2.3	Forenames <sup>(4)</sup> : .....
2.4	Previous name: .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and forenames <sup>(7)</sup> : .....
2.7	Mother's surname and forenames <sup>(7)</sup> : .....

3.	Nationality <sup>(8)</sup> : .....
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4.	Details of birth
4.1	Date of birth <sup>(9)</sup> : .....
4.2	Place of birth <sup>(10)</sup> : .....
4.3	Province, department <sup>(11)</sup> : .....
4.4	Country <sup>(12)</sup> : .....

5.	Address <sup>(2)</sup> : .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant <sup>(13)</sup>
7.1	Surname <sup>(3)</sup> : .....
7.2	Forenames: .....
	Surname at birth <sup>(3)</sup> : .....
	Place of birth <sup>(10)</sup> : .....
7.3	Date of birth: .....
	Sex: .....
	Nationality <sup>(8)</sup> : .....
7.4	Address <sup>(2)</sup> : .....



9. An insured person showing proof that he has completed an insurance period of less than one year  
 may receive  may not receive  
a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....

10.2 Address <sup>(2)</sup>: .....

10.3 Stamp

10.4 Date: .....

10.5 Signature:  
.....

## INSTRUCTIONS

**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 even if it does not contain any relevant information.**

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: CY = Cyprus.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The 'surname at birth' must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— If the form is being completed by a Netherlands institution, in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname and the maiden name for surname at birth.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card (DNI) or NIE in the case of foreigners, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese Institutions, in the case of Maltese Nationals, state the identity card number. If not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921. = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) Insurance periods from 1 January 1957.
- (<sup>15</sup>) In 8.2 indicate the nature of the periods treated as periods of employment/illness unemployment etc.
- (<sup>16</sup>) In the case of workers who were employed in mines or in undertakings treated as such for Cyprus institutions, specify the type of activity in question.
- (<sup>17</sup>) For Belgian, Greek and Spanish institutions, specify where possible the type of activity in question.
- (<sup>18</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN LATVIA**

Regulation (EEC) No 1408/71: Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)

Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address (2): .....

**Information concerning the insured person**

2.	Names
2.1	Surname (3): .....
2.2	Surname at birth (3): .....
2.3	Forenames (4): .....
2.4	Previous names (5): .....
2.5	Sex (6): .....
2.6	Father's surname and forenames (7): .....
2.7	Mother's surname and forenames (7): .....

3.	Nationality (8): .....
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4.	Details of birth
4.1	Date of birth (9): .....
4.2	Place of birth (10): .....
4.3	Province, department, county (11): .....
4.4	Country (12): .....

5.	Address (2): .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant (13)
7.1	Surname (3): .....
7.2	Forenames: .....
	Surname at birth (3): .....
	Place of birth (10): .....
7.3	Date of birth (9): .....
	Sex: .....
	Nationality (8): .....
7.4	Address (2): .....





8.1 Total length of periods of insurance under Latvian social security scheme to be taken into account for the acquisition of entitlement and for calculation of benefits:  
..... years ..... months ..... days

8.2 Remarks: .....  
.....  
.....

9. An insured person showing proof that he has completed an insurance period of less than one year  
 may receive  may not receive  
a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....  
.....

10.2 Address (²): .....  
.....

10.3 Stamp 10.4 Date: .....  
10.5 Signature: .....  
.....

## INSTRUCTIONS

**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 even if it does not contain any relevant information.**

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: LV = Latvia.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreigners, in both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese Institutions, in the case of Maltese Nationals, state the identity card number, if not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as Nord followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: Nord 59).  
In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) Periods of insurance must be multiplied for politically repressed persons.
- (<sup>15</sup>) Periods of insurance must be stated in full years and months since 1 January 1996.
- (<sup>16</sup>) For Belgian, Greek and Spanish institutions, specify where possible the type of activity in question. For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN LITHUANIA**

Regulation (EEC) No 1408/71: Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)

Regulation (EEC) No 574/72: Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; to be attached to forms E 202, E 203 or E 204, as appropriate. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or institution investigating, as applicable)
1.1	Name: .....
1.2	Address <sup>(2)</sup> : .....

**Information concerning the insured person**

2.	Names
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname at birth <sup>(3)</sup> : .....
2.3	Forenames <sup>(4)</sup> : .....
2.4	Previous names <sup>(5)</sup> : .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and forenames <sup>(7)</sup> : .....
2.7	Mother's surname and forenames <sup>(7)</sup> : .....

3.	Nationality <sup>(8)</sup> : .....
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4.	Details of birth
4.1	Date of birth <sup>(9)</sup> : .....
4.2	Place of birth <sup>(10)</sup> : .....
4.3	Province, department, county <sup>(11)</sup> : .....
4.4	Country <sup>(12)</sup> : .....

5.	Address <sup>(2)</sup> : .....
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6.	
6.1	Registration No at the investigating institution: .....
6.2	Reference No of the file at the investigating institution: .....
6.3	Reference No of the file at the institution concerned: .....

7.	Rightful claimant <sup>(13)</sup>
7.1	Surname <sup>(3)</sup> : .....
7.2	Forenames: .....
	Surname at birth <sup>(3)</sup> : .....
	Place of birth <sup>(10)</sup> : .....
7.3	Date of birth: .....
	Sex: .....
	Nationality <sup>(8)</sup> : .....
7.4	Address <sup>(2)</sup> : .....



8.1 Total length of periods <sup>(15)</sup>

Kind of period	Years	Months	Days
100			
200			
300			

8.2 Comments: .....  
.....  
.....

9. An insured person providing proof that he has completed an insurance period of less than one year

may receive  may not receive

a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....  
.....

10.2 Address <sup>(2)</sup>: .....  
.....

10.3 Stamp

10.4 Date: .....

10.5 Signature:

.....

## INSTRUCTIONS

**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 even if it does not contain any relevant information.**

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: LT = Lithuania.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreigners, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as Nord followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: Nord 59). In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) Key to codes used in E 205 LT  
KIND OF PERIOD  
10 — Periods of insurance of employed persons and other persons insured in the same manner like employees (for the acquisition of entitlement to benefits and for the calculation of full pension (both for the main and supplementary parts of the pension).  
11 — Equivalent periods of employed persons and other persons insured in the same manner like employees (for the acquisition of entitlement to benefits and for the calculation of full pension (both for the main and supplementary parts of the pension).  
20 — Periods of insurance of self-employed persons (for the acquisition of entitlement to pension and for the calculation of main part of the pension).
- (<sup>15</sup>) Key to codes used in E 205 LT  
TOTAL LENGTH OF PERIODS  
100 — Periods of insurance and equivalent periods of employed persons and other persons insured in the same manner like employees (for the acquisition of entitlement to benefits and for the calculation of full pension); sum of periods 10 and 11.  
200 — Periods of insurance and equivalent periods of self-employed persons (for the acquisition of entitlement to pension and for the calculation of main part of the pension); sum of periods 20 and 21.  
300 — Total length of periods for the acquisition of entitlement to pension; sum of periods 100 and 200.
- (<sup>16</sup>) For Belgian, Greek and Spanish institutions, specify where possible the type of activity in question.
- (<sup>17</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN LUXEMBOURG**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article. 51a; Article. 57(5)

Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address (2): .....

**Information concerning the insured person**

2.	Names
2.1	Surname (3): .....
2.2	Surname at birth (3): .....
2.3	Forenames (4): .....
2.4	Previous names (5): .....
2.5	Sex (6): .....
2.6	Father's surname and forenames (7): .....
2.7	Mother's surname and forenames (7): .....

3.	Nationality (8): .....
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4.	Details of birth
4.1	Date of birth (9): .....
4.2	Place of birth (10): .....
4.3	Province, department, county (11): .....
4.4	Country (12): .....

5.	Address (2): .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant (13)
7.1	Surname (3): .....
7.2	Forenames: .....
	Surname at birth (3): .....
	Place of birth (10): .....
7.3	Date of birth: .....
	Sex: .....
	Nationality (8): .....
7.4	Address (2): .....





8.1 Total length of period of insurance under Luxembourg social security schemes: .....

8.2 Comments <sup>(14)</sup>: .....

.....

.....

9. An insured person showing proof that he has completed an insurance period of less than one year

may receive  may not receive

a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....

.....

10.2 Address <sup>(2)</sup>: .....

.....

10.3 Stamp 10.4 Date: .....

10.5 Signature: .....

.....

**INSTRUCTIONS**

**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 even if it does not contain any relevant information.**

**NOTES**

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: LU = Luxembourg.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreigners, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese Institutions, in the case of Maltese Nationals, state the identity card number. If not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as Nord followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: Nord 59). In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) In 8.2 indicate the nature of the periods treated as periods of employment.
- (<sup>15</sup>) In the case of persons who were employed in mines or in undertakings treated as such, for Austrian purposes add an E 205A additional form.
- (<sup>16</sup>) For Belgian, Greek and Spanish institutions, specify where possible the type of activity in question.
- (<sup>17</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN HUNGARY**

*Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article. 51a; Article. 57(5)*

*Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69*

*To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.*

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address (2): .....

**Information concerning insured persons**

2.	Names
2.1	Surname (3): .....
2.2	Surname at birth (3): .....
2.3	Forenames (4): .....
2.4	Previous names (5): .....
2.5	Sex (6): .....
2.6	Father's surname and forenames (7): .....
2.7	Mother's surname and forenames at birth (7): .....

3.	Nationality (8): .....
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4.	Details of birth
4.1	Date of birth (9): .....
4.2	Place of birth (10): .....
4.3	Province, department, county (11): .....
4.4	Country (12): .....

5.	Address (2): .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant (13)
7.1	Surname (3): .....
7.2	Forenames: .....
	Surname at birth: .....
	Place of birth (10): .....
7.3	Date of birth: .....
	Sex: .....
	Nationality: .....
7.4	Address (2): .....



8.1 Total length of insurance period in the Hungarian social security system:  
.....year ..... day(s)

8.2 Insurance period to be taken into account exclusively for the purpose of entitlement to early old-age pension and reduced early old-age pension benefits:  
..... year ..... day(s)

9. An insured person giving proof that he has completed an insurance period of less than one year  
 may receive  may not receive  
a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....

10.2 Address (²): .....

10.3 Stamp 10.4 Date: .....

10.5 Signature:  
.....

**INSTRUCTIONS**

**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 even if it does not contain any relevant information.**

**NOTES**

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: HU = Hungary.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.  
For Hungarian purposes the mother's surname and forename(s) at birth are required.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreigners, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese Institutions, in the case of Maltese Nationals, state the identity card number. If not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as Nord followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: Nord 59). In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) For Hungarian purposes please use the following codes to indicate the type of insurance:  
1. Compulsory insurance.  
2. Voluntary insurance.  
3. Other type of insurance.
- (<sup>15</sup>) For Belgian, Greek and Spanish institutions specify where possible the type of activity in question.
- (<sup>16</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



2. The periods of employment shown in Item 1 were interrupted as follows

Periods of interruption		Reason for interruption (sickness, leave, military service, active service, unemployment, medical treatment, rehabilitation, unpaid leave, etc.)
Day/Month/Year	Day/Month/Year	



**CERTIFICATE CONCERNING INSURANCE HISTORY IN MALTA**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)  
Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address <sup>(2)</sup> : .....

**Information concerning insured person <sup>(2a)</sup>**

2.	Names
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname at birth <sup>(3)</sup> : .....
2.3	Forenames <sup>(4)</sup> : .....
2.4	Previous names <sup>(5)</sup> : .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and forenames <sup>(7)</sup> : .....
2.7	Mother's surname and forenames <sup>(7)</sup> : .....
2.8	Maltese social security number <sup>(7a)</sup> : .....

3.	Nationality <sup>(8)</sup> : .....
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4.	Details of birth
4.1	Date of birth <sup>(9)</sup> : .....
4.2	Place of birth <sup>(10)</sup> : .....
4.3	Province, department, county <sup>(11)</sup> : .....
4.4	Country <sup>(12)</sup> : .....

5.	Address <sup>(2)</sup> : .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant <sup>(13)</sup>
7.1	Surname <sup>(3)</sup> : ..... Forenames: .....
7.2	Surname at birth <sup>(3)</sup> : ..... Place of birth <sup>(10)</sup> : ..... Date of birth <sup>(9)</sup> : .....
7.3	Sex: ..... Nationality <sup>(8)</sup> : .....
7.4	Address <sup>(2)</sup> : .....





**INSTRUCTIONS**

**Please complete this form in block letters or typewriting, writing on the dotted lines only.  
It consists of four pages, none of which may be left out even if it does not contain any relevant information.**

**NOTES**

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: MT = Malta.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>2a</sup>) If attached to E203, details should be those of the deceased spouse.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>7a</sup>) For workers subject to Maltese legislation, state worker's Maltese social security number (e.g. A 123456 or B 123456 - 78).
- (<sup>8</sup>) Where appropriate indicate the date of naturalisation.  
For the purpose of Spanish institutions, in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreigners, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese institutions, in the case of Maltese nationals, state the identity card number (e.g. 123456M or 012345G). If not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).  
In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case of persons born in Spain, state only the province).
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) For Spanish institutions, specify where possible the type of activity in question. For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN THE NETHERLANDS**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)

Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name .....
1.2	Address <sup>(2)</sup> : .....

**Information concerning the insured person**

2.	Names
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname at birth <sup>(3)</sup> : .....
2.3	Forenames <sup>(4)</sup> : .....
2.4	Previous names <sup>(5)</sup> : .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and forenames <sup>(7)</sup> : .....
2.7	Mother's surname and forenames <sup>(7)</sup> : .....

3.	Nationality <sup>(8)</sup> : .....
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4.	Details of birth
4.1	Date of birth <sup>(9)</sup> : .....
4.2	Place of birth <sup>(10)</sup> : .....
4.3	Province, department, county <sup>(11)</sup> : .....
4.4	Country <sup>(12)</sup> : .....

5.	Address <sup>(2)</sup> : .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant <sup>(13)</sup>
7.1	Surname <sup>(3)</sup> : .....
7.2	Forenames: .....
	Surname at birth <sup>(3)</sup> : .....
	Place of birth <sup>(10)</sup> : .....
7.3	Date of birth <sup>(9)</sup> : .....
	Sex: .....
	Nationality <sup>(8)</sup> : .....
7.4	Address <sup>(2)</sup> : .....



8.1 Total length of period of insurance in the Netherlands <sup>(17)</sup> under

AOW                       ANW                       WAO/AAW/WAZ

..... months ..... days.

9. An insured person showing proof that he has completed an insurance period of less than one year

may receive                       may not receive

a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....

10.2 Address <sup>(2)</sup>: .....

10.3 Stamp

10.4 Date: .....

10.5 Signature:

.....

## INSTRUCTIONS

**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 even if it does not contain any relevant information.**

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: NL = the Netherlands.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname of surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreigners, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese institutions, in the case of Maltese nationals, state the identity card number. If not a Maltese national, state Maltese social security number.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) 1.1 For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59').  
In the case of persons born in Spain state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) AOW = General Old-age Pensions Act  
ANW = General Surviving Relatives Act  
WAO = Disablement Benefits Act  
AAW = General Incapacity for Work Act  
WAZ = Self-employed Disablement Benefits Act
- (<sup>15</sup>) Use the following symbols in order to indicate the type of insurance period:  
P = compulsory insurance,  
V = voluntary insurance,  
G = periods treated as periods of insurance.
- (<sup>16</sup>) For Greek and Spanish institutions, specify where possible the type of activity in question.
- (<sup>17</sup>) Since the Netherlands insurance scheme does not provide for registration of the insured person, it may happen that our statistics may contain references to periods in respect of which it can only be assumed that the person concerned was insured in the Netherlands. In the case where it is established that the person concerned was insured during the period of insurance stated by us in the Netherlands under the legislation of your country, you should, without consulting us, deduct the periods in question from the total number of periods of insurance stated in point 8.1 of this form.
- (<sup>18</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



**CERTIFICATE CONCERNING INSURANCE HISTORY IN AUSTRIA**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)  
Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address <sup>(2)</sup> : .....

**Information concerning insured person**

2.	Names
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname at birth <sup>(3)</sup> : .....
2.3	Forenames <sup>(4)</sup> : .....
2.4	Previous names <sup>(5)</sup> : .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and forenames <sup>(7)</sup> : .....
2.7	Mother's surname and forenames: .....

3.	Nationality <sup>(8)</sup> : .....
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4.	Details of birth
4.1	Date of birth <sup>(9)</sup> : .....
4.2	Place of birth <sup>(10)</sup> : .....
4.3	Province, department, county <sup>(11)</sup> : .....
4.4	Country <sup>(12)</sup> : .....

5.	Address <sup>(2)</sup> : .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of File at the institution concerned: .....

7.	Rightful claimant <sup>(13)</sup>
7.1	Surname <sup>(3)</sup> : .....
7.2	Forenames <sup>(4)</sup> : .....
	Surname at birth <sup>(3)</sup> : .....
	Place of birth <sup>(10)</sup> : .....
7.3	Date of birth <sup>(9)</sup> : .....
	Sex <sup>(6)</sup> : .....
	Nationality <sup>(8)</sup> : .....
7.4	Address <sup>(2)</sup> : .....



Sum total of periods

8.1. Total length of period of insurance under the social security schemes for employed and for self-employed persons and civil servants in Austria:  
— periods to be taken into account only for the acquisition of entitlement of benefits:  
..... years ..... months ..... days;  
— periods to be taken into account only for calculation of benefits:  
.....years ..... months ..... days.

8.2 Remarks <sup>(15)</sup>: .....

.....

.....

9. An insured person showing proof that he has completed an insurance period of less than one year  
 may receive  may not receive  
a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....

.....

10.2 Address <sup>(2)</sup>: .....

.....

10.3 Stamp 10.4 Date: .....

10.5 Signature .....

.....

## INSTRUCTIONS

**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 even if it does not contain any relevant information.**

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: AT = Austria.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (número de Identificación de Extranjeros) in the case of foreigners, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese institutions, in the case of Maltese nationals, state the identity card number. If not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59').  
In the case of persons born in Spain state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) After the number of insurance months put 'F' (voluntary) for periods of voluntary insurance in order to avoid any confusion with compulsory insurance.  
Furthermore, put 'FS' for periods of self-insurance, which are taken into account for the calculation of the amount of the benefit, but not for the acquisition of the right.
- (<sup>15</sup>) After the number of months treated as such put 'E' for periods treated as periods of insurance which are taken into account for the acquisition of the right, but not for the calculation of the amount of the benefit. Furthermore, the nature of the periods treated as such (Ersatzzeiten) must be indicated in 8.2 (Remarks).
- (<sup>16</sup>) In the case of workers who were employed in mines or in undertakings treated as such, for Austrian purposes add an E 205A additional form.
- (<sup>17</sup>) For Belgian, Greek and Spanish institutions, specify where possible the type of activity in question.
- (<sup>18</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



**E 205 additional page AT (continued)**

2. The periods of employment shown in field 1 were interrupted as follows <sup>(3)</sup>

Periods of interruption		Reason for interruption (sickness, leave, military service, active service, unemployment, medical treatment, rehabilitation, unpaid leave, etc.)
From	To	
Day/Month/Year	Day/Month/Year	

<sup>(3)</sup> Complete only if the form is to be sent to German and Spanish institutions.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN POLAND**

Regulation (EEC) No 1408/71: Article 38; Article 43(a); Article 45; Article 48; Article 51(a); Article 57(5)

Regulation (EEC) No 574/72: Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address <sup>(2)</sup> : .....

**Information concerning insured person <sup>(2a)</sup>**

2.	Surname <sup>(3)</sup>
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname: .....
2.3	Forename(s) <sup>(4)</sup> : .....
2.4	Previous names <sup>(5)</sup> : .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and forenames <sup>(7)</sup> : .....
2.7	Mother's surname and forenames <sup>(7)</sup> : .....
2.8	PESEL No <sup>(8)</sup> : .....
2.9	NIP No: .....

3.	Nationality <sup>(9)</sup> : .....
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4.	Details of birth
4.1	Date <sup>(10)</sup> : .....
4.2	Place <sup>(11)</sup> : .....
4.3	Province, department, county <sup>(12)</sup> : .....
4.4	Country <sup>(13)</sup> : .....

5.	Address <sup>(2)</sup> : .....
----	--------------------------------

6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant <sup>(14)</sup>
7.1	Surname <sup>(3)</sup> : .....
7.2	Forename(s): .....
	Surname at birth: .....
	Place of birth <sup>(11)</sup> : .....
7.3	Date of birth: .....
	Sex: .....
	Nationality <sup>(9)</sup> : .....
7.4	Address <sup>(2)</sup> : .....





8.1 Periods of insurance and periods treated as periods of insurance taken into account for the acquisition of entitlement of benefits:  
..... months ..... days.

8.2 Periods of insurance and periods treated as periods of insurance taken into account for the calculation of benefits:  
..... months ..... days.

8.3 Remarks <sup>(16)</sup>: .....

.....

.....

9. An insured person showing proof that he has completed an insurance period of less than one year

may receive  may not receive

a pension under national legislation (Article 48(1) Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....

.....

10.2 Address <sup>(2)</sup>: .....

.....

10.3 Stamp

10.4 Date: .....

10.5 Signature:

.....

## INSTRUCTIONS

**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 even if it does not contain any relevant information.**

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: PL = Poland.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>2a</sup>) The term 'insured person' refers to the persons insured under the general schemes (ZUS, KRUS) also under special schemes for officers of the police, State security Office, internal security agency, intelligence agency (public security services), border guards, government security bureau, national Fire Brigades, prison guards and professional soldiers as well as persons working as judges and prosecutors.
- (<sup>3</sup>) — In point, 'Surname' please state usual surname or surname acquired by marriage.  
— The point: 'The surname at birth' must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and all prefixes to surnames must be written in full in order in which they appear in the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to names must be written in full in the order in which they appear in the birth certificate.
- (<sup>6</sup>) Put M for male or F for female.
- (<sup>7</sup>) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (<sup>8</sup>) State PESEL number or NKP number if the person concerned is subject to social insurance for farmers. If there is no such number state the series and number of identity card or passport.
- (<sup>9</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>10</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>11</sup>) For French towns comprising several *arrondissements*, please give the number of the *arrondissement* (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>12</sup>) Must be stated for persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of the birth should be shown as 'Nord' followed by the area code, if known to the insured person; in this case, 59. The complete entry should therefore read 'Nord 59'). In the case of persons born in Spain, state only the province.
- (<sup>13</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>14</sup>) Please, indicate it, if applicable.
- (<sup>15</sup>) Please indicate the contributory periods completed under the general schemes (ZUS, KRUS) and periods of service completed under special schemes for officers of the Police, the Citizens' Militia, State Security Office, Internal Security Agency, Intelligence Agency (public security services), Border Guard, Government Security Bureau, National Fire Brigades, Prison Guard and professional soldiers as well as persons working as judges and prosecutors. In the case of the periods of voluntary insurance write the letter 'D' (voluntary) after the number of months and days of periods of insurance so as not to confuse them with the obligatory insurance.
- (<sup>16</sup>) Please indicate the non-contributory periods limited to 1/3 of contributory periods. In the case of calculating benefits from special schemes please, indicate the non-contributory periods actually completed. In point 8.3, please indicate the character of periods treated as periods of insurance, e.g. the period of sickness benefit, period of attending high schools.
- (<sup>17</sup>) It concerns the periods of service of: professional soldiers, the Police officers, the Citizens' Militia officers, State Protection Office officers, Internal Security Agency officers, Foreign Intelligence Agency officers (public security services), Border Guard officers, Government Security Bureau officers and National Fire Brigades officers, Prison Guard officers and also judges and prosecutors.
- (<sup>18</sup>) In the case of workers who were employed in mines or in undertakings treated as such, fill in the additional page.
- (<sup>19</sup>) For the purposes of Belgian, Greek and Spanish institutions please indicate the type of activity, if possible.
- (<sup>20</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.





**CERTIFICATE CONCERNING INSURANCE HISTORY IN PORTUGAL**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)  
Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address (2): .....

**Information concerning the insured person**

2.	Names
2.1	Surname (3): .....
2.2	Surname at birth (3): .....
2.3	Forenames (4): .....
2.4	Previous names (5): .....
2.5	Sex (6): .....
2.6	Father's surname and forenames (7): .....
2.7	Mother's surname and forenames (7): .....

3.	Nationality (8): .....
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4.	Details of birth
4.1	Date of birth (9): .....
4.2	Place of birth (10): .....
4.3	Province, department, county (11): .....
4.4	Country (12): .....

5.	Address (2): .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant (13)
7.1	Surname (3): .....
7.2	Forenames: .....
	Surname at birth (3): .....
	Place of birth (10): .....
7.3	Date of birth(9): .....
	Sex: .....
	Nationality (8): .....
7.4	Address (2): .....



8.1 Length of periods of insurance under Portuguese social security schemes (periods of insurance prior to 1994 are registered in months or years; periods of insurance since 1994 are registered in years):

8.1.1 — period to be taken into account for the acquisition of entitlement: ..... months  
 — period do be taken into account for the acquisition of entitlement: ..... years  
 — period to be taken in account for the calculation of benefits: ..... years

8.1.2 Length of additional periods (periods treated as insurance periods, regardless of calendar months or years, that must be added to periods mentioned in 8.1.1):

— period to be taken into account for the acquisition of entitlement: ..... months  
 — period to be taken into account for the acquisition of entitlement: ..... years  
 — period to be taken in account for the calculation of benefits: ..... years

8.2 Remarks: .....

.....

.....

9. An insured person showing proof that he has completed an insurance period of less than one year

may receive  may not receive

a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....

.....

10.2 Address (?): .....

.....

10.3 Stamp 10.4 Date: .....

10.5 Signature:

.....

## INSTRUCTIONS

**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 even if it does not contain any relevant information.**

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: PT = Portugal.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese institutions,  
in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number. In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) Indicate the nature of the periods treated as periods of employment.
- (<sup>15</sup>) This information is given on the basis of particulars provided by the worker.
- (<sup>16</sup>) After periods referred to in Article 15(2) of Regulation (EEC) No 574/72 put 'S'. (In the case of workers who were employed in mines or in undertakings treated as such, add the following Codes:  
1 = activity above ground, 2 = activity underground, 3 = activity not specified.
- (<sup>17</sup>) For Belgian, Greek and Spanish institutions, specify where possible the type of activity in question. For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



**CERTIFICATE CONCERNING INSURANCE HISTORY IN THE REPUBLIC OF SLOVENIA**

Regulation (EEC) No 1408/71: Article 38; Article 43a ; Article 45; Article 48; Article 51a; Article 57(5)

Regulation (EEC) No 574/72: Article 42(1); Article 43(1) to (3); Article 69

To be completed by the investigating institution in accordance with legislation administered and to be attached, if necessary, to forms E 202, E 203, or E 204. Each institution concerned should complete the form for insurance periods completed under applicable legislation and send it to the investigating institution.

1.	Institution to which the form is addressed (competent institution or investigating institution, as appropriate)
1.1	Name: .....
1.2	Address (2): .....

**Information concerning the insured person**

2.	Names
2.1	Surname (3): .....
2.2	Surname at birth (3): .....
2.3	Forenames (4): .....
2.4	Previous names (5): .....
2.5	Sex (6): .....
2.6	Father's surname and forenames (7): .....
2.7	Mother's surname and forenames (7): .....

3.	Nationality (8): .....
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4.	Details of birth
4.1	Date of birth (9): .....
4.2	Place of birth (10): .....
4.3	Province, department, county(11): .....
4.4	Country (12): .....

5.	Address (2): .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant(13)
7.1	Surname (3): .....
7.2	Forenames: .....
	Surname at birth: .....
	Place of birth (10): .....
7.3	Date of birth (9): .....
	Sex: .....
	Nationality (8): .....
7.4	Address (2): .....



Total

8.1 — periods taken into account for the acquisition of a right to all pensions:  
..... years ..... months ..... days  
— additional periods taken into account only for the acquisition of a right to an old-age pension:  
..... years ..... months ..... days

8.2 periods taken into account for the calculation of a pension:  
..... years ..... months ..... days

9. An insured person showing proof that he has completed an insurance period of less than one year  
 may receive  may not receive  
a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....  
.....

10.2 Address (²): .....  
.....

10.3 Stamp 10.4 Date: .....  
10.5 Signature: .....  
.....

## INSTRUCTIONS

**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 even if it does not contain any relevant information.**

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: SI = Republic of Slovenia.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown as two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) Periods taken into account only for the entitlement to old-age pension, but not for the calculation of a pension, are indicated by number (<sup>14</sup>).
- (<sup>15</sup>) In the case of persons who were employed in mines or in undertakings treated as such, attach additional page indicating employment in mines or similar undertakings.
- (<sup>16</sup>) For Belgian Greek and Spanish institutions, specify where possible the type of activity in question.
- (<sup>17</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or book of the country issuing the certificate should be enclosed.
- (<sup>18</sup>) Periods which count double under Slovenian legislation are indicated by number (<sup>18</sup>).
- (<sup>19</sup>) After periods with bonus, number (<sup>19</sup>) as well as the rate of increase (12/14, 12/15, 12/16, 12/17, 12/18) are put.
- (<sup>20</sup>) Periods which are taken into account by virtue of personal circumstances are indicated by number (<sup>20</sup>).
- (<sup>21</sup>) Purchased periods which are taken into account as insurance periods (abstract periods which cannot be allocated) are indicated by number (<sup>21</sup>).





E 205

SK

(1)

**CERTIFICATE CONCERNING INSURANCE HISTORY IN THE SLOVAK REPUBLIC**

Regulation (EEC) No 1408/71: Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)

Regulation 574/72: Article 42(1) ; Article 43(1) to (3) ; Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers;  
to be attached to forms E 202, E 203 or E 204, as appropriate. Each institution concerned should draw up a form for the periods  
completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or institution investigating, as applicable)
1.1	Name: .....
1.2	Address <sup>(2)</sup> : .....

**Information concerning the insured person**

2.	Names
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname at birth <sup>(3)</sup> : .....
2.3	Forenames <sup>(4)</sup> : .....
2.4	Previous names <sup>(5)</sup> : .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and forenames <sup>(7)</sup> : .....
2.7	Mother's surname and forenames <sup>(7)</sup> : .....

3.	Nationality <sup>(8)</sup> : .....
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4.	Details of birth
4.1	Date of birth <sup>(9)</sup> : .....
4.2	Place of birth <sup>(10)</sup> : .....
4.3	Province, department, county <sup>(11)</sup> : .....
4.4	Country <sup>(12)</sup> : .....

5.	Address <sup>(2)</sup> : .....
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6.	
6.1	Registration No at the investigating institution: .....
6.2	Reference No of the file at the investigating institution: .....
6.3	Reference No of the file at the institution concerned: .....

7.	Rightful claimant <sup>(13)</sup>
7.1	Surname <sup>(3)</sup> : .....
7.2	Forenames: .....
	Surnames at birth <sup>(3)</sup> : .....
	Place of birth <sup>(10)</sup> : .....
7.3	Date of birth <sup>(9)</sup> : .....
	Sex: .....
	Nationality <sup>(8)</sup> : .....
7.4	Address <sup>(2)</sup> : .....





8.1 Total length of insurance under the Slovak social security scheme:  
— periods to be taken into account only for the acquisition of entitlement of benefits:  
..... days;  
— periods to be taken into account only for the calculation of benefits:  
..... days;

8.2 Notes and comments: .....  
.....  
.....

9. An insured person providing proof that he has completed an insurance period of less than one year  
 may receive  may not receive  
a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....  
.....

10.2 Address (²): .....  
.....

10.3 Stamp 10.4 Date: .....  
10.5 Signature: .....  
.....

## INSTRUCTIONS

**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 even if it does not contain any relevant information.**

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: SK = Slovakia.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as Nord followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: Nord 59). In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) In the case of workers who were employed in mines or in undertakings treated as such, add the following Codes:  
1 = activity above ground, 2 = activity underground, 3 = activity not specified.  
For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.  
For Belgian, Greek and Spanish institutions specify where possible the type of activity in question.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN FINLAND**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)

Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address (2): .....

**Information concerning the insured person**

2.	Names
2.1	Surname (3): .....
2.2	Surname at birth (3): .....
2.3	Forenames (4): .....
2.4	Previous names (5): .....
2.5	Sex (6): .....
2.6	Father's surname and forenames (7): .....
2.7	Mother's surname and forenames (7): .....

3.	Nationality (8): .....
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4.	Details of birth
4.1	Date of birth (9): .....
4.2	Place of birth (10): .....
4.3	Province, department, county (11): .....
4.4	Country (12): .....

5.	Address (2): .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant (13)
7.1	Surname (3): .....
7.2	Forenames: .....
	Surname at birth (3): .....
	Place of birth (10): .....
7.3	Date of birth: .....
	Sex: .....
	Nationality (8): .....
7.4	Address (2): .....





## INSTRUCTIONS

**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 even if it does not contain any relevant information.**

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: FI = Finland.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card (DNI) or NIE in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese Institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 - 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as Nord followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: Nord 59). In the case of persons born in Spain state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) For Belgian, Greek and Spanish institutions, specify where possible the type of activity in question and in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.
- (<sup>15</sup>) The classification variables for the insurance periods as expressed in the note CA.SS.TM 186/87 and in its later updates, and, as regards the total amount, in the specification of entry 'contribution type 5049' in the code list for message SSRECH used in the technical data exchange.  
Key to contribution codes used in form E 205:  
COLUMN 20 — TYPE OF PERIOD  
00 Period of compulsory in insurance (for the acquisition of entitlement and the calculation)  
03 Equivalent period (for the acquisition of entitlement and the calculation)  
40 Period of compulsory insurance (for the purposes of acquiring entitlement)  
COLUMN 21 — NATURE  
00 Period of insurance based on residence  
10 Period of employment  
20 Period of parental benefits  
30 Period of unemployment benefits  
40 Period of rehabilitation and sickness benefit  
50 Period of vocational and higher education  
70 Period of pension time accruing pension  
COLUMN 22 — TYPE OF INSURANCE SCHEME  
00 The pension schemes for residence based pension  
10 The pension schemes for employed pensions  
20 The pension schemes for self-employed persons  
90 The pension schemes for employed persons as well as self-employed persons  
TOTALS BY CONTRIBUTION TYPE  
107 Periods of residence for calculation and entitlement  
108 Periods of residence for entitlement only  
109 Periods of employment for calculation and entitlement  
111 Periods of employment for entitlement only.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN SWEDEN**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)  
Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

*This form must be completed by the investigating institution in respect of the insurance periods completed under the legislation it applies. It should be attached to forms E 202, E 203 or E 204 as appropriate. Each competent institution should complete a form for the periods completed under the legislation it applies and send it to the investigating institution.*

1.	Institution to which the form is addressed (competent institution or investigating institution, as appropriate)
1.1	Name: .....
1.2	Address <sup>(2)</sup> : .....

**Information concerning insured person**

2.	Names
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname at birth <sup>(3)</sup> : .....
2.3	All forenames <sup>(4)</sup> : .....
2.4	Previous surname <sup>(5)</sup> : .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and all forenames <sup>(7)</sup> : .....
2.7	Mother's surname and all forenames <sup>(7)</sup> : .....

3.	Nationality <sup>(8)</sup> : .....
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4.	Details of birth
4.1	Date of birth <sup>(9)</sup> : .....
4.2	Place of birth <sup>(10)</sup> : .....
4.3	Province, county, town <sup>(11)</sup> : .....
4.4	Country <sup>(12)</sup> : .....

5.	Address <sup>(2)</sup> : .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the competent institution: .....

7.	Rightful claimant: <sup>(13)</sup>
7.1	Surname <sup>(3)</sup> : .....
7.2	All forenames: .....
	Surname at birth: .....
	Place of birth <sup>(10)</sup> : .....
7.3	Date of birth <sup>(9)</sup> : .....
	Sex: .....
	Nationality <sup>(8)</sup> : .....
7.4	Address <sup>(2)</sup> : .....





8.1 Insurance periods in Sweden  
..... years

8.2 Periods treated as insurance periods in Sweden  
..... years

8.3 Residence periods in Sweden  
..... years ..... months ..... days

8.4 Remarks <sup>(14)</sup>: .....

.....

.....

9. An insured person providing proof that he or she has completed an insurance period of less than one year

may receive  may not receive

a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....

.....

10.2 Address <sup>(2)</sup>: ..... Tel.: .....

..... Fax: .....

10.3 Stamp 10.4 Date: .....

10.5 Signature: .....

.....

**INSTRUCTIONS**

**Please complete the form in block letters, writing on the dotted lines only.  
The form consists of four pages, of which none should be omitted.**

**NOTES**

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: SE = Sweden.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and all prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both surnames at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and all prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese Institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as Nord followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: Nord 59). In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) For Spanish institutions specify where possible the type of work in question. For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN THE UNITED KINGDOM**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)  
Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address <sup>(2)</sup> : .....

**Information concerning the insured person**

2.	Names
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname at birth <sup>(3)</sup> : .....
2.3	Forenames <sup>(4)</sup> : .....
2.4	Previous names <sup>(5)</sup> : .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and forenames <sup>(7)</sup> : .....
2.7	Mother's surname and forenames <sup>(7)</sup> : .....

3.	Nationality <sup>(8)</sup> : .....
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4.	Details of birth
4.1	Date of birth <sup>(9)</sup> : .....
4.2	Place of birth <sup>(10)</sup> : .....
4.3	Province, department, county <sup>(11)</sup> : .....
4.4	Country <sup>(12)</sup> : .....

5.	Address <sup>(2)</sup> : .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant <sup>(13)</sup>
7.1	Surname <sup>(3)</sup> : .....
7.2	Forenames: .....
	Surname at birth: .....
	Place of birth <sup>(10)</sup> : .....
7.3	Date of birth: .....
	Sex: .....
	Nationality: .....
7.4	Address <sup>(2)</sup> : .....





**INSTRUCTIONS**

**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 even if it does not contain any relevant information.**

**NOTES**

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: UK = United Kingdom.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreigners, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921. = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as Nord followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: Nord 59). In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) Indicate the period of voluntary insurance in the next column.
- (<sup>15</sup>) In the case of workers who were employed in mines or in undertakings treated as such, add the following Codes:  
1 = activity above ground, 2 = activity underground, 3 = activity not specified.  
These data may be issued only on the basis of information supplied by the employee.
- (<sup>16</sup>) For Belgian, Greek and Spanish institutions, specify where possible the type of activity in question.
- (<sup>17</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN ICELAND**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Art. 57(5)  
Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address <sup>(2)</sup> : .....

**Information concerning insured person**

2.	Names
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname at birth <sup>(3)</sup> : .....
2.3	Forenames <sup>(4)</sup> : .....
2.4	Previous names <sup>(5)</sup> : .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and forenames <sup>(7)</sup> : .....
2.7	Mother's surname and forenames <sup>(7)</sup> : .....

3.	Nationality <sup>(8)</sup> : .....
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4.	Details of birth
4.1	Date of birth <sup>(9)</sup> : .....
4.2	Place of birth <sup>(10)</sup> : .....
4.3	Province, department, county <sup>(11)</sup> : .....
4.4	Country <sup>(12)</sup> : .....

5.	Address <sup>(2)</sup> : .....
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6.	
6.1	Insurance No at the investigating institution Reference: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant <sup>(13)</sup>
7.1	Surname <sup>(3)</sup> : .....
7.2	Forenames: .....
	Surname at birth <sup>(3)</sup> : .....
	Place of birth <sup>(10)</sup> : .....
7.3	Date of birth: .....
	Sex: .....
	Nationality <sup>(8)</sup> : .....
7.4	Address <sup>(2)</sup> : .....





8.1 Total length of periods under employment pension schemes ..... years ..... months ..... days  
8.2 Total length of periods of residence ..... years ..... months ..... days  
8.3 Remarks <sup>(14)</sup> <sup>(15)</sup>: .....  
.....  
.....

9. An insured person showing proof that he has completed an insurance period of less than one year  
 may receive  may not receive  
a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....  
.....  
10.2 Address <sup>(2)</sup>: .....  
.....  
10.3 Stamp 10.4 Date: .....  
10.5 Signature: .....  
.....

**INSTRUCTIONS**

**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 even if it does not contain any relevant information.**

**NOTES**

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: IS = Iceland.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.
- (<sup>15</sup>) For Belgian, Greek and Spanish institutions specify where possible the type of activity in question.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN LIECHTENSTEIN**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)

Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address (2): .....

**Information concerning the insured person**

2.	Names
2.1	Surname (3): .....
2.2	Surname at birth (3): .....
2.3	Forenames (4): .....
2.4	Previous names (5): .....
2.5	Sex (6): .....
2.6	Father's surname and forenames (7): .....
2.7	Mother's surname and forenames (7): .....

3.	Nationality (8): .....
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4.	Details of birth
4.1	Date of birth (9): .....
4.2	Place of birth (10): .....
4.3	Province, department, county (11): .....
4.4	Country (12): .....

5.	Address (2): .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant (13)
7.1	Surname (3): .....
7.2	Forenames: .....
	Surname at birth (3): .....
	Place of birth (10): .....
7.3	Date of birth: .....
	Sex: .....
	Nationality (8): .....
7.4	Address (2): .....

8.

Year from 1 January to 31 December	Number of months	Type of insurance periods	Type of contributions <sup>(15)</sup>	Remarks <sup>(17)</sup>
1954				
1955				
1956				
1957				
1958				
1959				
1960				
1961				
1962				
1963				
1964				
1965				
1966				
1967				
1968				
1969				
1970				
1971				
1972				
1973				
1974				
1975				
1976				
1977				
1978				
1979				
1980				
1981				
1982				
1983				
1984				
1985				

8. (continued)

Year from 1 January to 31 December	Number of months	Type of insurance periods Type of contributions <sup>(15)</sup>	Remarks <sup>(17)</sup>
1986			
1987			
1988			
1989			
1990			
1991			
1992			
1993			
1994			
1995			
1996			
1997			
1998			
1999			
2000			
2001			
2002			
2003			
2004			
2005			
2006			
2007			
2008			
2009			
2010			
2011			
2012			
2013			
2014			
2015			
2016			
2017			

8.1 Total period of insurance: ..... months  
8.2 Remarks: .....  
.....  
.....

9. An insured person showing proof that he has completed an insurance period of less than one year  
 may receive  may not receive  
a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form  
10.1 Name: .....  
.....  
10.2 Address <sup>(2)</sup>: .....  
.....  
10.3 Stamp 10.4 Date: .....  
10.5 Signature: .....  
.....

**INSTRUCTIONS**

**Please complete this form in block letters, writing on the dotted lines only.  
It consists of five pages, none of which may be left out even if it does not contain any relevant information.**

**NOTES**

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: LI = Liechtenstein.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card (DNI) or NIE in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number.  
In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as Nord followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: Nord 59). In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) In 8.2 indicate the nature of the periods treated as periods of employment.
- (<sup>15</sup>) Kind of insurance periods/kind of contribution:  
1 — contributions from employment  
2 — contributions from a voluntary-insured person  
3 — contributions from self-employment  
4 — contributions from non-active persons  
10 — periods of insurance without contribution obligation.
- (<sup>16</sup>) For Belgian, Greek and Spanish institutions, specify where possible the type of activity in question.
- (<sup>17</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.





E 205	NO <sup>(1)</sup>
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**CERTIFICATE CONCERNING INSURANCE HISTORY IN NORWAY**

Regulation (EEC) No 1408/71; Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)  
Regulation (EEC) No 574/72; Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address <sup>(2)</sup> : .....

**Information concerning the insured person**

2.	Names
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname at birth <sup>(3)</sup> : .....
2.3	Forenames <sup>(4)</sup> : .....
2.4	Previous names <sup>(5)</sup> : .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and forenames <sup>(7)</sup> : .....
2.7	Mother's surname and forenames <sup>(7)</sup> : .....

3.	Nationality <sup>(8)</sup> : .....
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4.	Details of birth
4.1	Date of birth <sup>(9)</sup> : .....
4.2	Place of birth <sup>(10)</sup> : .....
4.3	Province, department, county <sup>(11)</sup> : .....
4.4	Country <sup>(12)</sup> : .....

5.	Address <sup>(2)</sup> : .....
----	--------------------------------

6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant <sup>(13)</sup>
7.1	Surname <sup>(3)</sup> : .....
7.2	Forenames: .....
	Surname at birth <sup>(3)</sup> : .....
	Place of birth <sup>(10)</sup> : .....
7.3	Date of birth <sup>(9)</sup> : .....
	Sex: .....
	Nationality <sup>(8)</sup> : .....
7.4	Address <sup>(2)</sup> : .....



8.1 Total number of insurance years as employed or self-employed, counting, as basis for calculation of supplementary pension ..... years

8.2 Total insurance period under the pension scheme in Norway ..... years ..... months ..... days  
Total insurance period, according to Norwegian legislation ..... years ..... months ..... days

8.3 Remarks <sup>(14)</sup> <sup>(15)</sup>: .....

.....

.....

9. An insured person showing proof that he has completed an insurance period of less than one year

may receive  may not receive

a pension under national legislation (Article 8(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....

.....

10.2 Address <sup>(2)</sup>: .....

.....

10.3 Stamp 10.4 Date: .....

10.5 Signature: .....

.....

**INSTRUCTIONS**

**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 even if it does not contain any relevant information.**

**NOTES**

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: NO = Norway.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname, put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.  
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.  
For the purposes of Maltese Institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59').  
In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>13</sup>) Complete where appropriate.
- (<sup>14</sup>) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.
- (<sup>15</sup>) For Belgian, Greek and Spanish institutions specify where possible the type of activity in question.

**CERTIFICATE CONCERNING INSURANCE HISTORY IN SWITZERLAND**

Regulation (EEC) No 1408/71: Article 38; Article 45; Article 48; Article 57(5)

Regulation (EEC) No 574/72: Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name: .....
1.2	Address <sup>(2)</sup> : .....

**Information concerning the insured person**

2.	Names
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname at birth <sup>(3)</sup> : .....
2.3	Forenames <sup>(4)</sup> : .....
2.4	Previous names <sup>(5)</sup> : .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and forenames <sup>(7)</sup> : .....
2.7	Mother's surname and forenames <sup>(7)</sup> : .....

3.	Nationality <sup>(8)</sup> <sup>(9)</sup> : .....
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4.	Details of birth
4.1	Date of birth <sup>(10)</sup> : .....
4.2	Place of birth <sup>(11)</sup> : .....
4.3	Province, department, county <sup>(12)</sup> : .....
4.4	Country <sup>(13)</sup> : .....

5.	Address <sup>(2)</sup> : .....
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6.	
6.1	Insurance No at the investigating institution: .....
6.2	Reference No of file at the investigating institution: .....
6.3	Reference No of file at the institution concerned: .....

7.	Rightful claimant <sup>(14)</sup>
7.1	Surname <sup>(3)</sup> : .....
7.2	Forenames: .....
	Surname at birth: .....
	Place of birth <sup>(11)</sup> : .....
7.3	Date of birth: .....
	Sex: .....
	Nationality <sup>(8)</sup> <sup>(9)</sup> : .....
7.4	Address <sup>(2)</sup> : .....



8.1 Total period of insurance ..... months

8.2 Remarks <sup>(16)</sup>: .....  
.....  
.....

9. An insured person showing proof that he has completed an insurance period of less than one year

may receive  may not receive

a pension under national legislation (Article 48(1) of Regulation (EEC) No 1408/71).

10. Institution completing the form

10.1 Name: .....  
.....

10.2 Address <sup>(2)</sup>: .....  
.....

10.3 Stamp

10.4 Date: .....

10.5 Signature:  
.....

## INSTRUCTIONS

**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 even if it does not contain any relevant information.**

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: CH = Switzerland.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
— The surname at birth must always be given; if same as current surname put 'IDEM'.  
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
— In the case of Spanish nationals state both names at birth.  
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required where the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.
- (<sup>9</sup>) For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'. For the purposes of Maltese institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number. In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>10</sup>) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (<sup>11</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (<sup>12</sup>) Must be stated for persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (<sup>13</sup>) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (<sup>14</sup>) Complete where appropriate.
- (<sup>15</sup>) Kind of insurance periods/kind of contribution:  
1 — contributions from employment  
2 — voluntary insurance contributions  
3 — contributions from self-employment  
4 — contributions from non-active periods  
10 — insurance periods with no obligation to contribute.
- (<sup>16</sup>) For the purpose of Belgian, Greek and Spanish institutions specify where possible the type of activity in question. For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



<b>E 207</b>	(1)
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**CERTIFICATE CONCERNING THE INSURED PERSON'S INSURANCE HISTORY**

Regulation (EEC) No 1408/71: Article 38; Article 43a; Article 45; Article 48; Article 51a; Article 57(5)  
Regulation No 574/72: Article 42(1); Article 43(1) to (3); Article 69

To be completed by the investigating institution and to be attached to forms E 202, E 203 and E 204.

The information in box 7 has been obtained from the person concerned and will be sent to the institution concerned.

**Information concerning insured persons (2)**

1.	
1.1	Surname (3): .....
1.2	Surname at birth (3): .....
1.3	Forenames (4): .....
1.4	Previous names (5): .....
1.5	Sex (6): .....
1.6	Father's surname and forenames (7): .....
1.7	Mother's surname and forenames at birth (7): .....
1.8	National social security number (7a): .....

2.	Nationality (8): .....
	Identification No (20): .....

3.	Details of birth
3.1	Date of birth (9): .....
3.2	Place of birth (10): .....
3.3	Province, department, county (11): .....
3.4	Country (12): .....

4.	Address (13) (14):
	.....
	.....

5.	
5.1	Identification No at the investigating institution (15) (20): .....
5.2	Identification No at the institution concerned (15) (20): .....

6.	Investigating Institution		
6.1	Name: .....		
6.2	Address (3): .....		
6.3	Stamp	6.4	Date: .....
		6.5	Signature:
			.....

**7.** Information relating to all periods completed (periods as civil servant or periods of employment, self-employment, residence and training) <sup>(16)</sup> <sup>(16a)</sup>

	Periods <sup>(17)</sup>		Type of periods <sup>(18)</sup>	Name of employer and place of registered office or type of activity carried out as self-employed person	Place and country where activity is carried out <sup>(19)</sup>	(a) Insurance institution or scheme <sup>(15)</sup> (b) Identification number <sup>(20)</sup> (c) Type of insurance <sup>(21)</sup>	Place of residence during period of employment <sup>(16)</sup> <sup>(22)</sup>
	from	to					
1						(a) ..... (b) ..... (c) .....	
2						(a) ..... (b) ..... (c) .....	
3						(a) ..... (b) ..... (c) .....	
4						(a) ..... (b) ..... (c) .....	
5						(a) ..... (b) ..... (c) .....	
6						(a) ..... (b) ..... (c) .....	
7						(a) ..... (b) ..... (c) .....	
8						(a) ..... (b) ..... (c) .....	

7.1 Stamp

7.2 Date: .....

7.3 Signature:

.....<sup>(23)</sup>

## INSTRUCTIONS

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 even if it does not contain any relevant information.

If the space provided on page 2 is not sufficient to indicate all stages of the insurance history of the person concerned, insert one or more identical pages, changing the numbers at the extreme left-hand side (Substituting 9, 10, 11 ... for 1, 2, 3 ...).

## NOTES

- (<sup>1</sup>) 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 = 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.
- (<sup>2</sup>) For Germany and Austria, the term 'insured persons' encompasses individuals insured under the general social security scheme as well as civil servants and individuals treated as such who are insured under a special scheme. In the case of Poland the term 'insured person' also refers to persons who are subject to special schemes. If the form is being sent to a Swedish institution, please complete additional page No 1.
- (<sup>3</sup>) — For surname please state usual surname or surname acquired by marriage.  
 — The 'surname at birth' must always be given; if same as current surname, put 'IDEM'.  
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
 — If the form is being completed by a Netherlands institution, in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname and the maiden name for surname at birth.  
 — In the case of Spanish nationals state both names at birth.  
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as «called» or «alias» and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French or Hungarian institution, regardless of the worker's nationality.
- (<sup>7<sup>a</sup></sup>) For workers subject to Belgian legislation, state worker's national social security number (NISS); for the purposes of the Netherlands institutions, state the SOFI number.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.
- (<sup>9</sup>) The day and the month should be shown by two digits each and the year by four digits (example : 1 August 1921 = 01.08.1921).
- (<sup>10</sup>) For French towns comprising several arrondissements, please give the number of the arrondissement (example : Paris 14). In the case of Portuguese districts, state also the parish and the local authority.
- (<sup>11</sup>) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case '59'. The complete entry should therefore read 'Nord 59'). In the case of persons born in Spain, state only the province.
- (<sup>12</sup>) The symbol of the insured person's country of birth, in accordance with ISO code 3166-1.
- (<sup>13</sup>) Street, number, post code, town, country, telephone number.
- (<sup>14</sup>) For the purposes of Norwegian institutions, please state actual address and last address in Norway with date of emigration.
- (<sup>15</sup>) For Spanish institutions enclose a photocopy of the Spanish sailor's book or books if the relevant institution is the ISM (Instituto Nacional de la Marina - Mariners' Social Institute), or if the relevant scheme is the Special Scheme for Mariners.
- (<sup>16</sup>) Attach certified copies of documentary evidence for each period (e.g. pension cards, salary slips, contribution vouchers). For Latvian institution attach the employment record (darba grāmatīņa) for the employment before 1996. For a Lithuanian institution attach, for employment before 1994, the employment record (darbo knygele), certificates of service and of income for 1984-1993. Applications for a Polish old-age pension under a special scheme, by persons who are entitled to have higher assessment of service counted towards seniority allowance, i.e. raise of old-age pension due to their service, should send appropriate certificates. For the purposes of Swiss institutions, attach a copy of all AVS/AI (AHV/IV) insurance certificates, AVS/AI (AHV/IV) insurance stamps, certificates of residence or residence permits and employment certificates obtained in Switzerland.
- (<sup>16<sup>a</sup></sup>) In the case of Poland the term 'periods as civil servant' also refers to periods of service as officers of the Police, the Citizens' Militia, state security, public order and security services, State Security Office, Internal Security Agency, Intelligence Agency, Border Guard, Government Security Bureau, National Fire Brigades and Prison Guard and periods of military service of professional soldiers as well as periods of working as a judge or a prosecutor.
- (<sup>17</sup>) If the form is being sent to a Danish, Netherlands, Finnish, Icelandic, Liechtenstein, Norwegian or Swiss institution, indicate also all periods of residence completed by the worker in Denmark, the Netherlands, Finland, Iceland, Liechtenstein, Norway or Switzerland. For this purpose, give the exact address of the person in the corresponding State.

- <sup>(18)</sup> Indicate the type of work performed (employed or self-employed), e.g. mechanic, shop assistant, self-employed farmer. Where applicable: school or vocational training: (specify type of course and diplomas obtained); periods without paid employment (e.g. housewife, unemployed, sickness, etc.); military service (country). If the person concerned served in the Spanish armed forces, enclose a copy of the service record book (cartilla militar) with form E 207. Failing this, provide the following information: year of conscription, service branch, function, province of recruitment and place of residence immediately after discharge. If the person concerned served in the armed forces in Italy, in Latvia or in Lithuania or the former USSR, or in Slovakia or the former Czechoslovakia a copy of his service book (for Italy: 'foglio matricolare') or of his service record (for Italy: 'stato di servizio') should be enclosed where possible with the E 207 form.
- <sup>(19)</sup> Where the activity is carried out in France, give the name of the department.
- <sup>(20)</sup> Where the form is being sent to a Czech institution, state the Czech birth number; to a Cypriot institution, if a Cypriot national state the Cypriot identification number, if not a Cypriot national state the Alien Registration Certificate (ARC) number; to a Danish institution, indicate the CPR number; to a Finnish institution, indicate the population register number; to a Swedish institution, indicate the personal number (personnummer); to an Icelandic institution, indicate the personal identification number (kennitala); to a Liechtenstein institution, indicate the AHV insurance number; to a Lithuanian institution state the personal identification number; to a Latvian institution; state the identity number; to a Maltese institution in the case of Maltese nationals, state the identity card number, or, if not a Maltese national, state the Maltese social security number; to a Norwegian institution, indicate the personal identification number (fødselsnummer); to a Belgian institution, indicate the national social security number (NISS); to a German institution of the general pension insurance scheme, indicate the insurance number (VSNR) and to an institution of the social security scheme for civil servants, indicate the personal identification number (PRS-Kenn-Nr); to an Austrian institution, state the Austrian insurance number (VSNR); for the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'; to a Polish institution, state the reference number of the pension file for the person who applied for or had established the right to a pension from the Polish social security system, for a person applying for a Polish pension for the first time, state PESEL and NIP or NKP number (NKP number — if the person concerned is subject to social insurance for farmers), if there is no such number state the series and number of identity card or passport; to a Portuguese institution, indicate the registration number with the general insurance scheme, and if it is the case, if the person concerned has been insured under the social security scheme for civil servants in Portugal; to a Slovak institution, state the birth number; to a Slovene institution, state the personal identification number (EMŠO); to a Swiss institution, state the AVS/AI (AHV/IV) insurance number. The TAJ number or personal identification number is required when the form is being sent to Hungarian institutions.
- <sup>(21)</sup> Specify whether compulsory insurance, voluntary insurance, optional continued insurance or period uninsured.
- <sup>(22)</sup> For Greece, indicate the commune and department where the person concerned is insured with OGA.
- <sup>(23)</sup> If page 2 is completed by the claimant him/herself, the claimant's signature and date must be given. In the case of Ireland, a copy of the national form completed by the claimant will be attached.





**THE ADMINISTRATIVE COMMISSION  
ON SOCIAL SECURITY  
FOR MIGRANT WORKERS**

**E 210**

(Symbol of the country)

**NOTIFICATION OF DECISION CONCERNING A CLAIM FOR A PENSION**

*Application of Regulations (EEC) No 1408/71 and (EEC) No 574/72*

Old age

Invalidity

Survivor

Award or rejection

*Each of the institutions concerned should complete this form and send it to the investigating institution together with a copy of the formal decision. One extra copy should be added for any additional institution concerned.*

1. Investigating institution to which the form is addressed

1.1 Name: .....  
.....  
1.2 Address: .....  
.....  
1.3 Number of insured person/reference number of file: .....

2. Information concerning the insured person

2.1 Surname: .....  
2.2 Surname at birth: .....  
2.3 Forenames: .....  
2.4 Previous names: .....  
2.5 Date of birth: .....  
2.6 Identification No: .....

3. Information concerning the entitled person

3.1 Surname: .....  
3.2 Surname at birth: .....  
3.3 Forenames: .....  
3.4 Previous names: .....  
3.5 Date of birth: .....  
3.6 Family relationship or other connection with the deceased insured person (box 2): .....

4. Address:  of insured person  of entitled person

.....  
.....

5. The claim is rejected

Reasons: .....  
.....  
.....

6. A pension is awarded

6.1 This benefit is awarded pursuant to:

- Article 46(1)(a)(i) of Regulation (EEC) No 1408/71 (national).
- Article 46(1)(a)(ii) of Regulation (EEC) No 1408/71 (*pro rata*).
- Article 46(2) of Regulation (EEC) No 1408/71 (*pro rata*).
- Article 51a(2) of Regulation (EEC) No 1408/71.

6.2 For the award of the benefit, a rule against overlapping was applied from ....., taking account of:

- benefit of the same kind:  
..... (state type of benefit)
- benefit of a different kind:  
..... (state type of benefit)
- other sources of income
  - professional or trade activity/activity as a civil servant.
  - other (state the income concerned):  
.....

6.3 The effect of the rule against overlapping was limited by the application of provisions of:

- Article 46a(3)(d) of Regulation (EEC) No 1408/71.
- Article 46c of Regulation (EEC) No 1408/71 because one or more institutions took account of:
  - a benefit of a different kind: .....
  - other sources of income
    - professional trade or activity/activity as a civil servant.
    - other (please specify):  
.....
- Article 7(1) of Regulation (EEC) No 574/72.

6.4 Number of monthly payments per year

- 12       13       14

6.5 From: .....

6.6 Monthly amount, where appropriate, for the application of Article 46a(3)(d), Article 46c of Regulation (EEC) No 1408/71, or Article 7(1) of Regulation (EEC) No 574/72: .....

6.7 Part of the amount awarded on the basis of voluntary insurance (Article 46a(3)(c) of Regulation (EEC) No 1408/71) (to be completed only at the request of the investigating institution): .....

6.8 Monthly amount before deduction of taxes, etc. (Article 46a(3)(b) of Regulation (EEC) No 1408/71), where appropriate, following application of Article 46c of Regulation (EEC) No 1408/71 or of Article 7(1) of Regulation (EEC) No 574/72: .....

6.9 Monthly amount due (amount paid after deduction of taxes, etc.): .....

6.10 To be filled in by Swedish institutions

- Monthly amount from the guaranteed pension/ compensation scheme: .....
- Monthly amount from the income related pension/compensation scheme: .....



7. Appeals and periods allowed for appeals

Procedure to follow: .....

Time limit: .....

8. Institution concerned

8.1 Name: .....

8.2 Address: .....

8.3 Number of insured person/reference number of file: .....

8.4 Stamp

8.5 Date: .....

8.6 Signature: .....



<b>E 211</b>	(1)
--------------	-----

**SUMMARY OF DECISIONS**

Regulation (EEC) No 574/72, Article 48

*The investigating institution should complete this form and send a copy to the claimant in his own language attaching a copy of each of the formal decisions. The investigating institution should also send a copy of an E 211 form to each of the institutions concerned, attaching a copy of its own decision and of the decisions of the other institutions concerned.*

<b>1.</b>	Claimant
1.1	Surname <sup>(2)</sup> : .....
1.2	Forenames: .....
	Previous names <sup>(2)</sup> : .....
	Place of birth <sup>(3)</sup> : .....
1.3	Date of birth: .....
	Sex: .....
	Nationality: .....
1.4	Address <sup>(5)</sup> : .....
	.....
1.5	Identification No at the investigating institution <sup>(4)</sup> : .....
1.6	Identification No at the institution concerned <sup>(4)</sup> : .....

2. Your claim for a pension for
- 2.1  old age                       invalidity                       survivor
- 2.2 has been examined by the following institutions:

<b>3.</b>	Institutions concerned:		
	Country	Institution	File reference
3.1	.....	.....	.....
3.2	.....	.....	.....
3.3	.....	.....	.....
3.4	.....	.....	.....
3.5	.....	.....	.....

4. These institutions have taken the following decisions (see original decisions attached)

<b>5.</b>	Your claim has been rejected
5.1.	Concerning <sup>(6)</sup> : .....
	Reason: .....
	.....
	.....
5.2.	Concerning <sup>(6)</sup> : .....
	Reason: .....
	.....
	.....

**6.** A pension <sup>(7)</sup> has been awarded to you

	Concerning <sup>(6)</sup> :	Annual amount in currency of country responsible for payment <sup>(8)</sup> <sup>(9)</sup> :	Payable from (date):
6.1	.....	.....	.....
6.2	.....	.....	.....
6.3	.....	.....	.....
6.4	.....	.....	.....
6.5	.....	.....	.....

7. If you do not agree with the decision or decisions taken, you may appeal.

For this purpose you should, for each contested decision:

1. clearly state the grounds for your appeal in a letter, which you must sign,
2. if you cannot sign, you may make a cross and have the letter signed by two persons of full age, who must give their surnames, forenames and full addresses,
3. in this letter you must give the references of the notification relating to the contested decision and attach a copy of the decision,
4. the letter must be sent to the authority mentioned in the decision within the period indicated in the decision,
5. in accordance with Article 48(1) of Regulation (EEC) No 574/72, this period commences on the date of receipt of the summarised statement,

IT IS ESSENTIAL TO COMPLY WITH THE TIME PERIODS INDICATED IN EACH DECISION,

6. in accordance with Article 86 of Regulation (EEC) No 1408/71, appeals which would have been submitted within the period stipulated by the legislation of one State are admissible if they are submitted within the same period to the corresponding authority of another State.

**8.** Appeals and periods allowed for appeals

8.1	Concerning <sup>(6)</sup> : .....
	Procedure to be followed: .....
	Time limit: .....
8.2	Concerning <sup>(6)</sup> : .....
	Procedure to be followed: .....
	Time limit: .....
8.3	Concerning <sup>(6)</sup> : .....
	Procedure to be followed: .....
	Time limit: .....

**9.** Investigating institution

9.1	Name: .....
9.2	Address <sup>(5)</sup> : .....
9.3	Stamp
	9.4 Date: .....
	9.5 Signature: .....

## INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only

## NOTES

- (<sup>1</sup>) 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 = 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.
- (<sup>2</sup>) In the case of Spanish nationals state both names at birth.  
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.  
For the purposes of Czech institutions, always state the surname at birth and all further surnames in the item 'Previous names'.
- (<sup>3</sup>) In the case of Portuguese districts state also the parish and the local authority.
- (<sup>4</sup>) Where the form is being sent to a Czech institution, state the Czech birth number; to a Cypriot institution, if a Cypriot national state the Cypriot identification number, if not a Cypriot national state the Alien Registration Certificate (ARC) number; to a Danish institution, indicate the CPR number; to a Finnish institution, indicate the population register number; to a Swedish institution, indicate the personal number (personnummer); to an Icelandic institution, indicate the personal identification number (kennitala); to a Liechtenstein institution, indicate the AHV insurance number; to a Lithuanian institution state the personal identification number; to a Latvian institution, state the identity number; to a Maltese institution, in the case of Maltese nationals, state the identity card number, or, if not a Maltese national, state the Maltese social security number; to a Norwegian institution, indicate the personal identification number (fødselsnummer); to a Belgian institution, indicate the national social security number (NISS); to a German institution of the general pension insurance scheme, indicate the insurance number (VSNR); for the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card (DNI) or NIE in the case of foreign people, for both cases if it exists, even if the identity card is out of date, failing this, state 'None'; to an Austrian institution, state the Austrian insurance number (VSNR); to a Polish institution, state the reference number of the pension file for the person who applied for or had established the right to a pension from the Polish social security system, for persons applying for Polish pension for the first time, state PESEL and NIP or NKP number (NKP number – if the person concerned is subject to social insurance for farmers), if there is no such number state the series and number of identity card or passport; to a Portuguese institution, indicate also the registration number with the general pensions scheme, if the person concerned has been insured under the social security scheme for civil servants in Portugal; to a Slovak institution, state the birth number; to a Slovene institution, state the personal identification number (EMŠO); to a Swiss institution, state the AVS/AI (AHV/IV) insurance number. The TAJ number or personal identification number is required when the form is being sent to Hungarian institutions.
- (<sup>5</sup>) Street, number, post code, town, country, telephone number.
- (<sup>6</sup>) Indicate country and where necessary the scheme concerned.
- (<sup>7</sup>) Or cash compensation in Liechtenstein.
- (<sup>8</sup>) Where rates of pensions are upgraded by virtue of national legislation, the amount indicated above will be changed. The new amount will not be communicated to any other institution.
- (<sup>9</sup>) It is possible that this amount is reduced by taxes and contributions payable by the pensioner.



DETAILED MEDICAL REPORT

Regulation (EEC) No 1408/71: Articles 39 to 41; Article 43a; Article 87

1.1	Institution to which the report is addressed
1.1.1	Name: .....
1.1.2	Address <sup>(2)</sup> : .....
1.1.3	Reference: .....

1.2.	Person examined
1.2.1	Surname <sup>(3)</sup> : .....
1.2.2	Forenames: .....
	Previous names <sup>(3)</sup> : .....
	Place of birth <sup>(4)</sup> : .....
1.2.3	Date of birth: .....
	Sex: .....
	Nationality: .....
	Identification No <sup>(5)</sup> : .....
1.2.4	Address <sup>(2)</sup> : .....
1.2.5	Last occupation <sup>(6)</sup> : .....
1.2.6	Insurance No: .....
1.2.7	Pension No: .....
1.2.8	File No: .....
1.2.9	Date of submission of pension claim: .....
1.2.10	Date of submission of request on grounds of aggravation: .....

1.3	Doctor who drew up the report
1.3.1	Surname: .....
	Forenames: .....
1.3.2	Address <sup>(2)</sup> : .....
1.3.3	Examining doctor of <sup>(7)</sup> : .....

1.4	Institution which requested the examination		
1.4.1	Name: .....		
1.4.2	Address <sup>(2)</sup> : .....		
1.4.3	Reference No of file: .....		
1.4.4	Stamp	1.4.5	Date: .....
		1.4.6	Signature: .....

Surname, Forenames ..... Date: .....

2.1 Opinion based on the own examination of (date): .....

2.2 Opinion based on medical report of (date): .....

3. Patient's history

3.1 Medical history: .....

3.2 Current chief complaints: .....

3.2.1 Doctor currently treating the patient: .....

3.3 Current treatment: .....

3.4 Social and employment history <sup>(6)</sup>: .....

3.4.1 Is the insured person currently gainfully employed?

Yes                       No                       Number of working hours: .....

Type of actual employment: .....

3.4.2 Accidents at work/occupational diseases: .....

3.4.3 Type of last employment: .....

3.4.4  Unfit for work                      Since .....

Cessation of work                      on .....

4. Findings

4.1 General conditions

Height: ..... cm                      Weight: ..... kg

Nutrition condition:     good                       overweight                       underweight

Mucous membranes: .....

Skin: .....

Mental status, mood: .....

Remarks: .....

4.2 Head: .....

4.2.1 Vision: .....

4.2.2 Hearing: .....

4.2.3 Other sensory organs: .....

4.3 Neck (external findings): .....

4.3.1 Review of thyroid gland: .....

4.3.2 Lymphatic nodes: .....

4.3.3 Others: .....

4.4 Respiratory organs: .....

4.5 Circulatory system: .....

4.5.1 Heart: .....

4.5.2 Pulse: .....

4.5.3 Blood pressure (at rest): .....

4.5.4 Blood pressure (second measurement): .....

4.5.5 Peripheral blood vessels: .....

4.5.6 Oedema: .....

4.5.7 ECG (at rest): .....



Surname, forenames: ..... Date: .....

4.6	Abdomen: .....
4.6.1	Digestive system and linked intra-abdominal organs: .....
4.6.2	Liver: .....
4.6.3	Spleen: .....
4.6.4	Endocrine system: .....
4.7	Genito-urinary system: ..... [See page 4 - Diagrams]
4.8	Locomotor system (if necessary use Neutral-0 method, page 4): .....
4.8.1	Spine: .....
4.8.2	Upper limbs: .....
4.8.3	Lower limbs: .....
4.9	Presence of lymphatic nodes: .....
4.10	Neurologic findings Movement (power and tone) <sup>(8)</sup> : <input type="checkbox"/> unremarkable <input type="checkbox"/> stiff <input type="checkbox"/> slowed <input type="checkbox"/> weak Gait: <input type="checkbox"/> unremarkable <input type="checkbox"/> ponderous <input type="checkbox"/> impaired on right <input type="checkbox"/> impaired on left Reflexes: .....
4.11	Psychoautonomic symptoms or psychologically determined physical symptoms: .....
4.12	Other (Allergies, etc.): .....

<b>5.</b>	Function and other tests (when necessary)
5.1	Lung function: .....
5.2	Cardiac function/exercise ECG: .....
5.3	Doppler ultrasonography (Heart and vessels): .....
5.4	Imaging studies (please specify date): .....
5.4.1	Findings in today's X-rays examination: .....
5.4.2	Earlier findings/X-ray examinations done elsewhere: .....
5.4.3	Ultrasonography (abdomen et al): .....
5.4.4	MRI and special investigations: .....
5.5	Laboratory results: .....
5.6	Other tests: .....

6. Additional sheet for further specialists' findings (shall be completed only if relevant).

7. Diagnosis:  
(ICD code recommended)


DIAGRAMS

Surname, forenames: ..... Date: .....

8. Summary:

Course of disease: .....

Damage to health: .....

Functional deficits: .....

Compared with previous report (dated .....)

improvement                       worsening                       no change

9. The insured person is still capable of regularly performing the following types of work:

heavy

average

light

10. The following restrictions should be taken into account

10.1 Work can only be performed without

<input type="checkbox"/> Damp	<input type="checkbox"/> Cold
<input type="checkbox"/> Heat	<input type="checkbox"/> Noise
<input type="checkbox"/> Smoke, gases, vapours	
<input type="checkbox"/> Shifts	<input type="checkbox"/> Nightshifts
<input type="checkbox"/> Frequent bending, lifting, carrying objects	
<input type="checkbox"/> Climbing ramps, ladders or stairs	<input type="checkbox"/> Danger of falling

10.2 Work can only be performed under the following conditions

<input type="checkbox"/> Only in seated positions	<input type="checkbox"/> Only with additional breaks
<input type="checkbox"/> Only indoors	(in addition to the usual breaks)
	number and length of breaks .....
<input type="checkbox"/> Work with varying body posture	<input type="checkbox"/> Work varying between walking, standing, sitting
<input type="checkbox"/> Work only without particular time pressure	

10.3 The work performance is reduced because the insured person is restricted in using his/her sensory organs, hands etc.

.....

is allergic to .....

11. Additional questions

11.1 Can the insured person do video-screen work?

Yes                       No

If 'No' please specify the reason: .....

11.2 Can the insured person work without the support of another person at the working place?

Yes                       No

11.3 Can the insured person work without the support of another person at home?

Yes                       No

If 'No' please specify the reason: .....

Surname, forenames ..... Date: .....

11.4 Can the insured person work full time in his/her last occupation as  
 Yes  No  
 If 'No' please specify maximum working time (in hours or percentages of a working day): .....

11.5 Can adapted work be performed?  
 Yes  No  
 If 'Yes' please indicate some examples of adapted work

11.6 Can adapted work be performed full time?  
 Yes  No  
 If 'No' specify maximum working time (in hours or percentages of a working day): .....

11.7 The invalidity for the last occupation is, under the legislation of the country of residence,  
 total  partial  
 If partial, indicate the degree: .....  
 (Does not concern Germany, the Netherlands and Poland)

11.8 Degree of invalidity for any other work with reference to the aptitudes of the person concerned under the legislation of the country of residence: .....  
 (Does not concern Germany, Ireland, Luxembourg and the Netherlands)

11.9 Category of invalidity under the legislation of the country of residence: .....  
 (Complete only if the medical examination was carried out with a view to the decision to be taken on a disability or invalidity pension claim).  
 (Does not concern Germany and the Netherlands).

11.10 The established restrictions:  
 have been permanent since .....  
 are temporary, from ..... to .....

11.11 Would it be possible to improve the present state of health?  
 Yes  No  No answer possible  
 If 'Yes' indicate the measures: .....

11.12 Are there possibilities to ameliorate the work capacity through  
 medical training?  
 vocational training?  
 Yes  No  No answer possible

12. Is re-examination necessary in the future?  
 Yes  No  
 If 'Yes' please state when: .....

Stamp ..... Date: .....  
 Doctor's signature: .....

## INSTRUCTIONS

**Please complete this form in block letters or typewriting**  
**It consists of seven pages, none of which may be left out even if it does not contain any relevant information.**

## NOTES

- (<sup>1</sup>) 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.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) In the case of Spanish nationals state both names.  
 In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>4</sup>) In the case of Portuguese districts state also the parish and the local authority.
- (<sup>5</sup>) Where the form is being sent to a Czech institution, state the birth number; to a Cypriot institution, if a Cypriot national state the Cypriot identification number, if not a Cypriot national state the Alien Registration Certificate (ARC) number; to a Danish institution, indicate the CPR number; to a Finnish institution, indicate the population register number; to a Swedish institution, indicate the personal number (personnummer); to an Icelandic institution, indicate the personal identification number (kennitala); to a Liechtenstein institution, indicate the AHV insurance number, to a Lithuanian institution state the personal identification number, to a Latvian institution, state the identity number; to a Hungarian institution state the TAJ number; to a Maltese institution, in the case of Maltese nationals, state the identity card number, or, if not a Maltese national, state the Maltese social security number; to a Norwegian institution, indicate the personal identification number (fødselsnummer); to a Belgian institution, indicate the national social security number (NISS); to a German institution of the general pension insurance scheme, indicate the insurance number (VSNR) and to an institution of the social security scheme for civil servants, indicate the personal identification number (PRS-Kenn-Nr; for the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card (DNI) or N.I.E in the case of foreign people, for both cases if it exists, even if the identity card is out of date, failing this, state 'None'; to an Austrian institution, state the Austrian insurance number (VSNR); to a Polish institution, state the reference number of the pension file for the person who applied for or had established the right to a pension from the Polish social security system, for persons applying for a Polish pension for the first time, state PESEL and NIP or NKP number (NKP number — if the person concerned is subject to social insurance for farmers), if there is no such number state the series and number of identity card or passport; to a Portuguese institution, indicate also the registration number with the general pensions scheme, if the person concerned has been insured under the social security scheme for civil servants in Portugal; to a Slovak institution, state the birth number; to a Slovene institution, state the personal identification number (EMŠO); to a Swiss institution, state the AVS/AI (AHV/IV) insurance number.
- (<sup>6</sup>) Please list as far as possible all the occupations in which the insured person has worked. This information is given after the statement of the person concerned. Where necessary, insert extra pages.
- (<sup>7</sup>) Not relevant for Norway.
- (<sup>8</sup>) For the purposes of Polish institutions please complete point 1 on the 'Additional page No 4'.



**ADDITIONAL INFORMATION FOR THE PURPOSES OF INSTITUTIONS IN THE NETHERLANDS**

Questions	Answers				
	No	Incidentally	Sometimes	Regularly	No limit
Can the person insured					
1. sit?					
2. stand?					
3. walk?					
4. kneel/crawl/squat?					
5. work with bent back?					
6. bow or twist back often?					
7. use the nape?					
8. hold the arms extended?					
9. hold the arms raised?					
10. use his/her hands/fingers?					
11. lift and carry ... kg max?					
12. work under the following conditions:					
be exposed to sudden changes of temperatures?					
stand high humidity (>90%)?					
stand low humidity (<35%)?					
stand strong changes of climate?					
13. stand intensive (skin) contacts with solid and liquid substances?					
14. stand vibrations?					
15. wear protective gear?					
16. maintain a demanding rhythm of work?					
17. abide doing nothing?					
18. handle conflicting demands arising from his/her functions?					
19. handle conflicts?					
20. perform monotonous work?					
21. perform cyclical repeated work?					
22. bear responsibility?					
23. work alone?					
24. work with others?					













**ADDITIONAL INFORMATION FOR THE PURPOSES OF POLISH INSTITUTIONS**

1. Information pertaining to position 4.10 'Neurological examination':

- Muscular tone       normal                       increased                       decreased
- Muscle power       normal     decreased (adynamia)

Range of movements: .....

2. Was impairment of organ function caused by:

- accident at work?
- accident on the way to or from work?
- accident which occurred in the particular circumstances?
- accident at service?
- date of accident: .....

- occupational disease?
- date of onset of the occupational disease: .....

other circumstances (please, give details)?

.....

.....

3.1 Does the examined person require permanent or long-term assistance of others?

- No                       Yes, in the scope of:
- mobility at home
  - feeding themselves
  - maintenance of personal hygiene
  - performing bodily functions
  - managing every-day activities outside home

3.2 Is the mental condition of the examined person a reason for permanent or long-term assistance by others?

- No                       Yes, because:
- .....

4. Complete in cases where the person suffers from mental health problem

4.1 Tick one of the boxes below if the person has any of the following illnesses or disabling conditions:

- a psychiatric illness (if yes, please specify): .....
- a significant degree of personality disorder
- a severe learning disability
- alcohol or substance abuse
- impairment of brain function consequent to organic disease or traumatic brain injury

If any box in item 4.1 above is ticked, complete boxes 4.2 to 4.6

4.2 Has the person exhibited paranoid features, delusions, hallucinations, or other frankly psychotic symptoms/behaviour at any time during the past six months?

Yes  No

4.3 Is the person receiving neuroleptic drug and/or mood altering drugs which could be given orally or as depot (long term injected treatment)?

Yes  No

4.4 Does the person need continual care or supervision because of the effects of the condition(s) ticked at item 4.1 above?

Yes  No

If 'Yes' is the person being looked after in home surroundings or in sheltered care?

Home  Sheltered care

4.5 Is the person attending a day care centre (where constant qualified nursing care is available) for at least one day a week?

Yes  No

4.6 Name and address of consultant psychiatrist:

.....  
.....

4.7 Add any comments which may assist in determining the severity of the person's mental health problem even if none of the boxes in item 4.1 have been ticked:

.....  
.....

**ADDITIONAL PAGE FOR THE PURPOSES OF THE HUNGARIAN INSTITUTIONS**

1. Does the person need continual care or supervision?

- Yes  No

If 'Yes' is the person being looked after in home surroundings or in sheltered care?

- Home  Sheltered care

2. Which activities does the person need help with?

.....

.....

3. Does the person need use of any therapeutic equipment?

- Yes  No

If 'Yes' which ones?

.....

.....





ADMINISTRATIVE REPORT ON THE POSITION OF A PENSIONER

Regulation (EEC) No 574/72: Articles 40 and 51

1.	Institution to which the form is addressed
1.1	Name: .....
	.....
1.2	Address <sup>(2)</sup> : .....
	.....

2.	Pensioner
2.1	Surname <sup>(3)</sup> : .....
2.2	Surname at birth <sup>(3)</sup> : .....
2.3	Forenames <sup>(4)</sup> : .....
2.4	Previous names <sup>(5)</sup> : .....
2.5	Sex <sup>(6)</sup> : .....
2.6	Father's surname and forenames <sup>(7)</sup> : .....
2.7	Mother's surname and forenames at birth <sup>(7)</sup> : .....
2.8	Civil status:
	<input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> separated from spouse
	since ..... since .....
	<input type="checkbox"/> married <input type="checkbox"/> remarried <sup>(8)</sup> <input type="checkbox"/> widower/widow
	since ..... since ..... since .....
	<input type="checkbox"/> cohabiting
	since ..... <sup>(9)</sup> <sup>(10)</sup>
2.9	Identification No at investigating institution <sup>(11)</sup> : .....
2.10	Identification No at other institution concerned <sup>(11)</sup> : .....
2.11	Type of pension: .....

3.	Nationality <sup>(12)</sup> : .....
----	-------------------------------------

4.	Details of birth
4.1	Date of birth <sup>(14)</sup> <sup>(15)</sup> : .....
4.2	Place of birth <sup>(16)</sup> : .....
4.3	Province, department, county <sup>(17)</sup> : .....
4.4	Country <sup>(18)</sup> : .....

5.	Address <sup>(2)</sup> <sup>(19)</sup>
	.....
	.....

6. Spouse/cohabiting partner <sup>(9)</sup>

6.1 Surname <sup>(3)</sup>: .....

6.2 Forenames <sup>(4)</sup>: .....  
Previous names <sup>(5)</sup>: .....

6.3 Date of birth <sup>(15)</sup>: .....  
Place of birth <sup>(16)</sup>: .....

6.4 Address <sup>(2)</sup> <sup>(20)</sup>: .....  
.....

6.5 Date of marriage/cohabiting: .....

6.6 The spouse/partner  
 is  
 is not pursuing a professional activity or trade

6.7 If in the affirmative, state amount of  
 weekly earnings <sup>(21)</sup>:       monthly <sup>(22)</sup>:       annual earnings <sup>(23)</sup>: .....

6.8 The spouse/partner  
 receives  
 does not receive a pension  
from a scheme for  
 employed persons  
 self-employed persons  
 civil servants  
If in the affirmative, indicate:

6.9 Type of pension: .....

6.10 Pension No: .....

6.11 Institution responsible for pension payment: .....

6.12 Amount       monthly       quarterly       annually      .....

6.13 The spouse/partner <sup>(24)</sup>       receives other       does not receive other benefits/benefits namely for  
 unemployment       sickness       invalidity       other

6.14 Date of: .....

6.15 Amount       monthly       quarterly       annually      .....

6.16 Other known resources:  
Type: .....  
Amount <sup>(25)</sup>: .....

7. Children <sup>(26)</sup>

7.1	Surname <sup>(3)</sup> :	Forenames:	Date of birth <sup>(15)</sup> :	Relationship:
1.	.....	.....	.....	.....
	.....	.....	.....	.....
2.	.....	.....	.....	.....
	.....	.....	.....	.....
3.	.....	.....	.....	.....
	.....	.....	.....	.....
4.	.....	.....	.....	.....
	.....	.....	.....	.....
7.2	Address <sup>(2)</sup> <sup>(27)</sup> : .....			
	.....			
7.3	Remarks <sup>(28)</sup> <sup>(29)</sup> : .....			
	.....			

8. Ascendants and other members of the household <sup>(30)</sup>

8.1	Surname <sup>(3)</sup> :	Forenames:	Date of birth <sup>(15)</sup> :	Relationship:
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
8.2	Address <sup>(27)</sup> : .....			
	.....			
8.3	Remarks: .....			
	.....			

9

Benefits

		has applied for the following benefits:	and/or receives the following benefits:
9.1	The pensioner		
9.2	Continued wage or salary payments in case of illness	<input type="checkbox"/>	<input type="checkbox"/>
9.3	Sickness insurance cash benefits for incapacity for work	<input type="checkbox"/>	<input type="checkbox"/>
9.4	Rehabilitation allowance	<input type="checkbox"/>	<input type="checkbox"/>
9.5	Invalidity pension <sup>(31)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
9.6	Old-age pension <sup>(31)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
9.7	Survivor's pension <sup>(31)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
9.8	Pension for accident at work or occupational disease	<input type="checkbox"/>	<input type="checkbox"/>
9.9	Unemployment benefits	<input type="checkbox"/>	<input type="checkbox"/>
9.10	Occupational pension (from a former employer) <sup>(31a)</sup>	<input type="checkbox"/>	<input type="checkbox"/>

9.11 Institutions responsible for paying the benefits listed in 9.3 to 9.10

[name, address <sup>(2)</sup>]:

9 .....

9 .....

9 .....

9 .....

9.12 Additional information on the benefits in 9.3 to 9.10

	Reference No:	Period of date:	Amount:
9 .....	.....	.....	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual .....
9 .....	.....	.....	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual .....
9 .....	.....	.....	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual .....
9 .....	.....	.....	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual .....

10. Activity pursued, if any

10.1 The pensioner

is unemployed

is engaged in paid employment  intends to pursue paid employment <sup>(32)</sup>

is engaged in self-employment  intends to pursue self-employment <sup>(32)</sup>

Type of work: .....

10.2 Date of commencement of present work: .....

10.3 No of hours worked: ..... per week

10.4 Amount of  daily  weekly  monthly

10.5 Earnings  daily  weekly  monthly

of a healthy person employed in the same activity with a normal working period of ..... hours per:

day  week  month .....

10.6 Period in which the income mentioned in 10.4 was earned: .....

.....

11. The pensioner died on .....

12. Remarks , if any: .....

.....

.....

13. Institution which drafted the report

13.1 Name: .....

.....

13.2 Address <sup>(2)</sup>: .....

.....

13.3 Stamp 13.4 Date: .....

13.5 Signature:

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of seven pages, none of which may be left out even if it does not contain any relevant information.

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 = 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) Street, number, post code, town, country, telephone number.
(3) - For surname please state usual surname or surname acquired by marriage. - The 'surname at birth' must always be given; if same as current surname, put 'IDEM'. - Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate. - If the form is being completed by a Netherlands institution, in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname and the maiden name for surname at birth. - In the case of Spanish nationals state both names at birth. - In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
(4) Give all forenames in the order in which they appear on birth certificate.
(5) Previous names should be stated particularly in the case of adoption or in the case of other names in current use. Expressions such as 'called ...' or 'alias ...' must be written in full in the order in which they appear on the birth certificate.
(6) Put M for male and F for female.
(7) This information is required for a Spanish national, or a French national born outside metropolitan France, or when the form is to be sent to Hungarian institutions.
(8) Complete where possible, for Belgian, German, French, Hungarian, Italian, Luxembourgish, Netherlands, Maltese, Polish, Slovak, Austrian and Portuguese institutions. If this information is not available from the investigating institution, the competent institution should contact the person concerned.
(9) For the purposes of Belgian, Danish, Hungarian, Netherlands, Finnish, Icelandic and Norwegian institutions.
(10) This information is based on a statement from the person concerned.
(11) Where the form is being sent to a Czech institution, state the birth number; to a Cypriot institution, if a Cypriot national state the Cypriot identification number, if not a Cypriot national state the Alien Registration Certificate (ARC) number to a Danish institution, indicate the CPR number; to a Finnish institution, indicate the population register number; to a Swedish institution, indicate the personal number (personnummer); to an Icelandic institution, indicate the personal identification number (kennitala); to a Liechtenstein institution, indicate the AHV insurance number; to a Lithuanian institution state the personal identification number; to a Latvian institution state the identity number; to a Maltese institution, in the case of Maltese nationals, state the identity card number, or, if not a Maltese national, state the Maltese social security number; to a Norwegian institution, indicate the personal identification number (fødselsnummer); to a Belgian institution, indicate the national social security number (NISS); to a German institution of the general pension insurance scheme, indicate the insurance number (VSNR) and to an institution of the social security scheme for civil servants, indicate the personal identification number (PRS-Kenn-Nr); to an Austrian institution, state the Austrian insurance number (VSNR); to a Polish institution, state the reference number of the pension file for the person who applied for or had established the right to a pension from the Polish social security system, for a person applying for a Polish pension for the first time, state PESEL and NIP or NKP number (NKP number - if the person concerned is subject to social insurance for farmers), if there is no such number state the series and number of identity card or passport ; to a Portuguese institution, indicate also the registration number with the general pensions scheme, if the person concerned has been insured under the social security scheme for civil servants in Portugal; to a Slovak institution, state the birth number; to a Slovene institution, state the reference number of the file if known; to a Swiss institution, state the AVS/AI (AHV/IV) insurance number. The TAJ number or personal identification number is required when the form is being sent to Hungarian institutions.
(12) Where appropriate, indicate the date of naturalisation. For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'. In the case of Slovene nationals, state the personal identification number EMŠO.
(13) Deleted.
(14) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
(15) Where the form is being sent to a Finnish institution give population register (identity) number where applicable.
(16) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
(17) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain, state only the province.
(18) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
(19) If the form is being sent to a Danish, Finnish, Icelandic or Norwegian institution, give the claimant's last address in the corresponding country in the box below. Address (2): .....

- (<sup>20</sup>) Complete only if the form is being sent to a Danish, Icelandic or Norwegian institution.
- (<sup>21</sup>) Complete only if the form is being sent to an Irish, United Kingdom or Austrian institution.
- (<sup>22</sup>) Complete if the form is being sent to a Belgian or Polish institution.
- (<sup>23</sup>) Complete if the form is being sent to a Danish, Spanish, French, Italian, Luxembourgish, Netherlands, Austrian, Portuguese, Icelandic or Norwegian institution.
- (<sup>24</sup>) Does not apply to Luxembourgish institutions.
- (<sup>25</sup>) Complete for Belgian, German, Italian, Austrian Polish or Portuguese (monthly amount), French (quarterly amount), Danish, Spanish, Netherlands, Icelandic or Norwegian (annual amount) institutions.
- (<sup>26</sup>) For the purposes of Norwegian institutions, complete also form E 215/additional page No 1. In the case of Slovene nationals, state the personal identification number EMŠO.
- (<sup>27</sup>) Indicate the common address, if one of the children or ascendants lives at a different address, indicate in the box below.  
Surname and forenames: .....  
Address (<sup>2</sup>): .....  
.....
- (<sup>28</sup>) Indicate if the child is married, an invalid, deceased (date of death), an apprentice or a student.
- (<sup>29</sup>) For the purposes of Hungarian, Polish, Slovak, Spanish and Norwegian institutions state whether the invalid child receives an invalidity pension in his or her own right.
- (<sup>30</sup>) Complete if the form is being sent to a Belgian, German, French or Austrian institution.
- (<sup>31</sup>) For the purposes of Liechtenstein institutions, indicate also if the person applied for or received the pension as cash compensation.
- (<sup>31 a</sup>) Provide details of this in 9.12 for Maltese institutions only. Details of all occupational pensions paid/expected to be paid required. Rate of pension should be that as on original award of pensions/s.
- (<sup>32</sup>) For the purposes of Spanish institutions state whether this occupation entails compulsory pension insurance cover.





ADDITIONAL INFORMATION FOR THE PURPOSES OF NORWEGIAN INSTITUTIONS

1.

Children

- 1.1 Name: ..... Forename: ..... Date of birth: .....  
Income per year (All kinds): .....
- 1.2 Name: ..... Forename: ..... Date of birth: .....  
Income per year (All kinds): .....
- 1.3 Name: ..... Forename: ..... Date of birth: .....  
Income per year (All kinds): .....
- 1.4 Name: ..... Forename: ..... Date of birth: .....  
Income per year (All kinds): .....
- 1.5 Name: ..... Forename: ..... Date of birth: .....  
Income per year (All kinds): .....
- 1.6 Name: ..... Forename: ..... Date of birth: .....  
Income per year (All kinds): .....

2.

Does the child share the household with both parents?

- Yes  No

If 'No', state which of the children, if not all children are concerned:

.....  
.....  
.....

3.

If the parents are not married and the child (children) shares the household with both parents, give information about the other parent

Name: .....

Date of birth: .....

Income per year (All kinds. Specify): .....

Name of the child (children) if not all children are concerned: .....

.....  
.....  
.....

4.

Cohabitant

4.1 Has the pensioner previously been married to the cohabitant?

- Yes  No

4.2 Does the pensioner have or has she/he had children by the cohabitant?

- Yes  No