



EU Regulations 883/04 and 987/09 (*)

INFORMATION FOR THE HOLDER

This document is for an unemployed person who claims unemployment benefits in a Member State and who was previously insured or worked in another Member State. Where appropriate, it is issued by the latter Member State. You should submit it to the employment service or the insurance fund in the country where you claim. The Member State where the claim is made will take into account, to the extent necessary, the periods shown in this certificate.

1. PEF	RSONAL DETAILS OF THE HOLDER				
1.1	Personal Identification Number			☐ Female	☐ Male
1.2	Surname				
1.3	Forenames				
1.4	Surname at birth (**)				
1.5	Date of birth	1.6	Nationality		
1.7	Place of birth				
1.8	Current address in the State issuing the certificate	•			
1.8.1	Street, N°	1.8.3	Post code		
1.8.2	? Town	1.8.4	Country code		

2. THE HOLDER HAS COMPLETED THE FOLLOWING PERIODS1:				
2.1 PERIODS OF INSURANCE AND PERIODS TREATED AS SUCH				
2.1.1 Insured employment	From	to		
	From	to		
2.1.2 Insured self employment	From	to		

- (*) Regulations (EC) No 883/2004, articles 61 and 62, and 987/2009 article 54 (1 and 2).
- (**) Information given to the institution by the holder when this is not known by the institution.





2. THE HOLDER HAS COMPLETED THE FOLLOWING PERIODS (CONTINUED):			
2.1 PERIODS OF INSURANCE AND PERIODS TREATED AS SUCH (CONTINUED)			
2.1.3 Other periods	of insurance		
From	to	Type ²	
From	to	Type ²	
From	to	Type ²	
2.1.4 Periods treated	d as periods of insurance		
From	to	Reason ³	
From	to	Reason ³	
From	to	Reason ³	
2.2 PERIODS OF E	MPLOYMENT AND SEL	F EMPLOYMENT, WHICH ARE NOT INSURANCE PERIODS	
2.2.1 Employment			
From	to	Activity	
From	to	Activity	
From	to	Activity	
2.2.2 Self employm	ent		
From	to	Activity	
From	to	Activity	
From	to	Activity	
2.2.3 These are not	insurance periods bed	cause	
2.3 INCOME DETAI	LS ^{4,5}		
2.3.1 Income from 6	employment		
From	to	Wage	
From	to	Wage	
From	to	Wage	
2.3.2 Income from self-employment			
From	to	Earnings	
From	to	Earnings	
From	to	Earnings	

3. REASON FOR END OF EMPLOYMENT			
3.1 termination by employer	3.4 resignation by the employee		
3.2 contract terminated by mutual consent	☐ 3.5 contract expired		
3.3 dismissal for disciplinary reasons	☐ 3.6 redundancy		
☐ 3.7 other (employment)			
☐ 3.8 other (self-employment)			





4. OTHER RECEIVED PAYMENTS		
The holder		
4.1 has received or has still to receive wages for	or the period after end of emploment, up to	
4.2 has received or has still to receive compen	sation for ending of employment	
or other similar payment, amounting to	· ·	
4.3 has received or has still to receive paymen	t in lieu of annual leave,	
amounting to for	days	
4.4 has waived the above rights under their em	ployment contract	
4.4.1 Reason	·	
☐ 4.5 is currently receiving other benefits		
5. SINCE THE BEGINNING OF THE FIRST PERIOD CO	OVERED IN BOX 2 THE HOLDER HAS RECEIVED	
UNEMPLOYMENT BENEFIT		
5.1 Period		
From to		
From to		
From to		
5.2 Last local employment or benefit agency		
5.3 Identification N°		
5.4 Name		
5.5 Address		
5.5.1 Street, N°	5.5.3 Post code	
5.5.2 Town	5.5.4 Country code	
6. UNEMPLOYMENT BENEFIT ENTITLEMENT		
6.1 The holder is entitled to unemployment ben	efits from the office issuing this document	
Under Article 🔲 64 🔲 65 (5) (b) of Regulation	on 883/2004	
For the period		
From to		
6.2 The holder is not estitled to where the	hanafita from the office issuing this decimant hassing	
6.2 The holder is not entitled to unemployment benefits from the office issuing this document because		
☐ No entitlement exists under the State's laws		
The holder did not apply to have their unemployment benefits exported		





7. INS	STITUTION COMPLETING THE FORM
7.1	Name
7.2	Street, N°
7.3	Town
7.4	Post code 7.5 Country code
7.6	Institution ID
7.7	Office fax N°
7.8	Office phone N°
7.9	E-mail Control of the
7.10	Date
7.11	Signature
STAI	MP

NOTES

[1] The period(s) recorded in box 2 of this document are provided in accordance with the reference periods shown in this Note for the Member State concerned. The reference periods are:

One year - if the document is to be presented to Luxembourg institution.

Two Years - if it is to be presented to an Italian, Icelandic, Liechtenstein or Swiss institution. Italy may also request information on the complete insurance history abroad of the named person. For the purposes of Swiss institutions, four years in the case of child education or self-employment of short duration.

Three years - if it is to be presented to a Belgian, Cypriot, Czech, Danish, French, Greek, Irish, Portuguese or United Kingdom institution. More than three years - if the document is to be presented to a Finnish (20 years), Spanish (6 years), German (5 years), Austrian (10, 15 or 25 years), Hungarian and Slovak (4 years), Swedish (8 years), Polish (20 years), Bulgarian, Estonian, Latvian, Netherlands (years since 1998), Romanian, Slovenian or Maltese institution (total insurance history). In some cases the Belgian institution requests information on the complete insurance periods. If necessary, as regards workers aged 52 or over, the Spanish institution may require information on supplementary periods preceding the last six years.

The last ended calendar year or the three last calendar years - if the form is to be presented to a Norwegian institution.

- [2] Please complete as appropriate:
 - Maternity or child-rearing; Sickness; Deprivation of liberty; Education; Military or alternative civil service; Unemployment benefits before commencing last employment; Other (please indicate)
- [3] Indicate whether the periods treated as such refer to, for example,
 - Periods of sickness indicate the name and address of the health insurance fund/company
 - ii Periods of maternity or child-rearing indicate the name and address of the health insurance fund/company
 - iii Period of deprivation of liberty
 - iv Period of education
 - v Period of Military or alternative civilian service
 - vi Period of granting unemployment benefits before commencement of the last employment
- [4] If the income details are not immediately available at the time of the request, the institution completing this document shall leave this part blank and submit the income details later, if required. Income time reference periods, counted from the end of last employment/insurance, backwards. Austria, Spain: last six month; Czech Republic: last employment; Estonia, France, Hungary, the Netherlands, Romania: last 12 months; Bulgaria: last 15 months; Germany, Slovakia: last 24 months; Poland: incomes from employment and self-employment that are not insurance periods; Cyprus, Malta, UK: no need to fill.
- [5] Type of income. Austria, Belgium, Bulgaria, Hungary, the Netherlands, Poland: gross income; Estonia, France, Romania, Slovakia: gross income for each month (or monthly average); Germany: gross income for each month (or monthly average) and the average weekly hours; Czech Republic (monthly net average): net income. Cyprus, Malta, UK: no need to fill.