



Circumstances likely to affect the entitlement to unemployment benefits

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

INFORMATION FOR THE HOLDER

This document contains information about your circumstances which have been passed by the institution in the State where you seek a job to the institution paying your unemployment benefit. It may result in your unemployment benefit being stopped.

If you disagree with this information please contact the institution paying your benefit without delay.

1. PERSONAL DETAILS OF THE HOLDER

1.1 Personal Identification Number	<input type="checkbox"/> Female	<input type="checkbox"/> 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	
1.9 Address in the State paying unemployment benefits		
1.9.1 Street, N°	1.9.3 Post code	
1.9.2 Town	1.9.4 Country code	

2. APPLICABLE CIRCUMSTANCES

		STARTING DATE
The holder		
2.1	has taken up employment or has become self-employed	<input type="checkbox"/>
2.2	is receiving earnings from an activity other than those mentioned above (2.1)	<input type="checkbox"/>
2.3	has refused a job offer or interview request from the employment services	<input type="checkbox"/>
2.4	has refused to participate in occupational rehabilitation	<input type="checkbox"/>
2.5	is suffering from incapacity for work	<input type="checkbox"/>
2.6	did not submit to control procedures	<input type="checkbox"/>
2.7	is not available to the employment services	<input type="checkbox"/>
2.8	other:	<input type="checkbox"/>

(*) Regulations (EC) No 883/2004, article 64, and 987/2009, article 55 (4).

(**) Information given to the institution by the holder when this is not known by the institution.

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3. NOTES FOR THE HOLDER

Lined area for notes.

4. INSTITUTION COMPLETING THE FORM

4.1 Name

4.2 Street, N°

4.3 Town

4.4 Post code

4.5 Country code

4.6 Institution ID

4.7 Office fax N°

4.8 Office phone N°

4.9 E-mail

4.10 Date

4.11 Signature

STAMP

Blank area for stamp.