



**CERTIFICATE CONCERNING THE AGGREGATION OF PERIODS OF INSURANCE, EMPLOYMENT OR SELF-EMPLOYMENT OR CONCERNING SUCCESSIVE EMPLOYMENT IN SEVERAL MEMBER STATES, BETWEEN THE DATES ON WHICH PAYMENT IS DUE ACCORDING TO THE LEGISLATION OF THESE STATES**

Reg. 1408/71: Art. 12; Art. 72  
Reg. 574/72: Art. 10a; Art. 85.2 and 3

*This certificate should be issued to the insured person at his/her request. Where necessary, the competent institution should request it from the institution with which the insured person was last registered.*

**A. To be completed by the institution competent as regards the granting of family benefits with which the insured person is registered.**

1.  Employed person     Self-employed person     Unemployed person

1.1. Surname <sup>(1a)</sup> .....

1.2. Forenames ..... Previous names <sup>(1a)</sup> ..... Place of birth <sup>(2)</sup> .....

1.3. Date of birth ..... Sex ..... Nationality ..... Identification/insurance number <sup>(3)</sup> .....

1.4. Civil status     single     married     widow/widower  
                          divorced     separated     cohabiting <sup>(4)</sup> <sup>(5)</sup>

1.5. Address <sup>(6)</sup> .....

2. Person who should receive the family benefits

2.1. Surname <sup>(1a)</sup> .....

2.2. Forenames ..... Previous names <sup>(1a)</sup> ..... Place of birth <sup>(2)</sup> .....

2.3. Date of birth ..... Sex ..... Nationality ..... Identification/insurance number <sup>(3)</sup> .....

2.4. Address <sup>(6)</sup> .....

3. Period for which the information is requested

3.1. From ..... to .....

3.2. Name and address of employer <sup>(7)</sup> .....

3.3. Nature of self-employment <sup>(7)</sup> .....

4. Institution with which the insured person was last registered as an employed or self-employed person

4.1. Name .....

4.2. Address <sup>(6)</sup> .....

5. Institution of the place of residence of the members of the family

5.1. Name .....

5.2. Address <sup>(6)</sup> .....

6. Institution with which the insured person is currently registered

6.1. Name .....

6.2. Address (°) .....

6.3. File reference number .....

6.4. Stamp

6.5. Date .....

6.6. Signature .....

B. To be completed by the institution competent as regards the granting of family benefits with which the person was previously registered

7.1. We certify that the insured person named in box 1 was insured from ..... to ..... (°) .....

7.2. In (°) .....

7.3.  He/she is entitled  He/she is not entitled to family benefits

7.4. Family benefits were paid to him/her from ..... to .....

7.5. Family members for whom the family benefits were paid:

7.5.1. Surname	Forenames	Date of birth	Monthly amount
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

7.5.2. Are the amounts adjusted? .....

8. Institution with which the insured person was last registered either as an employed or self-employed person

8.1. Name .....

8.2. Address (°) .....

8.3. Stamp

8.4. Date .....

8.5. Signature .....

9. Remarks .....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three 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.
- (1<sup>a</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.
- (2) In the case of Portuguese districts, state also the parish and the local authority.
- (3) 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 Latvian institution, state the identity number; to a Liechtenstein institution, indicate the AHV insurance number; to a Lithuanian institution, state the personal identification number; to a Hungarian institution, state the TAJ (social insurance identification) 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); to a Spanish institution, state the number appearing on the national identity card (DNI) or N.I.E, in the case of foreign people, even if the card is out of date; to a Polish institution, state the PESEL and NIP numbers; 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.
- (4) For the purpose of Czech, Danish, Icelandic and Norwegian institutions.
- (5) This information is based on a statement from the person concerned.
- (6) Street, number, post code, town, country.
- (7) For the period preceding the worker's transfer to the Member State to whose legislation he/she is currently subject.
- (8) (a) For Greek institutions, state the number of days completed in the calendar year preceding the year in which the family benefits or family allowances are applied for.  
(b) For Belgian institutions, state below the number of days as an employed or self-employed person:

number of days as an employed person ..... number of days as a self-employed person .....
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(c) For French institutions, state below the number of days and hours of employment and the gross wage/salary received:

	Number of days in employment	Number of hours in employment	Gross wage/salary received
During the last month			
During the last three months			
During the last six months			

(9) Country in which the employment in question was pursued.

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