

E 207	(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) ⁽¹⁶⁾ ^(16a)

	Periods ⁽¹⁷⁾		Type of periods ⁽¹⁸⁾	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 ⁽¹⁹⁾	(a) Insurance institution or scheme ⁽¹⁵⁾ (b) Identification number ⁽²⁰⁾ (c) Type of insurance ⁽²¹⁾	Place of residence during period of employment ⁽¹⁶⁾ ⁽²²⁾
	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:

.....⁽²³⁾

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

- (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) 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.
- (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 the birth certificate.
- (⁵) 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.
- (⁶) Put M for male and F for female.
- (⁷) 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.
- (^{7^a}) 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.
- (⁸) Where appropriate, indicate the date of naturalisation.
- (⁹) 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).
- (¹⁰) 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.
- (¹¹) 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.
- (¹²) The symbol of the insured person's country of birth, in accordance with ISO code 3166-1.
- (¹³) Street, number, post code, town, country, telephone number.
- (¹⁴) For the purposes of Norwegian institutions, please state actual address and last address in Norway with date of emigration.
- (¹⁵) 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.
- (¹⁶) 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.
- (^{16^a}) 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.
- (¹⁷) 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.

- ⁽¹⁸⁾ 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.
- ⁽¹⁹⁾ Where the activity is carried out in France, give the name of the department.
- ⁽²⁰⁾ 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.
- ⁽²¹⁾ Specify whether compulsory insurance, voluntary insurance, optional continued insurance or period uninsured.
- ⁽²²⁾ For Greece, indicate the commune and department where the person concerned is insured with OGA.
- ⁽²³⁾ 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.

