This application should be used for (please place an X in one
option below)

- an employed person posted to another Member State for a specified period
- a civil servant posted to another Member State
- a member of the defence forces posted to another Member State

APPLICATION FOR DETERMINATION OF APPLICABLE LEGISLATION UNDER
EU REGULATIONS ON COORDINATION OF SOCIAL SECURITY SYSTEMS

ARTICLES 14.1(a), 13.2(d) and 13.2(e) of EU REGULATION 1408/1971
ARTICLES 11.3(b), 11.3(d) and 12.1 of EU REGULATION 883/2004

• Please use this page as a guide to filling in this form.

• Please use BLACK ball point pen.

• Please use BLOCK LETTERS and place an X in the relevant boxes.

• Please answer all questions that apply to you. If a question does not apply to
you, please leave the answer area blank.

• You need a Personal Public Service Number (PPS No.) before you apply.

Please complete at least four weeks prior to starting date of E101/A1 certificate
and send to:

International Postings
Client Eligibility Services
Department of Social Protection
Cork Road
Waterford

LoCall: 1890 690 690 (from the Republic of Ireland only)
Telephone: +353 1 471 5898 (from Northern Ireland or overseas)

Email: Special Collections Enquiry Form

Clarifications on some matters may be requested to finalise your application,
where possible this will be done by e-mail. Please provide contact e-mail
address here:

Note: The rates charged for the use of 1890 (LoCall) numbers may vary among different service providers.
Part 1

Your own details

1. Your PPS No.: 

2. Title: (insert an ‘X’ or specify) Mr. [ ] Mrs. [ ] Ms. [ ] Other [ ]

3. Surname: 

4. First name(s): 

5. Gender: Male [ ] Female [ ]

6. Your first name as it appears on your birth certificate: 

7. Birth surname: 

8. Your mother’s birth surname: 

9. Your date of birth: D D M M Y Y Y Y

Contact Details

10. Your Irish address: 

11. Your telephone number: MOBILE [ ] LANDLINE [ ]

Declaration

I declare that all the information I have given on this form is accurate.
I will tell the Department of any changes that will affect the conditions of this posting.

Signature (not block letters)

Date: D D M M Y Y Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Your nationality (as per passport):</td>
<td></td>
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<tr>
<td>13. Place of birth:</td>
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<tr>
<td>14. In which EU State are you habitually resident, taking account of where your closest and most permanent connections lie?</td>
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<tr>
<td>15. How long have you resided at Member State in Q14?</td>
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<tr>
<td>16. What is your trade or profession?</td>
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<tr>
<td>17. Please state date you commenced employment:</td>
<td></td>
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<tr>
<td>18. Please state period of posting:</td>
<td></td>
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<tr>
<td>19. Do you intend to return to Ireland when the posting ends?</td>
<td></td>
</tr>
<tr>
<td>20. Please give details of your activities for the month prior to posting (including employment, self-employment, social welfare benefits etc). Please provide relevant employer details and dates.</td>
<td></td>
</tr>
<tr>
<td>21. Residential address in receiving Member State:</td>
<td></td>
</tr>
</tbody>
</table>
22. Company name:
23. Company address:
24. When was company established?
25. Company employer number:
26. Company registration office number:
27. Please describe company activities in Ireland:

28. Is the company a recruitment agency?
   Yes    No
   If ‘Yes’, does the company make workers available to companies in Ireland?
   Yes    No

29. Was this employee recruited specifically with a view to being posted?
   Yes    No
   If ‘Yes’, please state:
   (A) In what country was s/he recruited
   (B) Name and address of employer immediately prior to recruitment with your company
   Name:
   Address:
   (C) Please state period of employment with employer at (B)
   From:
   To:
30. Which country is the employee being posted to?

31. Please state the exact name(s) and address(es) of companies/sites in the country your employee is being posted to:

<table>
<thead>
<tr>
<th>Companies/sites 1</th>
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<tbody>
<tr>
<td>Companies/sites name:</td>
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<tr>
<td>Companies/sites address:</td>
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</table>

<table>
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<tr>
<th>Companies/sites 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Companies/sites name:</td>
</tr>
<tr>
<td>Companies/sites address:</td>
</tr>
</tbody>
</table>

32. Describe the type of work the employee will be performing during their posting:

33. Does the employee remain under contract of employment with Irish company?

- [ ] Yes
- [ ] No

34. Is the employee required to sign a local contract of employment with host company?

- [ ] Yes
- [ ] No

35. Who is responsible for employees remuneration during the period of posting?

36. Where will PRSI be paid?

- [ ] Revenue P35
- [ ] Special Collections

37. Who has the authority to direct duties of work, discipline or dismiss the employee during the posting?

38. Is employee replacing another worker?

- [ ] Yes
- [ ] No

Please ensure a copy of employees contract of employment is sent with this application
We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

**Part 3**

**Employer declaration**

**Declaration**

I declare that all the information I have given on this form is accurate.
I will tell the Department of any changes that will affect the conditions of this posting.

**Signed by or for employer**

Signature (not block letters)

Position in company or organisation

Date: D M Y

Employer’s telephone number: MOBILE

Employer’s email address:

**Warning:** If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

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**Data Protection and Freedom of Information**

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