

Additional information for regular work activity in several Member States

On the basis of the information provided in your application, it appears that you will performing your work activity in Malta as well as in other EU Member States. In order to determine the legislation which applies in your situation, please provide the additional information requested below.

Information on work activity carried out in two or more Member States

Employment will presumably be carried out for **at least one day per month or five days per quarter** in the **next 12 calendar months** in these Member States:

A. Work activity in Malta Yes No

Address of the place of work

Name: _____

Street/Number: _____

Postcode Town: _____

OR

No fixed place of work

In the **next 12 months** the share of the working time/the remuneration in **Malta** will presumably:

be less than 25%

be more than 25%

be exactly 25%

B. Work activity in the following Member State/s:

Country: _____

Address of the place of work

Name: _____

Street/Number: _____

Postcode Town: _____

OR

No fixed place of work

Country: _____

Address of the place of work

Name: _____

Street/Number: _____

Postcode Town: _____

OR

No fixed place of work

Country: _____

Address of the place of work

Name: _____

Street/Number: _____

Postcode Town: _____

OR

No fixed place of work

Country: _____

Address of the place of work

Name: _____

Street/Number: _____

Postcode Town: _____

OR

No fixed place of work

Country: _____

Address of the place of work

Name: _____

Street/Number: _____

Postcode Town: _____

OR

No fixed place of work

Country: _____

Address of the place of work

Name: _____

Street/Number: _____

Postcode Town: _____

OR

No fixed place of work

C. Declaration

We hereby declare that all information corresponds to the actual facts and circumstances which have been provided to the best of our knowledge. We are aware that checks may be carried out by the competent authority in Malta as well as in the Member States where a part of the work activity will be carried out. Any incorrect information in this questionnaire – also if provided in error- may lead to revocation of the certificate A1 and thus to the application of the legislation of another Member State. This also applies to past periods. We undertake to immediately inform the **Department of Social Security in Malta** in particular if:

- Employment is not or no longer pursued in several Member States
- The employment relationship ends
- Changes occur with regard to personal details (address etc.) or employer information (renaming of the company etc.) or
- Changes occur with regard to the employment situation of the employee (taking up of additional employment, self-employment, etc)

Place and Date:

Employer's stamp
and signature:

Place and Date:

Employee's signature: