THE ADMINISTRATIVE COMMISSION ON SOCIAL SECURITY FOR MIGRANT WORKERS

E 205

CH

CERTIFICATE CONCERNING INSURANCE HISTORY IN SWITZERLAND

Regulation (EEC) No 1408/71: Article 38; Article 45; Article 48; Article 57(5) Regulation (EEC) No 574/72: Article 42(1); Article 43(1) to (3); Article 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1.	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name:
1.2	Address (2):
Inform	ation concerning the insured person
2.	Names
2.1	Surname (3):
2.2	Surname at birth (3):
2.3	Forenames (4):
2.4	Previous names (5):
2.5	Sex (⁶):
2.6	Father's surname and forenames (7):
2.7	Mother's surname and forenames (7):
	NI_4211678\ 79
3.	Nationality (8) (9):
4.	Details of birth
4.1	Date of birth (10):
4.2	Place of birth (11):
4.3	Province, department, county (12):
4.4	Country (13):
5.	Address (²):
5.	Address ().
<u> </u>	
6.	
6.1	Insurance No at the investigating institution:
6.2	Reference No of file at the investigating institution:
6.3	Reference No of file at the institution concerned:
7.	Rightful claimant (14)
7.1	Surname (3):
7.2	Forenames:
	Surname at birth:
	Place of birth (11):
7.3	Date of birth:
	Sex:
	Nationality (*) (9):
7.4	Address (²):

8.

8.	_																
Year (from 1 January to 31					onths								Number of months	Periods without correlation	Periods treated as insurance	Total number of months	Type of insurance periods Type of contributions (¹⁵)
December)	J	F	М	Α	М	J	J	Α	S	0	N	D		to months	periods		contributions (1°)
				\vdash			\vdash		\vdash	\vdash							
				\vdash			\vdash			\vdash							
				⊢	\vdash	_	\vdash	\vdash	_	⊢	\vdash	\vdash					
				<u> </u>	_	_	<u> </u>	_	_	<u> </u>	_	_					
				_		_	<u> </u>	_	_	<u> </u>	_	_					
				\vdash						\vdash	\vdash	\vdash					
				\vdash	\vdash			\vdash		\vdash		\vdash					
			\vdash	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash					
				\vdash	\vdash	\vdash	⊢	\vdash	\vdash	⊢	\vdash	\vdash					
	_			┝	H	_	<u> </u>	_	_	┝	_	_					
				_			<u> </u>			_		_					
				\vdash			\vdash			\vdash							
			\vdash	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash					
			\vdash	\vdash	\vdash	\vdash	├	\vdash	\vdash	\vdash	\vdash	\vdash					
				⊢		_	├	_	_	⊢							
			\vdash	\vdash	\vdash	_	_	\vdash	_	\vdash	\vdash	_					
				<u> </u>	<u> </u>		_	<u> </u>		<u> </u>		_					
					$ldsymbol{ldsymbol{ldsymbol{eta}}}$			$ldsymbol{ld}}}}}}$		$oxed{oxed}$		_					
										Н							
				\vdash	\vdash		\vdash	\vdash	\vdash	\vdash	\vdash	\vdash					
			\vdash	\vdash		\vdash	_		\vdash	\vdash	\vdash	\vdash					
			\vdash	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash						
			\vdash	\vdash	\vdash	_	_	\vdash	_	\vdash	\vdash	_					
				_			_	_	_	_							
				$oxed{oxed}$	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{L}}}}$					$oxed{oxed}$							
				L				L		L		L					
				_	_	_			_	_		_					

E 205

СН

8.1	Total period of insurance months		
8.2	Remarks (16):		
9.	An insured person showing proof that he has completed an insuran	се ре	eriod of less than one year
	may receive may not receive		
	a pension under national legislation (Article 48(1) of Regulation (EE	(C) N	o 1408/71).
10.	Institution completing the form		
10.1	Name:		
10.1			
10.1	Name:		
10.1	Name: Address (²):		Date:
10.1	Name: Address (²): Stamp 1	0.4	
10.1	Name: Address (²): Stamp 1	0.4	Date:

E 205

СН

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.

NOTES

- (1) Symbol of the country to which the institution completing the form belongs: CH = Switzerland.
- (2) Street, number, post code, town, country, telephone number.
- (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.
 - 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 where the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (8) Where appropriate, indicate the date of naturalisation.
- (9) 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 IdentidadI) 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'. For the purposes of Maltese institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number. In the case of Slovene nationals, state the personal identification number EMŠO.
- (10) 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).
- (11) 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.
- (12) Must be stated for 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 know 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.
- (13) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (14) Complete where appropriate.
- (15) Kind of insurance periods/kind of contribution:
 - 1 contributions from employment
 - 2 voluntary insurance contributions
 - 3 contributions from self-employment
 - 4 contributions from non-active periods
 - 10 insurance periods with no obligation to contribute.
- (16) For the purpose of Belgian, Greek and Spanish institutions specify where possible the type of activity in question. For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.