

FILE NUMBER:

PHI-BEL 001

CERTIFICATE CONCERNING THE LEGISLATION APPLICABLE

*Article 8.1, 8.3, 9.1 and 10 of the Agreement
Article 3 of the Administrative Arrangement*

1 Employed person Civil Servant

1.1 Surname _____

1.2 Forenames _____

1.3 Date of birth _____ Nationality _____

1.4 Permanent address
 Street _____ No. _____ PO box _____
 Town _____ Postal code _____ Country _____

1.5 Registration number _____
Philippine Social Security No. _____

2 Employer

2.1 Name of employer or firm _____

2.2 Identification No⁽¹⁾ _____
Employer ID No. _____

2.3 The employer is a recruitment agency Yes No

2.4 Address
 Street _____ No _____ PO Box _____
 Town _____ Postal code _____ Country _____
 Telephone _____ Fax _____ E-mail _____

3 The above-mentioned insured person

3.1 has been employed by the employer mentioned above since

3.2 is being posted
 from _____ to _____

3.3 to the firm(s) mentioned below

3.4 Name of firm _____

3.5 Address(es)
 Street _____ No. _____ PO Box _____
 Town _____ Postal code _____ Country _____
 Street _____ No _____ PO Box _____
 Town _____ Postal code _____ Country _____

3.6 Identification No⁽¹⁾ _____

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4 Who pays the wage and the social security contributions of the posted employee?

4.1 The employer referred to in point 2

4.2 The firm referred to in point 4

4.3 Other If so, give the
Name _____ and
Address _____
Street _____ No _____ PO Box _____
Town _____ Postal code _____ Country _____

5 The insured person remains subject to the Philippine legislation

5.1 in accordance with Article
 8.1 8.3
 9.1 10
of the Agreement on social security between the Republic of the Philippines and the Kingdom of Belgium

5.2 from _____ to _____

5.3 for the duration of the activities

6 Competent Institution whose legislation will be applicable

6.1 Name

6.2 **SOCIAL SECURITY SYSTEM**

6.3 Address **East Ave., Diliman, Quezon City, Philippines**

Telephone	+632 924 7822	Fax	+632 922 3173	E-mail	bilad@sss.gov.ph
Street	_____	No.	_____	PO box	_____
Town	_____	Postal code	1100	Country	Philippines

6.4 _____

6.5
Date _____

6.6 Signature _____

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INSTRUCTIONS

The designated institutions of the contracting State to whose legislation the person is subject should fill in the form at the request of the person or his employer and return it to the applicant

NOTES

- (1) Please give as much information as possible to facilitate identification of the employer or the firm of the self-employed person
For Belgium: indicate in the case of employed person the employer's company number and in the case of self-employed person the VAT-number.