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|  | EUROPEAN COMMISSION  **OFFICE FOR ADMINISTRATION AND PAYMENT OF INDIVIDUAL ENTITLEMENTS**  **PMO.1** Salaries and administration of individual financial entitlements |  |

Staff number: Click or tap here to enter text.

**Form 1**

**ENTRY INTO SERVICE**

**DETERMINATION OF ENTITLEMENTS UNDER THE STAFF REGULATIONS**

To enable your entitlements to be determined, please fill in this form, save it as .PDF and send a copy to:

[**PMO-ENTRY-INTO-SERVICE@ec.europa.eu**](mailto:PMO-ENTRY-INTO-SERVICE@ec.europa.eu)

**I declare on my honour that the information given on this form is true and complete and I understand that a false or incomplete declaration may result in disciplinary action and/or the cancellation of my appointment. I undertake to inform the "Administration of individual financial entitlements" unit of any changes to the information I have given. I understand that any sum overpaid will be recovered (Article 85 of the Staff Regulations).**

1. **Family name:**  Click or tap here to enter text.
2. **Maiden name:** Click or tap here to enter text.
3. **First names:** Click or tap here to enter text.
4. First name usually used:Click or tap here to enter text.
5. **Gender:  M  F**
6. **Date of birth:** Click or tap here to enter text.
7. **Place of birth : country + town + post code:** Click or tap here to enter text.
8. **Nationality**(ies):

State your current nationality (ies) and any other nationality(ies) you had in the past, mentioning dates (leave the end date blank for current nationality(ies)):

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| Nationality | Start date (dd/mm/yyyy) | End date (dd/mm/yyyy) |
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1. **Marital status**:  
     Single  Married  Civil partnership  Widow(er)

Divorced  Separated  Remarried

1. Your current address and private telephone number at place of employment (even if temporary):

Click or tap here to enter text.

1. Have you already finalised your removal (furniture & personal belongings) or when is it scheduled towards the place of employment (dd/mm/yyyy) (i.e. after probation)

Click or tap to enter a date.

Or: I do **not** intend on carrying out my removal: Click or tap here to enter text.

1. Last tax domicile (generally your last income taxes):

**Country + town + post code**: Click or tap here to enter text.

1. Surname, first name, address and telephone number of the person to notify in case   
   of accident:

Click or tap here to enter text.

1. Place of residence before entry into service:

**Country + town + post code**: Click or tap here to enter text.

1. Previous position in another European Institution / Agency:

Place of employment: Click or tap here to enter text. Staff number : Click or tap here to enter text.

Institution/Agency: Click or tap here to enter text. Statutory link : Click or tap here to enter text.

1. **Previous residences**: please state, in [reversed](https://en.wiktionary.org/wiki/reverse) chronological order (starting with the most recent, without interruption between periods) all the places in which you have been habitually resident during the ten years preceding your entry into service:

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| **Country** | **Town** | **Nature of stay (work, extented holiday, unemployment, studies, traineeship, military service, etc.)** | **From (dd/mm/yyyy)** | **To**  **(dd/mm/yyyy)** |
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1. **Previous employment**: please state, in [reversed](https://en.wiktionary.org/wiki/reverse) chronological order (starting with the most recent) all your occupations during the ten years preceding your entry into service.

Please group together recurring contracts with a single employer.

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| **Occupation -**  **job title** | **Employer name** | **Workplace country** | **Workplace**  **town + postcode** | **From**  **(dd/mm/yyyy)** | **To**  **(dd/mm/yyyy)** |
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1. **Centre of interests**: please state the **country + town** + **post code** for each criteria:

*a) 🡪* place in which your parents live (please also mention if decesased)  
 father Click or tap here to enter text. mother Click or tap here to enter text.

or, failing that, your grandparents: Click or tap here to enter text.

or, failing that, your parents-in-law: Click or tap here to enter text.

or, failing that, your brothers and sisters: Click or tap here to enter text.

🡪 place in which your children live:

Click or tap here to enter text. Click or tap here to enter text.

🡪 place of marital residence, on the dual condition that:

* it was the permanent joint residence prior to the entry into service of the European Union of the first spouse to enter an institution as an official or as a member of the temporary/auxiliary or contract staff

and

* it consists of immovable property in which you have, or one of you has, heritable interests:

Click or tap here to enter text.

*b) 🡪* state *all* places in which you own immovable property in the form of buildings:

Click or tap here to enter text. Click or tap here to enter text.

*c) 🡪 state all* places in which you exercise your civil rights (eligibility to vote):

Click or tap here to enter text. Click or tap here to enter text.

1. **Spouse – for married staff or staff in civil partnerships only**

Family name: Click or tap here to enter text.

Maiden name: Click or tap here to enter text.

First name: Click or tap here to enter text.

Other first names: Click or tap here to enter text.

**Date and place** of the marriage/divorce/civil partnership/widowhood:

Click or tap to enter a date. **Country + town** : Click or tap here to enter text.

Gender:  **M  F**

Country of birth: Click or tap here to enter text.

Date of birth: Click or tap to enter a date. **Town + post code**: Click or tap here to enter text.

Nationality(ies): Click or tap here to enter text. Click or tap here to enter text.

Main postal address and telephone number of your spouse

(if you consider it useful to supply it) Click or tap here to enter text.

🡪 If your spouse is in employment, please indicate his/her:

1. Current occupation

Click or tap here to enter text. **Starting date** : Click or tap to enter a date.

1. Workplace

**country + town** + **post code**: Click or tap here to enter text.

1. Annual professional income before tax deduction:

Click or tap here to enter text.

1. Current employer:

name: Click or tap here to enter text.

**country + town** + **post code:** Click or tap here to enter text.

e) If your spouse is employed by an Institution/Agency of the European Union,

please specify:

the Institution/Agency name: Click or tap here to enter text.

and his/her personal number: Click or tap here to enter text.

and his/her category/grade/step: Click or tap here to enter text.

🡪 If your spouse is unemployed, please indicate his/her situation and the start date:

since: Click or tap to enter a date.

student

job seeker:  **with** unemployment benefits

**without** unemployment benefits

retired

invalid

without professional activity

other situation : please explain Click or tap here to enter text.

1. Dependent Children (please provide the birth certificate for each dependent child)

Child(ren) under 26 years for whom you claim dependent child allowance (a legitimate, natural or adopted child of the official/ agent, or of his/her spouse, actually being maintained by the official/ agent). A child of between 18 and 26 must be in full-time education to be considered dependent.

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| **Surname**  of the child | **First names**  of the child | **Gender**  of the  child | **Birthdate**  of the child | **Country &**  **place of**  **birth**  of the child | **Nationality**  **(ies)** | **Nature of the**  **relationship**:  (legitimate,  child of spouse,  etc) | **Surname and**  **first name**  of the other  parent  ([[1]](#footnote-1)\*) | **Birthdate +**  **country +**  **place of**  **birth**  (\*) | **Nationality**  **(ies)**  (\*) | **Position /**  **Employer name /**  **Employer country**  (\*) |
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I, the undersigned, declare:

that I have full custody of the children deemed to be my dependents

that I have partial custody of the children deemed to be my dependents (specify):

Click or tap here to enter text. %

that they are primarily in the care of:

Surname, first name, status : Click or tap here to enter text.

Address: Click or tap here to enter text.

Please provide a copy of the judicial/administrative divorce / custody decision Court decision.

1. **Family allowances or similar from other sources**

**Article 67 § 2 of the Staff Regulations**: " Officials in receipt of family allowances specified in this Article shall declare allowances of like nature paid from other sources; such latter allowances shall be deducted from those paid under Articles 1, 2 and 3 of Annex VII".

**a. Household allowance:**

my family does not benefit from a household allowance

my family benefits from a household allowance : please provide a recent payslip

|  |  |  |
| --- | --- | --- |
| **Amount, currency and frequency of payment** | **Payable from (date)** | **Paying organisation  (Name and address)** |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |

**b. Children allowance :**

the other parent and I do not benefit from dependent children allowances in any country

I (or the other parent) benefit from dependent children allowances: please detail the allowances in the table

🡪 you must provide an official document detailing the amount per child with the start date and rank (and the end date if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname and first name of the child** | **Birthdate** | **Monthly amount / currency** | **Paying organisation**  **(name and address)** |
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Location:Click or tap here to enter text.Date: Click or tap to enter a date.**Signature**: Click or tap here to enter text.

1. \* To fill in only if the other parent is not your spouse or your civil partner [↑](#footnote-ref-1)