



Staff no:

Form 1

ENTRY INTO SERVICE – DETERMINATION OF ENTITLEMENTS UNDER THE STAFF REGULATIONS

To enable your entitlements to be determined, please complete the questionnaire below in capital letters using indelible ink.
Once you have completed and signed the form, please hand it in to the Human Ressources of your agency

1. Family name:
2. Maiden name:
3. First names:
4. First name usually used:
5. Sex: M F
6. Date of birth (dd/mm/yy)
7. Place of birth (country and town):.....
8. Nationality(ies):

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

Nationality	Start date (dd/mm/yyyy)	End date (dd/mm/yyyy)

- 9. Marital status:**
- Single Married Civil partnership Widow(er)
- Divorced Separated Remarried

Date and place of the marriage/divorce/separation/civil partnership/widowhood¹:

.....

(Please enclose supporting documents where applicable)

10. Home address and private telephone number at place of employment:

.....

11. Last tax domicile (country, town, post code):

12. Place of residence before entry into service (*country, town, post code : please provide as much details as possible regarding the geographical and administrative location of the town*):

.....

13. Date of entry into service in another European Institution:

Place of employment: Staff no:.....

Institution/Agency and position:

14. Previous residences: please state, in chronological order and without any interruption of period, all the places in which you have been habitually resident during the ten years preceding your entry into service (starting with the more recent):

Country	Location	Nature of stay (holiday, unemployment, study, work, military service, etc.)	From (dd/mm/yyyy)	To (dd/mm/yyyy)

¹ Circle as appropriate

15. Previous employment: please state, in chronological order and without any interruption of period, all your occupations during the ten years preceding your entry into service (starting with the more recent):

Occupation	Employer	Country	Workplace (city)	From (dd/mm/yyyy)	To (dd/mm/yyyy)

16. Place of origin

Your place of origin is assumed to be your place of recruitment unless, within one year of your entry into service, you ask for it to be changed to your centre of interests and provide appropriate documentary evidence.

- Place of recruitment (actual residence at the time of recruitment)
(country, town, post code : please provide as much details as possible regarding the geographical and administrative location of the town):
- Centre of interests:
(country, town, post code : please provide as much details as possible regarding the geographical and administrative location of the town):
 - a) - place in which your father and mother live:
 - or, failing that, your grandparents:
 - or, failing that, your parents-in-law:
 - or, failing that, your brothers and sisters:

place in which your children live:

place of marital residence, on the dual condition that:

- it was your permanent joint residence prior to the first spouse's entry into the service of the European Union as a permanent official or member of the temporary/ contractual staff

and

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

b) - place in which you own immovable property in the form of buildings:

c) - place in which you exercise your civil rights:

17. Spouse – for married staff or staff in civil partnerships only

Family name:

Maiden name:

First name:Other first names:

Date and place of birth:Country of birth:

Sex: M F Nationality(ies) :

Main postal address and telephone number (if you consider it useful to supply it):....

If your spouse is in employment, please indicate his or her occupation :

a) occupation:

b) workplace (country):

c) annual professional income before deduction of tax:

d) name and address of his or her employer:

e) if your spouse is employed by an Institution/Agency of the European Union, please specify:

the institution/agency name:

his/her category/grade, step

and personnel number:

If he/she is not in employment, does your spouse receive unemployment benefits or other benefits? YES/NO²

² Circle as appropriate

18. Children

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.

Surname of the child	First name of the child	Birthdate of the child (dd/mm/yyyy)	Country & place of birth of the child	Natio- nality (ies)	Nature of the relationship: (legitimate, natural, child of spouse, adopted, etc)	Surname of the other parent (*)	First name of the other parent (*)	Birthdate of the other parent (dd/mm/yyyy) (*)	Professional situation / Employer name / Employer country of the other parent (*)

(*) To fill in only if the other parent is not your spouse or your civil partner

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): %

that they are primarily in the care of:

Surname, first name, status :

Address:

.....

I will submit a copy of the judicial/administrative custody decision of my dependent children.

19. 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:

If your spouse receives a household allowance from his/her employer, please complete the table below and attach the relevant supporting documents

Amount, currency and frequency of payment	Payable from (date)	Paying Agency (name and address)

b. Child allowance :

If family allowances are paid for your children by a national administration or another international organisation to you or to the other parent (spouse, cohabitant, civil partner, ex spouse etc.) or directly to the child, please complete the table below and attach the relevant supporting documents:

FAMILY NAME AND FIRST NAME OF THE CHILD	DATE OF BIRTH	MONTHLY AMOUNT AND CURRENCY	PAYING ORGANISATION

Professional activity of the other parent:

Employee Self employed Paid unemployed No professional activity
 Other institution/agency: Other :

.....

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)

Place: Date: Signature :