

APPLICATION FOR THE WORKER TO BE SUBJECT TO THE PORTUGUESE SOCIAL SECURITY LEGISLATION

IN CASE THE ACTIVITY IS CARRIED OUT IN ANOTHER MEMBER STATE

Application of Articles 11 to 13 and 15 of Regulation (EC) no. 883/2004 and Articles 14 and 16 of Regulation (EC) no. 987/2009 (1)

Please read the information carefully before completing the form

APPLICANT IDENTIFICATION (EMPLOYER/SELF-EMPLOYED PERSON)

Social Security Identification	no.		
Taxpayer no		Tax Office Code	
Name/Company name			
Headquarters address			
Postal code			
District	Municipality	Parish	
Phone no.	Fax no	Email	
		with no. ,	
whose normal activity carrie		since	
		year month day	
	are a self-employed person		
Do you have a fixed establis	hment in Portugal? Yes	Não If you answered yes , the establishment remains fixed in	
Portugal during the activity	periods in the other Member State?	Yes No	
2 IDENTIFICATIO	N OF THE WORKER WHO CAF	RRIES OUT AN ACTIVITY IN THE OTHER MEMBER STATE (MS)	
Social Security Identification	no.		
Taxpayer no.		Tax Office Code	
Full name			
I dii riciine			
Birth date		ality (1)	
year	month day		
Permanent residence			
, ,	the company		
Profession/Activity	C 4 1 1 1 4 4 4 1 1 1 C 4		
	_	his worker, to prove that he/she continues to be subject to the Portuguese	
legislation in the period fron	year month day	, during which he/she will be posted in the country	
Is the worker posted to repla	ace another worker? Yes	○ No	
To complete if the worker has been subject to the Portuguese legislation while carrying out an activity in the other Member State			
[1] If the worker is not a Portuguese citizen or a citizen of a State of the European Union, the European Economic Area or Switzerland, please attach a document			
attesting the Visa or Residen (2) The previous forms continue	nce Permit. The to be used for the situations provided for	or in Regulation (EEC) no. 1408/71.	
		(continues on the next page)	

(1) Articles 14 to 16 of Regulation (EEC) no. 1408/71 and Articles 11 to 14 of Regulation (EEC) no. 574/72 shall continue to apply to third-country nationals with legal residence in Portugal, whenever the United Kingdom is involved.

TO COMPLETE IF THE WORKER HAS BEEN SUBJECT TO THE PORTUGUESE LEGISLATION WHILE CARRYING OUT AN ACTIVITY IN THE OTHER MS

The worker was:	
posted in the same company in the period from to to	, according to PD A 1 (1), issued
on year month day year m year month day	onth day
posted in the same company in the period from to to	year month day , according to E101 (1),
issued on	year month day
	2000 ding to 5103 (1)
in a situation of posting period extension, from to issued on	year month day , according to E102 ⁽¹⁾ ,
year month day	
(1) Please attach a copy of the document.	
4 DATA CONCERNING THE HOST COMPANY/PLACE WHERE THE A	CTIVITY IS CARRIED OUT
Company name/ name of the vessel owner	
Phone no Fax no Email	
Place/places where the activity will be carried out	
naccy places where the details will be carried out	
Is the work carried out on behalf of the Portuguese employer? Yes No Type of work (1)	
Type of work (1)	
Carried out under a: works contract works subcontract, at the construction site	located in
Name of the insurance company for accidents at work	
Insurance policy no ⁽²⁾	
(1) Please briefly describe the work to be carried out; in the case of a construction works contract or s as the name and address of the other contractor and the time limit for the works conclusion.	ubcontract, that information must be provided, as well
(2) Please attach a document attesting the insurance validity for the host country, during the period m	nentioned in this application.
5 OTHER DATA CONCERNING THE HOST COMPANY	
The posted worker's remuneration and social contributions shall be paid by:	
the sending employer the host employer	
another entity. In this case, please indicate:	
The entity name	
Address	
Locality Postal code	
Country	
Will the activity also be carried out in another/other Member State(s)? Yes N	o If you answered Yes, please
indicate the activity(activities)	as from
nature of the activity	-
remuneration/income company's turnover	
,	(continues on the next page)

6 IMPLEMENTATION OF REGULATION (EC) NO. 883/2004 (please tick with an X the corresponding situation)			
Civil servant or person treated as such [Article 11(3)(b)]			
Activity carried out on board a vessel at sea flying the flag of a Member State [Article 11(4)]			
Activity carried out as a flight crew or cabin crew member [Article 11(5)]			
Posting of an employee [Article 12(1)]			
Posting of a self-employed person [Article 12(2)]			
Employee carrying out an activity in two or more Member States			
a substantial part of his/her activity is carried out in Portugal [Article 13(1)(a)]			
a substantial part of his/her activity is not carried out in Portugal [Article 13(1)(b)]			
Self-employed person carrying out an activity in two or more Member Sates			
a substantial part of his/her activity is carried out in Portugal [Article 13(2)(a)]			
a substantial part of his/her activity is not carried out in Portugal [Article13(2)(b)]			
Option right by the contract staff of the European Communities (1) (Article 15)			
(1) Please attach a copy of the employment contract.			
7 EMPLOYER CERTIFICATION			
The information provided corresponds to the truth and does not omit any relevant details.			
year month day Signature and stamp			
8 DOCUMENTS TO SUBMIT			
Posting of employees (application of the special rule provided for in Article 12(1) of Regulation (EC) no. 883/2004): - Construction works contracts or subcontracts;			
- Business permit (provided that the company is required to have one, as is the case of construction companies and temporary employment			
companies);			
- Copy of residence permits issued by the Foreigners and Borders Service (SEF) of the workers to be posted, who are third-country nationals			
- Statement issued by the insurance company proving that the posted workers will be covered by an insurance policy against accidents at work in the country where they will be posted, during the whole period to which the form issuing request refers, as well as the respective receipt;			
- VAT returns for the services provided in Portugal (last return or returns, depending on whether it is a quarterly or monthly VAT return) if you do not have an updated VAT return, please submit the invoices issued for the services provided in Portugal.			
Posting of self-employed persons (application of the special rule provided for in Article 12(2) of Regulation (EC) no. 883/2004):			

- Service agreement;
- $VAT\ return\ (in\ cases\ where\ it\ is\ not\ required\ by\ law,\ please\ submit\ copies\ of\ receipts\ for\ the\ last\ three\ months\ -\ a\ receipt\ for\ each\ month);$
- Statement of beginning of activity (in order to assess the "similar activity" requirement);
- Statement issued by the insurance company proving that you will be covered by an insurance policy against accidents at work in the country where you will be working, during the whole period to which the form issuing request refers.

The personal data provided in this application will be processed by the competent Social Security services (Instituto da Segurança Social, I.P., Instituto da Segurança Social dos Açores, I.P.R.A and Instituto de Segurança Social da Madeira, IP-RAM) for the purposes of this form and will be kept for the period strictly necessary to fulfil such purposes.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection.

 $For more information on data \ protection, \ please \ consult \ the \ Social \ Security \ website \ at \ www.seg-social.pt$