*....................................................................................................................................................*

*(Name and address of the employer in the case of a legal person / title, name and surname, permanent residence in the case of a natural person)*

*....................................................................................................................................................*

*(Address for correspondence)*

|  |
| --- |
| Social Insurance Agency,  Branch.............................  .........................................  .........................................  In: ......................................  Date: .................................. |

**Re**

**Application for issue of a certificate**

I am requiring the Social Insurance Agency, branch ..................... for issue of a certificate[[1]](#footnote-1):

* of premium arrears;
* of the fulfillment of the levy obligations;
* of the fact that the Social Insurance Agency registers neither pending premiums, nor penalties, nor fines against me;
* of the period of insurance;
* of the number of employees registered for social insurance;
* of the fact that I am insured as an employee of the employer ....................................,
* of the assessment basis for pension insurance;
* other

................................................................................................................................

.......................................................................................................................................,

as[[2]](#footnote-2):

* an employer, variable symbol .......................,
* a self-employed person, variable symbol ......................,
* a voluntarily insured person, variable symbol ......................, - a person insured by the state, birth number ...........................,
* an employee, birth number............................. .

Please, send the certificate as follows[[3]](#footnote-3):

* by post or to my personal electronic mail box4
* I will take it over personally at the Branch of the Social Insurance Agency.

.....................................................................

Signature and stamp

of the employer or signature of the natural person

1. Circle the name of the certificate requested [↑](#footnote-ref-1)
2. Circle your position in the social insurance system, under which you are applying for the certificate, and add the variable symbol (if assigned to you by the Social Insurance Agency) or your birth number. [↑](#footnote-ref-2)
3. Circle the method of sending the certificate

   4 The Social Insurance Agency is obliged to send the certificate to the activated personal electronic mail box to the applicant who has activated the personal electronic mail box, i.e. does not send it in paper form.

   [↑](#footnote-ref-3)