## Request for determination of legislation applicable for a self-employed person

## **INSTRUCTION FOR COMPLETION**

	When completing the request electronically, it is advisable to proceed from the beginning by individual sections. The purpose is to ensure the accessibility of the
	corresponding fields (so that they can be filled in) and the correct setting of the obligation to use the selected fields, depending on the applicant's situation.
General information	In the header, indicate the locally competent DSSA/PSSA/MSSA in Brno, indicate whether the request is submitted by a self-employed person or an agent, the request period from – to, the states of the activity and the situation (mandatory information). Local competence of the DSSA for submitting the request: - for a posting, an exception and other situation: the DSSA which provides the self-employed person's pension insurance; - for simultaneous activities: the DSSA of the self-employed person's pension insurance. If the request is submitted by an agent, i.e. a natural person or legal person with power of attorney for all CSSA actions, services and forms or only for selected CSSA services and forms, mark the option "Request is submitted by an agent" and fill in the data in Section O.
	If you provide a contact e-mail address for sending notifications, the CSSA will send you notifications about the processing status of the submitted request.
	Give the date in DD.MM.YYYY format.
	By Member States for the purposes of this request are meant EU and EEA states, CH and the UK (hereinafter "Member States").
	By Contracting States here are meant states with whom the Czech Republic has concluded an international agreement on social security (hereinafter "Contracting States").
	In the event that during the request period you perform gainful activity only in the Czech Republic and you need the A1 CZ form issued, mark "other situation".

	Basic identification of a claimant	Family name, Forename, Nationality and Birth Date are mandatory information.
Α.		If you do not have a Czech birth number, enter the insured person's registration number assigned to you by the CSSA.
		Residence – refers to the period of the request and for the purposes of this request this is the usual residence (Article 1 subpara. j) under Regulation (EC) No 883/2004), in the sense of the centre of one's life interests, which need not be the same as the permanent stay. This is not a temporary or transitional residence. The place of residence given by the applicant in the request for determination of legislation applicable has an effect on the possible future provision of cash and in-kind benefits, as well as unemployment benefits.
В.	Contact address	Provide a contact address if it is different from the residential address listed in Section A.
C.	Address of stay	Transitional address of stay – if you reside temporarily outside the residence given in Section A.
D.	The claimant pursues gainful activity in the territory of these states for the period indicated in the request	When being posted to temporarily perform activities in another Member State/Contracting State, the foreign state concerned is to be indicated.
		For simultaneous activities, two or more states of performance of activities are to be listed, including the Czech Republic, if this is the actual situation.
		For an exception or other situation, the states of performance of the activity, including the Czech Republic, are to be listed, if this is the actual situation.

		By termination of an activity is meant termination, interruption or suspension of activity
	Information about	in accordance with relevant legal regulations. Select one of the listed options.
Ε.	self-employment in	For a posting, indicate whether you performed the self-employed activity in the Czech
	the Czech Republic	Republic for two months before the posting (in the case of a posting within EU Member
		States, this is obligatory information).
	Information about an activity in the Czech Republic	Enter the address of the work place in the Czech Republic.
F.		Indicate the duration of work performed in the Czech Republic from - to (indefinite
		period may be marked if this is the actual situation).
		The status of the applicant is mandatory.
		If you have the status of a sailor and your vessel sails under the flag of the Czech
		Republic, enter the name of the vessel and the state of the flag in Section F and at the
		same time do not fill in Section G in respect of your activity as a sailor.
		By flight or cabin crew member is meant a member of a flight crew or cabin crew
		performing activities for passenger or cargo transport.
		If you have the status of flight or cabin crew member and your home base airport is ir
		the Czech Republic, enter the name of the home base airport, the town and state where
		the home base airport is located in Section F and at the same time do not fill in Section
		G in respect of your flight crew activity.
		If you perform more than one activity abroad during the request period, fill in section
		G, once for each of them.
		Indicate the duration of work activities abroad from – to (indefinite period may be
		marked if this is the actual situation).
		The status of the applicant is mandatory.
		If you have the status of a sailor and your vessel sails under the flag of a state other
		than the Czech Republic, enter the name of the vessel and the state of the flag in
	Information about self-employment abroad	Section G and at the same time do not fill in Section F in respect of your activity as
_		a sailor.
G.		If you have the status of flight or cabin crew member and your home base airport is
		abroad, enter the name of the home base airport, the town and state where the home
		base airport is located in Section G and at the same time do not fill in Section F in
		respect of your flight crew activity.
		Enter the address of the work place/places abroad.
		If you do not have the permanent address of the place of performance of self-employed
		activity abroad (e.g. if you are a driver in international truck transport, etc.), indicate
		this fact and do not fill in the address in the PLACE OF WORK ABROAD block (nor the
		State field). List all states of self-employed activity in Section D.
		The section is only mandatory for the simultaneous performance of self-employed
	Share of the activities	activities in two or more Member States and in request for an exception. In the case of
		a request for a future period, provide a qualified estimate for the next 12 calendar
		months.
		If you perform self-employed activity simultaneously in 2 to 4 Member States (including
		the Czech Republic) during the request period, please provide information for these
		states. The sum of these values will be 100 %.
		If you perform self-employed activity simultaneously in the territory of more than 4
		Member States (including the Czech Republic) during the request period, provide data
Н.		for the 4 states with the largest shares. The sum of these values will be less than
		If necessary, an employee of the DSSA/PSSA/MSSA Brno/CSSA will further check the
		data by assessing contractual documents for the preceding profit period (usually the
		preceding 12 months).
		Marginal activities are activities that are permanent but not significant in terms of time
		and economic return and represent less than 5 % of a worker's regular working hours
		and/or less than 5 % of their total remuneration/income. If the activity in one of the monitored criteria comes to less than 5 % and at the same time less than 10 % in the
	1	other, this is also a marginal activity.

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I.	Information about previous activities abroad	Fill in only in the case of previous activity abroad. Fill in the data for the 2 year period preceding the period of this request. If you have more than one such activity, list only the last one here (information about other activities can be included in Section N).
J.	Information about periods of insurance abroad	Fill in if participating in insurance abroad.
		If you have a foreign insurance number, please fill in this number, the name of the foreign institution, the state and the sector to which the number relates. By sector is meant the social security sector, e.g. social insurance, health insurance, all, etc.
к.	Reasons for the request for exception	Fill in only in the case of a request for an exception under Article 16 of Regulation (EC) No 883/2004, Article 17 of Regulation (EEC) No 1408/71 or under international social security agreements concluded by the Czech Republic.
L.	Classification of economic activities (CZ-NACE)	In the case of activity in Member States, you must indicate one (main) field of activity.
м.	Declaration of a third-country national	If you are not a national of a Member State, indicate whether you have a valid residence permit in the Czech Republic, and if so, indicate the period of its validity from – to. When working, migrating persons must fulfil the conditions for legal residence in all states in which they work.
N.	Additional information	Additional information regarding the applicant's specific situation can be provided.
0.	Information about an agent	Fill in the information if the request is being submitted by an agent, i.e. a natural person or legal person with power of attorney for all CSSA actions, services and forms or only for selected CSSA services and forms. If the agent does not have a data box, enter the address details (i.e. Street, Municipality, etc.).
Ρ.	Declaration of the claimant	The applicant hereby confirms that the information provided in the request is true and is aware of the consequences of providing false or incomplete information.

List of abbreviations used		
No	Number	
CSSA	Czech Social Security Administration	
DD.MM.YYYY	day, month, year	
EEA	European Economic Area; the states of Iceland, Liechtenstein and Norway	
EEC	European Economic Community	
EC	European Community	
EU	European Union	
MSSA Brno	Municipal Social Security Administration Brno	
DSSA	District Social Security Administration	
PSSA	Prague Social Security Administration	
UK	Great Britain and Northern Ireland	