



APPLICATION FOR CERTIFICATE A1 (E101)

SELF-EMPLOYED PERSON TEMPORARILY OPERATING IN FOREIGN STATE/FOREIGN STATES

ESTONIAN SOCIAL INSURANCE BOARD

Information phone 16106 (only in Estonia)
Calling from abroad +372 612 1360
E-mail: info@sotsiaalkindlustusamet.ee
Webpage: www.sotsiaalkindlustusamet.ee

Necessary for the validity of Estonian social security (health, pension, and unemployment insurance) for the period of working abroad

During the validity of the certificate, the self-employed person shall pay social tax and contributions to mandatory funded pension (in case of persons insured by state pension) to the Estonian Tax and Customs Board, and shall have valid insurance protection in the database of the Estonian Health Insurance Fund

Please fill in CAPITAL LETTERS
The fields marked with * are required

1. PERSONAL INFORMATION

*1.1 Personal identification code			
*1.2 Surname			
*1.3 Forename			
1.4 Previous names			
1.5 Gender <i>fill in case of a foreign personal identification code</i>	Male <input type="checkbox"/> Female <input type="checkbox"/>	1.6 Date of birth (dd/mm/yy) <i>fill in case of a foreign personal identification code</i>	
*1.7 Place of birth			
*1.8 Nationality		*1.9 Existence of valid right of residence / residence permit required for EU citizens/non-EU citizens	Yes <input type="checkbox"/> No <input type="checkbox"/>
*1.10 Address in the state of residence	Street, house or apartment no.		Postal code
	City/Village/County		State
1.11 Address in the state of stay <i>Add the temporary address abroad</i>	Street, house or apartment no.		Postal code
	City/Village/County		State
*1.12 Are you simultaneously a civil servant (in Estonia or abroad)?			Yes <input type="checkbox"/> No <input type="checkbox"/>
*1.13 Do you have a simultaneous paid employment (in Estonia or abroad)?			Yes <input type="checkbox"/> No <input type="checkbox"/>

2. DATA ON ACTIVITY IN ESTONIA

2.1 Name <i>Fill in case of differences from Sections 1.2 and 1.3</i>			
*2.2 Commercial registry code			
*2.3 Address <i>State the address on which to send the form</i>	Street, house no.		Postal code
	City/Village/County		State
*2.4 Do you rent out work force?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
*2.5 Are you operating at the territory of Estonia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
*2.6 Mark the activities <i>Insert the Estonian 2-5 digit Classification of Economic Activities (EMTAK) code</i> https://ariregister.rik.ee/emtakvalik.py			

3. THE FOLLOWING IS TAKEN INTO CONSIDERATION WHEN ASSESSING ACTIVITIES AT THE ESTONIAN TERRITORY

In accordance with Article 14 (3) of Regulation (EC) No. of 987/2009 of European Parliament and of the Council, self-employed person must have already pursued his activity for some time before going aboard and, during any period of temporary activity in another Member State, must continue to fulfil, in the Member State where he is established, the requirements for the pursuit of his activity.

*3.1 Place of registration <i>According to the commercial register</i>		*3.2 Date of registration <i>According to the commercial register</i>	
*3.3 Turnover in Estonia and in foreign state(s) <i>Based on annual report; at the absence of the report, assess the %</i>	In Estonia %	In foreign state/states %	

The fields below shall be filled when turnover in Estonia is less than 25%

*3.4 Existence of a place of business in Estonia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*3.5 Are you a taxable person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*3.5 Are you liable to value added tax?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*3.7 Are you a member of the chamber of commerce or a professional organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*3.8 Do you have a professional card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you do not live in any of the states in which you operate as a self-employed person, which state is at the center of your operations, taking into consideration the following

*3.9 Note the state in which you have constant operation		
*3.10 Note the state in which you provide most of the services		
*3.11 Note the state that, in your opinion, is at the center of your operations		
*3.12 Forecast for the next 12 months	Volume of work abroad %	Volume of work in Estonia %

4. INFORMATION ON OPERATING ABROAD

According to Article 12 (2) of Regulation (EC) No. 883/2004 of the European Parliament and of the Council, a person who goes to pursue activity in another Member State shall continue to be subject to the Estonian social security, **provided that** he continues with the similar activity abroad.

*4.1 Period	*From (dd/mm/yy)	*To (dd/mm/yy)	
*4.2 How many foreign states are you going to?	To one <input type="checkbox"/>		To several <input type="checkbox"/>
*4.3 Will you be operating simultaneously or periodically both in Estonia and abroad?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
*4.4 Type of operation in the foreign state(s) <i>Insert the EMTAK code https://ariregister.rik.ee/emtakvalik.py</i>			
*4.5 Designate the foreign state In case of going to several states, write them all			
*4.6 Have you been operating as a self-employed person in the last three years in the same foreign state?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
*4.7 When you are operating simultaneously in two or more states (incl. Estonia), assess the volume of the operations by state, taking into consideration the following factors: turnover, work time, number of services, income, etc.	State	Volume of work %	

5. PLACE(S) OF BUSINESS ABROAD

*5.1 Is the self-employed person providing a service	To an undertaking <input type="checkbox"/> To a private person <input type="checkbox"/>	
*5.2 Name of the undertaking		
*5.3 Registry number		Undertaking <input type="checkbox"/> Ship <input type="checkbox"/>
*5.4 Address	<i>Street, house no.</i>	<i>Postal code</i>
	<i>City/Village/County</i>	<i>State</i>
*5.5 Name of the private person <i>Fill when you provide services to a private person</i>		
5.6 Personal identification code		
*5.7 Address	<i>Street, house no.</i>	<i>Postal code</i>
	<i>City/Village/County</i>	<i>State</i>

The fields below shall be filled when the self-employed person is providing services to several foreign undertakings or private persons

*Name of the undertaking or the private person		
*Registry number of the undertaking		Undertaking <input type="checkbox"/> Ship <input type="checkbox"/>
*Address	<i>Street, house no.</i>	<i>Postal code</i>
	<i>City/Village/County</i>	<i>State</i>
*Name of the undertaking or the private person		
*Registry number of the undertaking		Undertaking <input type="checkbox"/> Ship <input type="checkbox"/>
*Address	<i>Street, house no.</i>	<i>Postal code</i>
	<i>City/Village/County</i>	<i>State</i>
*Name of the undertaking or the private person		
*Registry number of the undertaking		Undertaking <input type="checkbox"/> Ship <input type="checkbox"/>
*Address	<i>Street, house no.</i>	<i>Postal code</i>
	<i>City/Village/County</i>	<i>State</i>
*Name of the undertaking or the private person		
*Registry number of the undertaking		Undertaking <input type="checkbox"/> Ship <input type="checkbox"/>
*Address	<i>Street, house no.</i>	<i>Postal code</i>
	<i>City/Village/County</i>	<i>State</i>

If necessary, add names that did not fit in the fields

7. ADDITIONAL AND/OR EXPLANATORY INFORMATION

To be filled when necessary

8. CONFIRMATION AND CONTACT INFORMATION OF THE APPLICANT

I am aware that payment of social service contributions is obligatory throughout the validity of the certificate.

I am aware that the data of the certificate issued to me will be sent to the Estonian Tax and Customs Board, Estonian Health Insurance Fund, and the Estonian Unemployment Insurance Fund in accordance with the intra-institutional data exchange agreements.

I confirm that the information provided on the application is correct.

*8.1 Signature of the self-employed person or the authorized person	<i>Seal</i>
*8.2 Name	
8.3 Position	
*8.4 Date of filing the application (dd/mm/yy)	
8.5 Information of the contact person <i>if different from the signatory</i>	<i>Name</i>
	<i>Position</i>
*8.6 Telephone number with area code	
8.7 Fax number with area code	
* E-mail address	

Please send the digitally signed application to the e-mail address info@sotsiaalkindlustusamet.ee. In case of absence of the possibility of digital signing, the application with a hand-written signature can be sent by regular mail or brought to our customer service office. Applications can also be sent electronically via the State Portal www.eesti.ee.