

**TRANSFER OF THE EMPLOYMENT RECORD BOOK TO THE SOCIAL INSURANCE BOARD
FOR ENTERING YEARS OF PENSIONABLE SERVICE**

1. INFORMATION ABOUT THE OWNER OF THE EMPLOYMENT RECORD BOOK

First name	
Surname	
Previous names (if the name change took place in a foreign country)	
Personal identification code	
E-mail address	
Contact phone number:	
Postal address	<i>(street) (city/town) (county) (index)</i>

2. RETURN OF THE EMPLOYMENT RECORD BOOK TO THE OWNER OF THE EMPLOYMENT RECORD BOOK AFTER ENTERING THE DATA

<input type="checkbox"/>	I would like to deposit with the Social Insurance Board
<input type="checkbox"/>	In customer service <i>the name of the city from which</i>

3. CONFIRMATION OF THE HANDOVER OF THE EMPLOYMENT RECORD BOOK

. . 20	My signature, i.e., the signature of the applicant:	
<input type="checkbox"/>	The applicant or the applicant's legal representative has signed the application digitally	