

# Application for document PD U1

EEA 4.1 - 01-2011



EØS 4.1

## Applicant's information about paid employment

First name(s)		Danish Civil Reg. (CPR) number	
Surname		Address in Denmark	
Postcode	Town/City	Telephone number	E-mail address
Nationality	Date of birth		Day Month Year

Are you or have you been a member of an unemployment insurance fund in Denmark?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please state which?		

Have you worked as a self-employed person in Denmark on or after 1 May 2010?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please also complete page 2		

Where and when have you had paid employment in Denmark in the last five years?			
Name of employer (1)	Central Business Register (CVR) number		
Address	Postcode	Town/City	
Place of work	From	Day Month Year	To Day Month Year
Name of employer (2)	Central Business Register (CVR) number		
Address	Postcode	Town/City	
Place of work	From	Day Month Year	To Day Month Year
Name of employer (3)	Central Business Register (CVR) number		
Address	Postcode	Town/City	
Place of work	From	Day Month Year	To Day Month Year

Have you previously been issued with a document PD U1?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, which institution was it issued by?	<input type="checkbox"/> The Danish Agency for Labour Market and Recruitment	<input type="checkbox"/> An unemployment insurance fund
Which unemployment insurance fund?		

In which EEA State is the document to be used?	Date of leaving Denmark	Day Month Year
Address in the EEA country concerned		
Postcode	Town/City	Telephone number

## Signature

	Date	Signature
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The completed form should be sent to the Danish unemployment insurance fund where you were a member, when working in Denmark.

If you have not been a member of a Danish unemployment insurance fund, the completed form should be sent to: Danish Agency for Labour Market and Recruitment, Njalsgade 72A, DK 2300 Copenhagen S.

If you have worked as a self-employed person in Denmark, you must complete this page"

### Applicant's information about self-employment

First name(s)		Danish Civil Reg. (CPR) number	
Surname		Address in Denmark	
Postcode	Town/City	Telephone number	E-mail address
Nationality	Date of birth		Day Month Year

Are you or have you been a member of an unemployment insurance fund in Denmark?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please state which		

State the periods during which you have worked as a self-employed person in Denmark					
Name of business (1)		Central Business Register (CVR) number			
Business address		Postcode	Town/City		
Nature of business		From	Day Month Year	To	Day Month Year
Name of business (2)		Central Business Register (CVR) number			
Business address		Postcode	Town/City		
Nature of business		From	Day Month Year	To	Day Month Year
Name of business (3)		Central Business Register (CVR) number			
Business address		Postcode	Town/City		
Nature of business		From	Day Month Year	To	Day Month Year

Have you permanently stopped being self-employed in Denmark?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, state reason for stopping		

In which EEA State is the document/certificate to be used?	Date of leaving Denmark	Day Month Year
Address in the EEA State concerned		
Postcode	Town/city	Telephone number

### Signature

	Date	Signature
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If you have not been a member of a Danish unemployment insurance fund, the completed form should be sent to: Danish Agency for Labour Market and Recruitment, Njalsgade 72A, DK 2300 Copenhagen S.