

REQUEST FOR A1 CERTIFICATE FOR RHINE BOATMEN

1 Cancellation Rectification www.ccss.lu/contact | Tel.: 40141-1 1) Data concerning the employer **EMPLOYER** REGISTRATION **NUMBER** Name or denomination Tel. Street Number Country code¹ Postal code Town 2) Data concerning the insured **SOCIAL SECURITY** NUMBER Last name Marital name First name(s) Street Number Country code¹ Postal code Town 3) Data concerning the work period abroad From to (DDMMYYYY) **ENI Number** Name of the vessel2 Country code¹ Operator of the vessel Owner of the vessel Country code¹ Please indicate the country(ies) in which the insured carries out the activity. Country Country Country Country Country Luxembourg [LU] Belgium [BE] Germany [DE] Netherlands [NL] France [FR] Austria [AT] Bulgaria [BG] Switzerland [CH] Cyprus [CY] Czech Republic [CZ] Denmark [DK] Estonia [EE] Spain [ES] Finland [FI] Greece [GR] Croatia [HR] Hungary [HU] Island [IS] Ireland [IE] Italy [IT] Liechtenstein [LI] Lithuania [LT] Latvia [LV] Malta [MT] Norway [NO] Portugal [PT] Sweden [SE] Slovenia [SI] Poland [PL] Romania [RO] Slovakia [SK] By signing, I confirm the accuracy of the information given in this document. I declare that I am aware that any inaccurate declaration on my part, or failure to declare any change, may result in a change to the affiliation, and may be subject to penalties as provided for in the Social Security Code and the Penal Code. Signatory ☐ Employer / ☐ Authorised representative Signatory's name Location Signature

Archiving code C176 (V2024)

¹ The ISO 3166-1 alpha-2 standard should be applied to country codes.

² Please enclose your certificate of membership of the Rhine navigation and your operator's certificate.