CCSS
Centre commun de la sécurité sociale

Postal address : L-2975 Luxembourg
www.ccss.lu/contact | Tel.: 40141-1

REQUEST FOR POSTING IN A MEMBER STATE[1] (ART. 12 OF REGULATION (EC) N° 883/2004)

Rectification ☐ / *Cancellation* ☐

1) Data concerning the employer

EMPLOYER REGISTRATION NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name or denomination _____ Tel. _____

Street _____ Number _____

Postal code _____ Town _____ Country code[2] ☐☐

2) Data concerning the insured

SOCIAL SECURITY NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Last name _____ Marital name _____

First name(s) _____

Street _____ Number _____

Postal code _____ Town _____ Country code[2] ☐☐

3) Data concerning the work period abroad

From ☐☐☐☐☐☐☐☐ to ☐☐☐☐☐☐☐☐ (DDMMYYYY)

Country of workplace[2] ☐☐

Denomination _____

Street _____ Number _____

Postal code _____ Town _____

☐ No permanent addresses in the state of employment

☐ Activity carried out in 100 % telework — If less than 100%, use the form « Multistate work »

☐ River transport — For Rhine boatmen, use the form « Request for A1 certificate for Rhine boatmen »

Name of the vessel _____ ENI Number ☐☐☐☐☐☐☐☐

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 _____

_____ , the _____ Print Delete

Location Date Signature

Archiving code
C174 (V2024)

[1] **This form must also be used for the United Kingdom (application of the protocol on the coordination of social security).**
[2] **The ISO 3166-1 alpha-2 standard should be applied to country codes.**