

**Declaration pursuant to Article 7
concerning the temporary provision of services¹**

1. This declaration concerns:

- A first provision of services in the host Member State (please complete sections 2 to 7)
- An annual renewal of the declaration¹ (please complete sections 2 to 5 and 8 to 10)

2. Identity of applicant:

2.1 First name(s) and surname(s)

2.2 Nationality(ies):

- | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AT | <input type="checkbox"/> BE | <input type="checkbox"/> CY | <input type="checkbox"/> CZ | <input type="checkbox"/> DE | <input type="checkbox"/> DK | <input type="checkbox"/> EE | <input type="checkbox"/> EL | <input type="checkbox"/> ES | <input type="checkbox"/> FI |
| <input type="checkbox"/> FR | <input type="checkbox"/> HU | <input type="checkbox"/> IE | <input type="checkbox"/> IT | <input type="checkbox"/> LT | <input type="checkbox"/> LV | <input type="checkbox"/> LU | <input type="checkbox"/> MT | <input type="checkbox"/> NL | <input type="checkbox"/> PL |
| <input type="checkbox"/> PT | <input type="checkbox"/> SI | <input type="checkbox"/> SK | <input type="checkbox"/> SE | <input type="checkbox"/> UK | <input type="checkbox"/> BG | <input type="checkbox"/> RO | <input type="checkbox"/> IS | <input type="checkbox"/> LI | <input type="checkbox"/> NO |

Other(s)

2.3 Passport number or Identity card number: Country

Country

Country

2.4 Gender: Male Female

2.5 Date of birth:

2.6 Place of birth: Town:

- | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AT | <input type="checkbox"/> BE | <input type="checkbox"/> CY | <input type="checkbox"/> CZ | <input type="checkbox"/> DE | <input type="checkbox"/> DK | <input type="checkbox"/> EE | <input type="checkbox"/> EL | <input type="checkbox"/> ES | <input type="checkbox"/> FI |
| <input type="checkbox"/> FR | <input type="checkbox"/> HU | <input type="checkbox"/> IE | <input type="checkbox"/> IT | <input type="checkbox"/> LT | <input type="checkbox"/> LV | <input type="checkbox"/> LU | <input type="checkbox"/> MT | <input type="checkbox"/> NL | <input type="checkbox"/> PL |
| <input type="checkbox"/> PT | <input type="checkbox"/> SI | <input type="checkbox"/> SK | <input type="checkbox"/> SE | <input type="checkbox"/> UK | <input type="checkbox"/> BG | <input type="checkbox"/> RO | <input type="checkbox"/> IS | <input type="checkbox"/> LI | <input type="checkbox"/> NO |

Other

2.7 Contact details in Member State of establishment:

Address:
.....

Telephone (with dialling codes):

Fax (with dialling codes):

E-mail:

2.8 Contact details in the host Member State:

Address:
.....

Telephone (with dialling codes):

Fax (with dialling codes):

E-mail:

¹ Please attach a copy of the previous declaration and of the first declaration made.

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3. Profession concerned:

3.1 Profession pursued² in the Member State in which you are established:³

.....
.....
.....

3.2 Please state the professional activities for which you will be providing services on a temporary basis in the host Member State:

.....
.....
.....

4. Legal establishment in one or more Member States:

For the purposes of this declaration, "legal establishment" refers to the pursuit of the profession in compliance with the rules relating to professional qualifications, including the related training conditions, and all the rules specific to the pursuit of the profession. Legal establishment precludes any prohibition, albeit temporary, from pursuing the profession.

4.1 Are you legally established in a Member State(s) to pursue the profession referred to in 3.1³

Yes No

If you answered yes, in which Member State are you legally established?³

AT BE CY CZ DE DK EE EL ES FI
FR HU IE IT LT LV LU MT NL PL
PT SI SK SE UK BG RO IS LI NO

If no, please explain:

4.2 Is this profession regulated in the Member State(s) in which you are established?³

Yes No

If it is regulated, please go to question 4.4.

Any comments:

4.3 If the profession referred to in 3.1 is not regulated in the Member State(s) in which you are established and you have not undergone regulated education and training leading to the profession in 3.1,³ have you acquired for that profession professional experience of at least two years during the last ten years on the territory of that Member State(s)?

Yes No

Any comments:

4.4 Do you belong to a professional association or an equivalent body?³

² Please indicate the title of the profession in the language of the Member State(s) in which you are established and in the language of the host Member State.

³ If you are established in more than one Member State, please supply the information for each of the Member States in question.

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Yes No

If your answer was yes, please indicate which one, giving the relevant contact details and your registration number.

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.....
.....

Are you subject to authorisation or supervision by a competent administrative authority?³

Yes No

If your answer was yes, please indicate which one, giving the relevant contact details and your registration or licence number

.....
.....
.....

5. Professional insurance

5.1 Do you have any insurance cover or other means of personal or collective protection with regard to professional liability arising from the pursuit of the profession referred to in 3.1?

Yes No

If yes, please provide the following details of your insurance cover:

Name of the insurance company:

Number of contract:

Limit of indemnity.....

5.2. Does the insurance cover referred to in 5.1 include protection for the practice of the professional activities in the host Member State?

Yes No

Any comments:

6. Supporting documents annexed to this declaration (if requested)⁴

6.1. Please tick the document(s) which accompany this declaration:

⁴ To be completed concerning relevant documents required by the legislation of the host Member State and only with a view to a first provision of services.

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- Proof of nationality
- Attestation(s) of legal establishment
- Evidence of professional qualifications
- Proof of two-year professional experience⁵
- Evidence of no criminal convictions⁶

7. I confirm that the information I have provided in this declaration is correct and that I intend to provide services on a temporary and occasional basis.

Signed _____

Date _____

8. Renewal Information⁷

8.1. What period(s) did you provide services in the host Member State?

From / / to / /

From / / to / /

From / / to / /

From / / to / /

From / / to / /

Any comments:

8.2. Please indicate the professional activities carried out during the periods you provided services.

.....
.....

9. Other comments such as any changes to the supporting documentation referred to in 6.1

.....
.....

10. I confirm that the information I have provided in this renewal declaration is correct and that I intend to provide services on a temporary and occasional basis.

Signed _____

Date -----

⁵ To be completed only if the profession is not regulated in the Member State of establishment

⁶ To be completed only for professions in the security sector

⁷ This information will be retained by the competent authority to monitor service provision.