***Declaration of domicile***

*(Domicile is the place where a person habitually resides)*

*Both the child’s parents should be listed in the declaration, select the correct one and indicate it*

|  |  |  |
| --- | --- | --- |
| A **Personal data** | **Applicant** | **The child’s other parent****\* \* (stated on the birth certificate)** |
| First name: Surname: Date of birth:Telephone contact:E-mail: |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Permanent residence in Slovakia | YES – NO\*Address: | YES – NO\*I DO NOT HAVE THIS INFORMATION\*Address: |
| Domicile outside Slovakia | name of State and address where you reside:from when:permanent – transitional\* | name of State and address where you reside:from when:permanent – transitional\* |
| B **Work activity** | in the territory of Slovakia: YES – NO\*outside Slovakia YES – NO\* | in the territory of Slovakia: YES – NO\*I DO NOT HAVE THIS INFORMATION\*outside Slovakia YES – NO\*I DO NOT HAVE THIS INFORMATION\* |
| in Slovakia | **EMPLOYEE**Name of the last employer and address:Duration of the last employment contract:from ..................... to ongoing\*The employment relationship is concluded *(circle)*:* for a fixed period, until..................
* for an indefinite period
* I am within the notice period, until...........
 | **EMPLOYEE**Name of the last employer and address:Duration of the last employment contract:from ..................... to ongoing\*The employment relationship is concluded *(circle)*:* for a fixed period, until..................
* for an indefinite period
* they are within the notice period, until...........
 |
| in Slovakia | **POSTED EMPLOYEE**by a foreign employer to Slovakia YES – NO\*from the State:*(please indicate where)* | **POSTED EMPLOYEE**by a foreign employer to Slovakia YES – NO\*from the State:*(please indicate where)* |
| **SOLE TRADER**Duration of trade:from ........................ to ........................The trade is actively carried outYES – NO\* | **SOLE TRADER**Duration of trade:from ........................ to ........................The trade is actively carried outYES – NO\* |
| outside Slovakia | **EMPLOYED IN THE STATE OF***(please indicate where)*Name and address of employer:Duration of the last employment contractfrom ..................... to ongoing\* | **EMPLOYED IN THE STATE OF***(please indicate where)*Name and address of employer:Duration of the last employment contract:from ..................... to ongoing\* |
| **POSTED EMPLOYEE**by an employer from Slovakia to work abroadYES – NO\*to the State:(please indicate where) | **POSTED EMPLOYEE**by an employer from Slovakia to work abroadYES – NO\*to the State:(please indicate where) |
| **SOLE TRADER IN THE STATE OF***(please indicate where)*Duration of trade:from ........................ to ........................The trade is actively carried outYES – NO\* | **SOLE TRADER IN THE STATE OF***(please indicate where)*Duration of trade:from ........................ to ........................The trade is actively carried outYES – NO\* |
| C **Housing situation** | in the territory of SlovakiaYES – NO\* | in the territory of SlovakiaYES – NO\* |
| If not in the territory of the Slovak Republic, please indicate the State ofdomicileown house YES – NO\*own flat YES – NO\*rented house YES – NO\*rented flat YES – NO\*other form of housing *(what)*  | If not in the territory of the Slovak Republic, please indicate the State ofdomicileown house YES – NO\*own flat YES – NO\*rented house YES – NO\*rented flat YES – NO\*other form of housing *(what)* |
| D **Payment of benefits** |
| Pension | YES – NO\*Indicate the State where payment is made: | YES – NO\*I DO NOT HAVE THIS INFORMATION\*Indicate the State where payment is made: |
| Maternity benefit | YES – NO\*Indicate the State where payment is made:from ..................... to ongoing\* | YES – NO\*I DO NOT HAVE THIS INFORMATION\*Indicate the State where payment is made:from ..................... to ongoing\* |
| Unemployment benefit | YES – NO\*Indicate the State where payment is made:from ..................... to ongoing\* | YES – NO\*I DO NOT HAVE THIS INFORMATION\*Indicate the State where payment is made:from ..................... to ongoing\* |
| E **State in which health insurance is paid** | Name of Statefrom ..................... to ongoing\* | Name of Statefrom ..................... to ongoing\* |
| F **Reason for residence outside the territory of Slovakia***(e.g.: studies at school or university, for the purpose of family reunification, carrying out a gainful activity, etc.)* |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| G **CHILDREN** | **1.** | **2.** | **3.** | **4.** |
| First name |  |  |  |  |
| Surname |  |  |  |  |
| Date of birth: |  |  |  |  |
| Domicile in Slovakia | permanent – transitional\* | permanent – transitional\* | permanent – transitional\* | permanent – transitional\* |
| Address:from when: |  |  |  |  |
| Domicile outside the territory of the Slovak Republic | permanent – transitional\* | permanent – transitional\* | permanent – transitional\* | permanent – transitional\* |
| Address:from when: |  |  |  |  |
| Name of the child’s attending physicianAddress of the practice / State, from when: |  |  |  |  |
| Does the child attend an educational or pre-school facility?If yes, please provide the name, address and Statefrom when: | YES – NO\* | YES – NO\* | YES – NO\* | YES – NO\* |
| Children aged 16 and over*(please specify what the studies are)* | daily – external\*year: | daily – external\*year: | daily – external\*year: | daily – external\*year: |

**Declaration on honour of domicile**

*(pp. 1 to 4 of the declaration of domicile)*

**First name and surname of applicant(s)**.............................................................................................

I hereby declare that all the information given in this declaration is true and I am aware of the legal consequences of making false statements in this declaration. I am aware that I am obliged to repay any amount of child benefit received without entitlement. The applicant has been informed of the legal consequences of making false statements in this declaration.

The applicant must notify in writing any changes to the facts above to the payer for whom the declaration was made within 8 days.

Done at ..................................... on .......................... Signature of the applicant.......................................

**Office of Labour, Social Affairs and the Family** ..............................................

Employee’s first name and surname .........................................................

Date .......................................

Employee’s signature ...................................................................

First name, surname, title

**Legend:**

\* Circle the appropriate answer

\*\* The other parent of the child is also listed in the event of divorce and custody of the child by only one of the parents.