



PERSONAL DETAILS UPON SHORT TERM APPOINTMENT

(PLEASE COMPLETE THIS FORM IN DETAIL)

Personal Data

1. Member of staff

Mr. Ms **Surname**

First name(s) **Maiden name**

Date of birth (*dd/mm/yy*) **Place of birth** (*city/country*) **Present nationality(ies)**

...../...../..... /...../.....

Has your nationality ever been changed or is it in the process of being changed? No Yes

If yes, please explain:

.....

<p><u>Home Address</u></p> <p>Street/House No:</p> <p>.....</p> <p>Postcode/City:</p> <p>Country:</p> <p>Tel. Number:</p>	<p><u>Address in Frankfurt Area</u></p> <p>Street/House No:</p> <p>.....</p> <p>Postcode/City:</p> <p>Tel. Number:</p> <p><input type="checkbox"/> This is my temporary accommodation and I hereby claim the accommodation allowance.</p> <p><i>(only for Staff recruited >50km away from Frankfurt and who are not staying in an ECB-provided hotel)</i></p>
<p>Telephone (mobile):</p> <p>Telefax:</p>	<p>Telephone (mobile):</p> <p>E-mail:</p>
<p><u>Emergency contact</u> <i>Person to be contacted</i></p> <p>First/Last name:</p> <p>Street/House No:</p> <p>Postcode/City:</p> <p>Country:</p> <p>Tel. Number:</p> <p>E-mail:</p>	<p><u>Fiscal Residence</u> <i>i.e. the country where you have filled your tax declaration before joining the ECB or other EU institution</i></p> <p>Street/House number:</p> <p>.....</p> <p>Postcode/City:</p> <p>Country:</p>

Marital status <input type="checkbox"/> single since/...../..... <input type="checkbox"/> Divorced since/...../.....	<input type="checkbox"/> married since/...../..... <input type="checkbox"/> separated since/...../.....	<input type="checkbox"/> recognised partnership since/...../..... <input type="checkbox"/> widowed since/...../.....
--	--	---

2. Spouse/partner		
<input type="checkbox"/> Mr. Surname <input type="checkbox"/> Ms	First name(s)	
Maiden name	Date of birth (dd/mm/yy)/...../.....	Nationality(ies)
Is your spouse/recognised partner currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> Yes by ECB <input type="checkbox"/> No		

3. Children				
Surname	First name(s)	Date of birth (dd/mm/yy)	Gender (male/female)	Nationality(ies)
...../...../.....
...../...../.....
...../...../.....
...../...../.....
Please submit a copy of the original birth certificate in order for your child/ren to be recorded.				

I declare that all the information given on this form is correct and complete to the best of my knowledge and belief. I understand that any false statement, misrepresentation or material omission made in this form or other document requested by the ECB may provide grounds for the withdrawal of any offer of appointment or render me liable for termination or dismissal, if employed.

I authorise the ECB to retain and process this information in accordance with Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies. I reserve the right to have access to this information and to rectify it where necessary.

Date:/...../.....

Signature: