Приложение № 1  
к приказу МВД России от 05.09.2023 № 655

Форма

УВЕДОМЛЕНИЕ  
об осуществлении трудовой деятельности иностранным гражданином  
или лицом без гражданства, получившим патент

Настоящее уведомление представляется в

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| О | В | М |  | У | М | В | Д |  | Р | О | С | С | И | И |  | П | О |  | П | Р | И | М | О | Р | С | К | О | М | У |  |

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| Р | А | Й | О | Н | У |  | Г | . |  | С | А | Н | К | Т | - | П | Е | Т | Е | Р | Б | У | Р | Г | А |  |  |  |  |  |

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(наименование территориального органа МВД России на региональном и районном уровнях)

1. Сведения об иностранном гражданине (лице без гражданства)

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| 1.1. Фамилия | Р | А | Й | К | О | В |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 1.2. Имя | А | Л | Е | К | С | А | Н | Д | Р |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 1.3. Отчество  (при наличии) | В | А | Д | И | М | О | В | И | Ч |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1.4. Гражданство | Р | О | С | С | И | Я |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 1.5. Дата рождения | 0 | 9 |  | | 1 | 2 |  | | 1 | 9 | 8 | 9 |
|  | (число) | | | (месяц) | | | | (год) | | | | | |

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| 1.6. Документ, удостоверяющий личность | П | А | С | П | О | Р | Т |  |  |  |  |  |  |  |  |  |
|  | (наименование) | | | | | | | | | | | | | | | |

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| Серия | A | A |  |  |  |  |  | № | 5 | 7 | 3 | 7 | 8 | 8 | 8 |  |  |

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| Дата выдачи | | 1 | 2 |  | | 0 | 6 |  | | 2 | 0 | 1 | 4 |
|  | (число) | | | | (месяц) | | | | (год) | | | | | |

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| Кем выдан |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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2. Сведения о патенте, на основании которого иностранный гражданин (лицо   
без гражданства) осуществляет трудовую деятельность

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| Серия | 7 | 8 |  |  |  |  |  | № | 3 | 2 | 4 | 1 | 1 | 2 | 2 | 3 | 3 |  | Дата выдачи | | 1 | 4 |  | | 0 | 6 |  | | 2 | 0 | 2 | 4 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | (число) | | | | (месяц) | | | | (год) | | | | | |

3. Профессия (специальность, должность, вид трудовой деятельности) по трудовому   
или гражданско-правовому договору

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| Р | А | З | Н | О | Р | А | Б | О | Ч | И | Й |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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4. Сведения о месте осуществления трудовой деятельности

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| 1 | 9 | 6 | 2 | 1 | 1 |  | Г | . |  | С | А | Н | К | Т | - | П | Е | Т | Е | Р | Б | У | Р | Г | , |  | У | Л | И | Ц |
| А |  | Т | И | П | А | Н | О | В | А | , |  | Д | О | М |  | 2 | 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |

(населенный пункт, улица, № дома (строения), № комнаты (квартиры, помещения) (при наличии)

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| 5. Трудовая деятельность осуществляется иностранным гражданином (лицом  без гражданства) на основании: | (нужное отметить | Х | или | V | ) |
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| V | – трудового договора |  | – гражданско-правового договора на выполнение работ (оказание услуг) |

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|  | – гражданско-правового договора на выполнение работ (оказание услуг), заключенного в устной форме |

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| 6. Дата заключения гражданско-правового договора на выполнение работ (оказание услуг) (указывается в случае заключения в устной форме) | |  |  |  | |  |  |  | |  |  |  |  |
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|  | (число) | | | | (месяц) | | | | (год) | | | | | |

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| 7. ИНН | 7 | 7 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |  |  |  |  |  |  |  |

8. Сведения о действующем договоре (полисе) добровольного медицинского   
страхования, либо договоре о предоставлении платных медицинских услуг,   
либо действующем полисе обязательного медицинского страхования:

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| Р | Е | С | О | ‑ | Г | А | Р | А | Н | Т | И | Я |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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(наименование и реквизиты документа)

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| Серия |  |  |  |  |  | № | Д | М | С | ‑ | 9 | 2 | 7 | 1 | 3 | 4 |  |  |

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| Дата выдачи | | 1 | 5 |  | | 0 | 6 |  | | 2 | 0 | 2 | 5 |
|  | (число) | | | | (месяц) | | | | (год) | | | | | |

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| 9. Контактный телефон | 7 | 9 | 8 | 0 | 9 | 0 | 0 | 8 | 0 | 9 | 0 |  |  |  |  |  |  |  |  |  |  |  |

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| 10. Адрес электронной почты |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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11. Сведения о заказчике работ (услуг) (указывается в случае заключения гражданско-правового договора на выполнение работ (оказание услуг) в устной форме)

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(полное наименование юридического лица/филиала иностранного юридического лица/представительства)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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иностранного юридического лица, фамилия, имя, отчество (при наличии) индивидуального

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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предпринимателя/адвоката, учредившего адвокатский кабинет/частного нотариуса/физического лица – гражданина Российской Федерации)

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(для юридических лиц – государственный регистрационный номер записи в Едином государственном   
реестре юридических лиц, для филиалов или представительств иностранных юридических лиц –

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номер документа, подтверждающего факт аккредитации филиала или представительства иностранного юридического лица, для индивидуальных предпринимателей – государственный регистрационный

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номер записи в Едином государственном реестре индивидуальных предпринимателей,

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для частных нотариусов – номер лицензии на право нотариальной деятельности, для физического лица –

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наименование документа, удостоверяющего личность, его серия и номер, кем и когда выдан,

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ИНН, место нахождения (для физического лица – адрес фактического места жительства) работодателя

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или заказчика работ (услуг): индекс, субъект Российской Федерации, район, город/населенный пункт,

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12. Об ответственности за сообщение ложных сведений в уведомлении или   
представлении поддельных документов предупрежден. С обработкой, передачей   
и хранением персональных данных согласен. Достоверность сведений, изложенных   
в настоящем уведомлении, подтверждаю

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(подпись и фамилия, имя, отчество (при наличии) иностранного гражданина (лица без гражданства)

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